

Illinois Families Now and Forever

Families by DCFS Foster Care, Adoption & Guardianship®

Child protection also includes product safety at home

Caregivers spend a lot of time protecting children from strangers and warning about possible accidents on the playground. However, many serious safety risks are right at home. Dangers can lurk among seemingly carefree toys and useful everyday items. Every year the U.S. Consumer Products Safety Commission announces recalls on hundreds of thousands of products purchased for or used by children.

Find out about unsafe products

While the media announcements can help families react, caregivers also have to be proactive to ensure that youth are safe at home. DCFS rules require foster caregivers to children age six or under to check their homes for products listed as unsafe by the Children's Product Safety Act.

There are several resources that make it possible for caregivers to stay informed about products that have been recalled because of safety concerns. 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 offers a subscription service where caregivers can sign-up for automatic e-mail updates. The commission also maintains a telephone hotline with a wide variety of recorded messages on product recalls, consumer products



and product safety. The toll-free line is open 24 hours a day, seven days a week at 800-638-2772.

Do a clean sweep

Caregivers can check the lists and remove items already at home. Be on the look out for small pieces that could cause choking or long strings that might strangle. 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. The national Safe Kids Campaign has on their web site a list of recommendations and tips to judge what toys and products may cause harm at www.safekids.org.

Keep home a safe-toy zone

It is also important to make informed choices about new items

that you purchase or accept as gifts. Keep these tips in mind.

- When shopping, read labels. Look for well-made toys and follow the age and safety information on the warning labels.
- 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

Continued on Page 2



From the DCFS Director

Erwin McEwen

They say becoming a grandparent changes your perspective. Major decisions take on new meaning when viewed in light of the impact they could have on the “next, next” generation. But it isn’t just the lofty ideas that matter. Small details like the toys we all buy and where we keep our medicine when the grandbabies come to visit could become life-altering decisions, if a product is unsafe or a pill is swallowed.

This issue of the newsletter is our way to get you thinking about ways to keep children safe physically in your home while you nurture them emotionally through the traumas that brought them there. Look to your licensing workers to help identify anything that may need to be done differently.

As we look after the littlest ones, we can’t forget the older children. With two middle-school children at home, I know what can happen with idle hands. DCFS and the private agencies have funds that can be designated for summer camps for youth in grade school and older. We have also cleared the way for easier enrollment in early childhood education programs for preschoolers. Make plans now so all the youth can be engaged in constructive activities this summer.

Protection, con’t.

- 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.

Child safety devices are an important aid to adult supervision. Here are 12 child safety devices that will help keep your home—and children—safer.

12 safety devices to help protect children

- Use **SAFETY LATCHES** and **LOCKS** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries.
- Use **SAFETY GATES** to help prevent falls down stairs and to keep children from entering rooms and other areas with possible dangers.
- Use **DOOR KNOB COVERS** and **DOOR LOCKS** to help prevent children from entering rooms and other areas with possible dangers.
- Use **ANTI-SCALD DEVICES** for faucets and shower heads and lower your water heater temperature to help prevent burns from hot water.
- Use **SMOKE ALARMS** on every level of your home, inside each bedroom and outside sleeping areas to alert you to fires.
- Use **WINDOW GUARDS** and **SAFETY NETTING** to help prevent falls from windows, balconies, decks, and landings.
- Use **CORNER** and **EDGE BUMPERS** to help prevent injuries from falls against sharp edges of furniture and fireplaces.
- Use **OUTLET COVERS** and **OUTLET PLATES** to help prevent electrocution.
- Use a **CARBON MONOXIDE (CO) ALARM** near sleeping areas to help prevent CO poisoning.
- Use a **TASSEL** on each separate mini blind cord and **INNER CORD STOPS** on mini blinds to help prevent strangulation.
- Use **ANCHORS** to avoid furniture and appliance tip overs.
- Use **LAYERS OF PROTECTION** with pools and spas including fences, alarms and covers.

Publication 252 by Consumer Product Safety Commission, 2008 www.cpsc.gov

Water despite all its good purposes can still be a danger for children

In 2010, there were 13 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 as little as two inches of water in pools, bathtubs, buckets, and even decorative garden ponds.

It is up to the adult caregivers to be diligent about water hazards. 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 the 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.

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.

Baby pools

- Don't be lulled into a false sense of security because of

the shallowness of baby pools. Children should always be supervised when in a baby pool.

