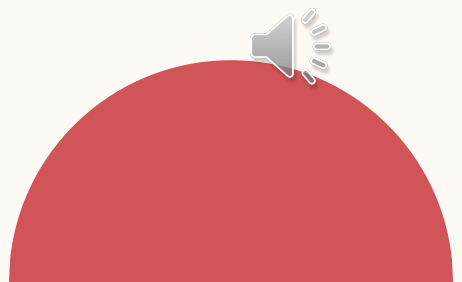