- Empty the pool immediately after use and store it upside-down.

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.

Drains/Suction in pools or spas

In addition to drowning, pools and spas can also present a danger of suction entrapment. The drains or the jets can entrap hair, the body, limbs and bathing suits. The suction can also result in disembowelment and other damage to internal organs. There were 11 reported fatalities between 1999 and 2008.

Policy calls for CPR training in homes with pools, ponds, fountains and water hazards

Last year, changes in DCFS Rule 402 Licensing Standards for Foster Family Homes set new requirements for homes that have pools or hot tubs. Those homes will have to have 5-foot high fences, covers and locked gates to help prevent drowning. Homes licensed before January 2009 with existing fences that are 3 1/2 feet or higher will be considered in compliance.

Also, caregivers with pools, ponds, fountains or other water hazards now must be certified in CPR. DCFS and agencies are working with caregivers to identify homes with water hazards and to ensure CPR training.

As part of the monitoring visits, licensing representatives for DCFS and private agencies will go over the form CFS 452-5 Safety Plan for Pools, Hot Tub, Ponds and other Potential Water Hazards. Caregivers will complete and sign the form, which states the safety measures they will employ to keep children in the home safe.



With careful checking, caregivers can prevent dangerous fires at home



Household fires can easily be avoided by remembering the little things that could pose a large risk.

One 9-volt battery can save a life. Remember to check your smoke detectors monthly. Change the batteries twice a year. The fire department recommends that when you change your clocks in the fall

and spring you change the batteries also. If the smoke detector is emitting brief chirps on a constant basis, the battery needs to be changed.

In the kitchen, it is important to clean the exhaust hood and the duct over the stove regularly. Grease can build up and pose a fire hazard. The stovetop burners can also cause problems. Be sure to clean spills and grease. Also clean the grease filter in a degreasing detergent solution until the grease is dissolved. Then wash it in warm soapy water to remove traces of degreaser.

Dust and lint in the wrong places pose a silent threat. It is estimated that 15,000 fires per year are caused by loose lint behind the clothes dryers and refrigerators. Be sure to vacuum under and behind those large appliances and always clean the dryer's lint trap.

Fires also are often caused by electrical appliances that have frayed, cracked or have loose wires. Check for these periodically and do not use the lamp or appliance if you see these conditions. If anything sparks, unplug it right away or call an electrician if it is a built in device like a wall plug. Every 20 seconds a fire department responds to a fire somewhere in the nation.

Overloaded electrical systems are a major cause of fires. One way to prevent this is to use surge protectors with built in breakers that trip when overloaded. Do not plug more than one socket extending device into any wall socket, and if your breakers flip or fuses pop regularly, stop using them until you unplug some items or call an electrician to inspect your wiring.

Lastly, in the event of fire, have an exit plan ready. It should include a way out from every room in the house with two ways outside and a meeting place outside the home. Practice and talk about fire safety at least four times a year. Remember Rule 402 requires foster caregivers to document the exit plans and practices.

Prescription medications to help adults put children at risk of poison or death

As parents and caregivers receive more prescriptions for strong opiate pain relievers, such as oxycodone, methadone, and hydrocodone, more children are at risk. An estimated 71,000 children are seen in emergency departments each year because of medication poisonings, according to the Centers for Disease Control. Overall, the unintentional drug poisoning death rate has been rising in recent years and more than doubled between 1999 and 2007. More than 80 percent were because



unsupervised children found and consumed prescription drugs.

Children can come across dropped drugs while crawling or toddling. They can get into a grandparent's purse or suitcase and find untended bottles of pills.

To protect youngsters, caregivers can take these precautions:

- Keep medicines (along with toxic products, such as cleaning solutions) in locked or childproof cabinets.
- Put the nationwide poison control center phone number, 1-800-222-1222, on or near every home telephone and program it into a mobile phone.
- Call poison control if you think a child has been poisoned and if they are awake and alert. Call 911 if you have a poison emergency and your child has collapsed or is not breathing.
- Don't keep it if you don't need it. Safely dispose of unused, unneeded, or expired prescription drugs. Be aware that if you dispose of unused medicines, they can be mixed with coffee grounds or kitty litter to make them less appealing to children.

Child Location & Support Unit is there when youth are missing

The DCFS Child Location and Support Unit assists in locating and tracking youth who are abducted or missing while under DCFS care. Lorne Garrett heads the office of 13 staff who provide 24-hour phone coverage every day at 866-503-0184. This function is of the utmost importance because when youth involved with DCFS are missing, they can be especially vulnerable to dangers on the streets.

Garrett explained how his unit addresses the problem at a recent meeting of the Statewide Foster Care Advisory Council. A caregiver who has a youth missing from the foster home should immediately attempt to locate the child using reasonable checks. That could include calling the youth's mobile

phone, contacting other friends or going to known hangouts. If those avenues don't pan out, then immediately call police to file a missing persons report and then contact the caseworker. The caregiver should then call the Child Location and Support Unit and provide the report number. Garrett cleared up several discrepancies in how caregivers are instructed to intervene. He also has been working with law enforcement to clarify procedures.

Myth: Caregivers have to wait a period of time before reporting a child "missing."

Reality: There is no waiting period for a missing persons report.

Myth: Police don't have to make a missing person report if a child is "on run."

Reality: Police should make a report for each instance that a child is missing. Caregivers should receive a copy. When the child returns, call the station and reference the report number to close it out.

Myth: If a youth leaves without permission and the caregiver knows where he is at, the caregiver should file a missing persons report.

Reality: If the child's whereabouts are known, he or she is not missing. So that would not be a missing person report. Rather than contacting the police, the caseworker needs to be involved to work through the reasons for the child's behavior.

Whooping cough rise prompts reminders for teen and adult booster shots

Pertussis, or whooping cough, is a highly contagious bacterial disease that causes uncontrollable, violent coughing. The cough can become severe with a distinctive "whooping" sound heard when the patient tries to take a breath. The immunization for whooping cough is effective, yet Illinois is experiencing a comeback that was first documented last fall.

"The number of pertussis cases has a natural tendency to go up and down every few years, and this year is the peak of the cycle," said Marilyn Arnold of the Illinois Department of Public Health.

A contributing factor in the current spike is people's perception of the vaccine, Arnold said. Most adults received the vaccination as children and many think they have lifetime immunity. While others who had the infection might believe they too have lifetime immunity. Neither case is true. Immunity decreases as those who are immunized reach adolescence.

Immunization recommendations

Every child should get the pertussis vaccine at 2, 4, 6 and 15 months of age and another dose at 4 to 6 years of age. This vaccine is given in the same shot with diphtheria and tetanus vaccines, called Tdap. Immuni-

zation is required for child care and school attendance. Arnold recommends children receive a booster for the disease when they enter middle school, or prior to entering college. The Chicago Department of Public Health recommends that adults and children ages 11 to 12 get a whooping cough booster shot every 10 years. Immunization is especially important for adults who work with or spend time around small children.

Symptoms and treatment

The bacteria that cause whooping cough are shed in discharges from the nose and throat and spread to others through coughing and sneezing. Along with the cough, other symptoms may include a low-grade fever and runny nose. An infected person is contagious from just before onset of symptoms until up to three weeks after symptoms start. Treatment with appropriate antibiotics shortens the contagious period to about five days.

Although most people recover, complications of pertussis can be severe. It can be a critical illness in children younger than 1 year of age, especially in premature babies or those with lung disease. There have been deaths linked to the disease. Less serious complications include ear infections, loss of appetite and dehydration.

Illinois Statewide Foster Care Advisory Council Bulletin



The Illinois Statewide Foster Care Council met on January 14 in Aurora. The council welcomed two DCFS Deputy Directors to discuss the programs they oversee. Kara Teeple heads the Division of Placement and Permanency. She and her staff take care of licensing DCFS-supervised homes and developing placement procedures for moves to foster care homes, residential centers, independent/transitional living programs and group homes. The division also administers the System of Care program to link youth to social/emotional service providers and monitors psychiatric hospitalizations.

Teeple updated the council on recent changes to the specialized foster care program to address what the members saw as a need for more consistent provisions for respite. She reported that contracts are being modified to clarify what respite is available.

Miller Anderson is Deputy Director for the Division of Monitoring. He has responsibility for foster care programs provided by private agencies, licensing certain institutions and agencies, and overseeing performance-

based contracts. Anderson was able to address licensing concerns for the larger number of families that are supervised by private agency run programs. He and Teeple are working closely to ensure that the foster care licensing function is delivered in a way that meets caregivers' needs.



**Jane Hastings and Kara Teeple
of the DCFS Placement/
Permanency Division**

Jane Hastings provided caregivers an update on the Special Service Fee for Reunification Services. This program is available to foster caregivers who care for children with a goal of return home. When caregivers engage in specific activities with the child's family to support the return home goal, they can be reimbursed. Hastings went over the type of activities that are eligible to receive funds and the paperwork required to document them. Council members will be reviewing the forms and contributing to an upcoming revision.

Members hold implementation reviews at agencies

The Statewide Foster Care Advisory Council received and scored Foster Parent Law Implementation Plans from all of the foster care programs in the state. These plans describe how agencies and DCFS regional programs will uphold foster parent rights and assist them in their responsibilities.

In addition to judging the plans on paper, each year the council, working with the DCFS Agency Performance Teams, actually visits one third of the agencies for reviews. The meetings with staff that created the implementation plan and other staff who support families, provide an understanding of how the plan is put into action. 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:

- Bethany Christian Services
- Camelot Community
- Lydia Home Association
- Children's Home + Aid
- Children's Home Association
- ChildServ
- Hephzibah
- UCAN
- One Hope United
- The BabyFold
- Rutledge Youth Foundation
- Shelter, Inc.
- Youth Service Bureau
- Guardian Angel
- Little City Foundation
- Chicago Child Care Society
- Catholic Charities Springfield
- Volunteers of America
- Catholic Charities Rockford
- Larence Hall Youth Services
- Unity Parenting Services
- DCFS Cook North
- DCFS Cook South

The Statewide Foster Care Advisory Council was founded as part of the Illinois Foster Parent Law. Membership consists of caregivers, agency representatives and other experts in child welfare, who are appointed by the DCFS Director. The mandated positions for caregivers are spread among the DCFS regions.

The council holds open meetings at least 6 times a year, and more as needed, in locations around the state.

**The next meeting of the
Statewide Foster Care
Advisory Council will be on
April 15, beginning at 9 a.m.
in Jacksonville. Call the
Office of Caregiver and
Parent Support at
217-524-2422 for details.**

Summer camp fun requires planning (and budgeting) now

Summer may seem far off as the weather refuses to let go of winter. However, since the best summer day camps and overnight camps tend to fill fast, now is the time to make plans. Caregivers of 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.

With funding cleared, the search for the right camp can take off. 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. In Chicago, youth in foster care or with open subsidy

cases can participate with a fee waiver. Contact the DCFS Office of Service Intervention at 312-814-5959 for more details.

- Area 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.

Start making plans now. It is not unheard of for parents to wait for hours (even overnight!) in line for coveted spots at popular camps.

Also, the paperwork to approve funding and consents for travel all take time, so it is best to get started early.



Tie loose ends before crossing state lines

Before packing up and taking off down the highway, make sure you have everything in order. Foster caregivers planning overnight trips should be sure to let the caseworker know where you will be and when you are leaving and returning. If travel will take your family (or your camper) across state lines, you must notify the caseworker to obtain consent. The casework staff has been given authority to consent for travel within the continental United States for up to 30 days. This requires staff to fill out the form CFS 432, Consent of Parent/Guardian for Out-of-state Travel. Copies of the consents should be filed in the child's case file.

Consent for out-of-country travel or travel for more than 30 days can only be executed by the guardian or authorized agent. This travel must also be agreed to by the court that has jurisdiction for the child's case. In Cook County, the Juvenile Court has generally approved travel on the North American continent. However, the court should still be notified in writing. If the child will need a passport, start planning early. The application process can take at least 15 business days or longer during peak travel times. Procedures for obtaining a passport have been prepared for casework staff.

Whether traveling out of country or closer to home, don't forget to take the child's medical card and any prescribed medication. With a bit of advance preparation, the only thing left to worry about is how to keep everyone in the backseat happy until the next rest stop.

Subsidy agreements end on 18th birthday:

As youth approach 18, they often look at that birthday as a beginning. But, practically speaking, adoptive and guardianship parents should realize it is usually an end to the adoption or guardianship subsidy agreement. Because of the constraints of federal laws, the many benefits in the subsidy, including the medical card, stop when the youth turns 18. It can make for an abrupt change, if caregivers do not plan ahead.

There are only two specific circumstances where the subsidy could continue beyond 18. Both require necessary documentation from the family, before the child turns 18.

The only two conditions that could qualify for extending the subsidy past the 18th birthday are:

1. Youth with a physical or mental disability that existed prior to the adoption or transfer of guardianship, which affects the child's ability to ever live independently, could with proper documentation be approved for an extension until the child turns 21.
2. Youth who don't have a disability, but who are still in high school at age 18 could have payments continue until graduation, but not past the 19th birthday.

Complete form to request extension: 30 days to respond

To help parents plan for the transition, six months before the youth's 18th birthday, the family will receive a letter from DCFS titled "Notice Of Intent to Discontinue Subsidy Payments on 18th Birthday." Parents should first watch the mail for the initial notice and respond within 30 days. DCFS redesigned the letter and response form to make the information easier to understand.

If a caregiver believes their youth is eligible for an extension of their subsidy, select the appropriate extension option and return the form to the subsidy worker listed on the letter. DCFS subsidy workers will make attempts to reach adoptive and guardianship families by phone and mail if the initial letter goes without a response.

If the youth is eligible for a subsidy extension, it is crucial to get the proper coding done early and correctly. For example, parents should be aware that a youth cannot be granted the extension for high school graduation or age 19 and then also receive a further extension to 21 due to a physical or mental disability. Only one type of extension can be granted.

Documentation for extensions: Gather materials early

The disability extension only applies for a condition that affects the individual's major life activities. If a child is eligible for SSI (Supplemental Security Income from the Social Security Administration) due to a condition that existed prior to the adoption, documenting of that eligibility is

Extensions for high school graduation or mental/physical disability require early documentation

sufficient to meet requirements for extension to age 21. In other cases, acceptable documentation would include a copy of a report or letter from a duly licensed or credentialed professional within the last year. For youth without disabilities, the high school can provide a letter confirming enrollment and the anticipated graduation date.

At 60 days before the youth's 18th birthday, DCFS will send another letter to the family that confirms the subsidy termination date. It will also include instructions in case a family decides to appeal the decision.

By looking ahead and planning early, the end of the subsidy agreement can be a smooth transition. Parents or guardians seeking an extension should begin gathering documentation well before the child turns 18. All documentation needs to go to the subsidy worker with enough time to confirm the end date and have the case coded correctly before the youth's 18th birthday. Otherwise, the subsidy agreement automatically ends if it has not been approved for an extension.

Caregivers can contact the worker with any questions. The youth's subsidy worker's contact information will be clearly listed on the notification letter.



Set up medical coverage first when moving to new state after adoption or guardianship

The Interstate Compact on Adoption and Medical Assistance is an agreement among states to coordinate services for state-supported adoptions. If you plan an out-of-state move after the adoption has been finalized, contact your subsidy worker for information on the steps that will be taken to ensure that the new state has all of the necessary information. Illinois will continue to process your monthly subsidy payment and you can continue to contact your subsidy worker as needed. The family's subsidy worker will provide information about the options for medical coverage.

Presently, there is no formalized Compact Program for guardianship families. However, there are several options available to provide medical coverage. First, relative caregivers to children under guardianship are encouraged to apply for medical coverage through the Medicaid program in the new state. Unrelated guardians or families who are not eligible for Medicaid have two alternatives. They could select a medical provider who would choose to enroll in the Illinois Medicaid Program and thus be covered directly through Illinois Medicaid. Lastly, families could pay for the services and be reimbursed by DCFS at the Medicaid rate for Medicaid-eligible services or for other therapeutic services. Additionally, the child may have a pre-existing condition for which therapeutic treatment or services would be covered under the subsidy. Before accessing such services, families should seek prior approval from the subsidy worker in Illinois.

Families can also contact the Interstate Compact Office at 217-558-7182 to discuss these options before moving out of state.

Be included in the 2011 directory for caregiver associations and support groups

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 30.

- Name of group
- Meeting schedule (e.g. 2nd Tuesday monthly at 10 a.m.)
- Meeting location
- Contact name with phone number/e-mail
- Any other notes (e.g. potluck dinner, child care provided, RSVP required, etc.)

New listings and updates should be sent in writing by e-mail or post to:
Vanessa.James@illinois.gov
Vanessa James, DCFS
100 W. Randolph, 6th fl.
Chicago, IL 60601



Illinois Adoption Advisory Council

The Illinois Adoption Council altered its February meeting to a conference call due to the severe weather. Still, they accomplished the necessary business.

The co-chairs and the chair of the foster care council followed up on the issue of the federal health care reform law and implications for youth in DCFS care or those with adoption and guardianship agreement. They had drafted a joint letter to the federal Children's Bureau asking if and how the new provision to extend medical insurance to a child turns 26 applied to youth receiving the state medical card. Since the response was that the law as currently written does not address those youth, the council voted to raise the issue with Director McEwen.

The Council also had an update on DCFS training from Cheryl Lawrence. She invited a member to assist in drafting an on-line version of the adoption certification course, produced with Western Illinois University.

The next meeting will be April 1 in Bloomington. This is a change from what had been previously announced. Call the DCFS Office of Caregiver and Parent Support at 217-524-2422 for details.

CORRECTION

The last issue of the newsletter was mistakenly sent to the printer without the front page of the 2011 Reader Survey.

Readers can download entire survey at www.state.il.us/dcfs or call Editor Vanessa James at 312-814-6824. We apologize for the error.

Who do you call when...

...A child in your home is having a psychiatric crisis that may require hospitalization? Call the CARES line at 800-345-9049. However, if a child is a danger to himself or others, call 911 first. The CARES line is available 24 hours a day, seven days a week.

...You want information on becoming a foster parent or on adoption? The Adoption Information Center of Illinois (AICI) can answer your questions and connect you to a licensing agency. The toll-free number is 800-572-2390. The AICI also maintains information about the children who are featured on the back page of the newsletter.

...You have questions about your board check? Call DCFS Central Payment Unit at 800-525-0499 if your check comes from DCFS. For other checks, contact your private agency.

...You feel you aren't being treated fairly by DCFS or a private agency? If you've tried to resolve the issue by going up the chain of command with the caseworker and supervisors, then call the Advocacy Office at 800-232-3798.

...You have questions about your child's medical card? Call 800-228-6533.

...You need to report a child missing or have information about a youth who has run away? To report information on missing youth call 866-503-0184. The toll-free number is available 24 hours a day every day of the week.

...You are having a family crisis with your adopted child? Contact the Adoption/Subsidized Guardianship Preservation Program that serves your area. Call Christine Feldman at 312-814-1565 for more information.

...You have an idea for an article in the newsletter? Each region has a regional reporter to help gather local news. The names and contact information are listed in the regional section of each edition. Or you can contact the Editor, Vanessa James, at 312-814-6824 or E-mail vanessa.james@illinois.gov.

...You are having a hard time getting services for your child at school? Most private agencies have an Education Liaison and each DCFS region has Education Advisors who can help. Call your agency or nearest DCFS office to be connected to the right educational resource for your area.

...You want to report suspected abuse or neglect? Call the Hotline at 800-25-ABUSE (800-252-2873). The toll-free number is available 24 hours a day every day of the week. All calls are confidential.

...You want to find or register for foster care training? For the most up-to-date and complete schedule information for classes offered in your area, visit the on-line Virtual Training Center anytime at www.DCFStraining.org or call the DCFS Office of Training at 877-800-3393 during regular business hours.



**Illinois Families
Now and Forever**

Pat Quinn, Governor
Erwin McEwen, DCFS Director
Published by:
DCFS Office of Caregiver and
Parent Support
Ray Gates, Administrator

Editor: Vanessa James
Phone: 312-814-6824
Fax: 312-814-4131
E-mail: vanessa.james@illinois.gov

Regional Editors
Central – Sam Saladino
Northern – Colleen Woolwine
Southern – Chiquita Adams
Cook North – Joann Niemuth
Cook Central – Clyde Thompson
Cook South – Rod Mulford
Graphics: Jenny Florent
Produced by: DCFS Print Shop

Purpose: To help busy families more effectively parent children currently or formerly in DCFS care. To bring them the best information from the most knowledgeable sources. To promote statewide teamwork in finding permanency for children.

Address Changes: Families must notify their licensing representative, who will notify DCFS. Agencies should change office addresses or request staff copies through the Editor.

Illinois Families Now and Forever is published six times a year, bi-monthly, and mailed to licensed foster parents, unlicensed relative caregivers, adoptive and guardianship families receiving subsidies. An electronic version is sent to all DCFS staff, and private agency staff.

Material may not be reprinted in whole, in part or in any form whatsoever without permission from the Editor or DCFS. Opinions expressed by experts writing articles are no substitute for professional answers or opinions about a family's or child's specific situation. Consult a competent professional for answers to your specific questions.

Department of Children and Family Services©

A family for me: Call 1-800-572-2390 for more information



Andre (7765)

Andre [7765] Andre, 10, is an honest and expressive young man who is always able to tell you what is on his mind. Although Andre can act out at times, his overall behavior is good. He interacts well with his peers and is always willing to share with his fellow students. Andre loves to stay active and spends a lot of time playing basketball, baseball, and football. He also likes to paint, draw, and watch television.

Andre's worker says he is a likeable child and a hard worker. He does well with his day-to-day tasks, given gentle reminders from the adults in his life.



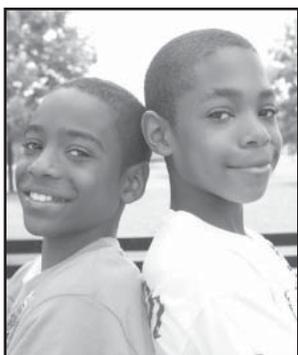
Ariana (7801)

Potential parents can provide a loving, structured home for Andre, with well-defined rules and boundaries. You can work with his teachers and support staff to ensure he receives the educational and emotional support he needs. Andre says he would like to live with a permanent family. Ideally, he would be the only child in his adoptive home, and there would be no pets in the home either.

Ariana [7801] No matter what her surroundings are, Ariana always finds ways to be creative. This imaginative 12-year old young lady enjoys singing, playing with dolls, playing house, and participating in arts and crafts. She also enjoys spending time outside, either playing sports or just enjoying nature.

Ariana's worker says she is caring and nurturing, and has a good sense of humor. She enjoys school, where she benefits from an individualized education program.

The right family for Ariana will be able to provide a loving home with well-established rules and boundaries. You can encourage her love of sports and outdoor activities. You can also help her maintain relationships with her siblings, including regular visits. Ariana says she would like to live with an African-American family in a big city. She would also like it if the family had a dog. Ariana should be the only child in her adoptive home.



Eugene & Daniel
(7803-04)

Eugene & Daniel [7803-04]

Eugene, 12, can spend all day on his feet and still have energy to spare. He is an active young man who enjoys playing football and running track. He is also helpful around the house and likes doing home remodeling projects. Eugene's younger brother, Daniel, at age 11 is laid back and relaxed. He is an easygoing young man who enjoys socializing with other children. He also has a knack for making people laugh.

Eugene's worker says he gets along with adults as well as children. He has a good sense of humor and is a joy to be around. Daniel's worker says he is calm and easygoing. He really enjoys spending time with his older brother.

Their forever family can plan lots of activities, both inside and outside the home, to keep them busy. You can also monitor their behavior to make sure they are conforming to household rules. Eugene and Daniel would like a family that is nice and fun, and that encourages participation in sports leagues and family vacations. Other children in the home should be older than Eugene and Daniel.

Ronald [7771] Put a sports uniform on this kid and watch him go! Ronald, 9, likes sports of all kinds, and also enjoys dancing. When he is not being active and energetic, Ronald likes to engage people in conversation. During his quieter moments, he enjoys playing video games.

Ronald's worker says he is funny, friendly, and outgoing. He is working to improve his ability to attach to others and to appropriately express his emotions.

Potential parents for Ronald can provide a loving, structured home for him. You can work closely with teachers and other professionals to develop the skills necessary to meet his needs. You can also help him learn to appropriately express his emotions. Ronald says he just wants to join a family; one that won't "leave me behind." Other children in the home should be older than Ronald.



Ronald (7771)

 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.

Illinois Families Now and Forever
Vanessa James, Editor
Department of Children & Family Services
100 West Randolph - 6th Floor
Chicago, Illinois 60601

PRESRT STD
U.S. POSTAGE
PAID
SPRINGFIELD, IL
PERMIT NO. 763

Inside this issue: Focus on Childhood Safety and Education

- Page 1 Child protection also includes product safety at home
- Page 2 12 items to child proof your home
- Page 3 Water can still be a danger to children
- Page 4 Fire prevention starts at home
- Page 5 Child Location and Support Unit steps in when children are missing
- Page 6 Statewide Foster Care Advisory Council update
- Page 7 Summertime fun requires planning now
- Page 8 Preparing for the subsidy to end at age 18
- Page 9 Adoption and guardianship features
- Page 10 Who do you call when..?
- Page 11 Family For Me profiles of waiting children

Current and back issues of Illinois Families Now and Forever are available online in English and Spanish at www.state.il.us/dcf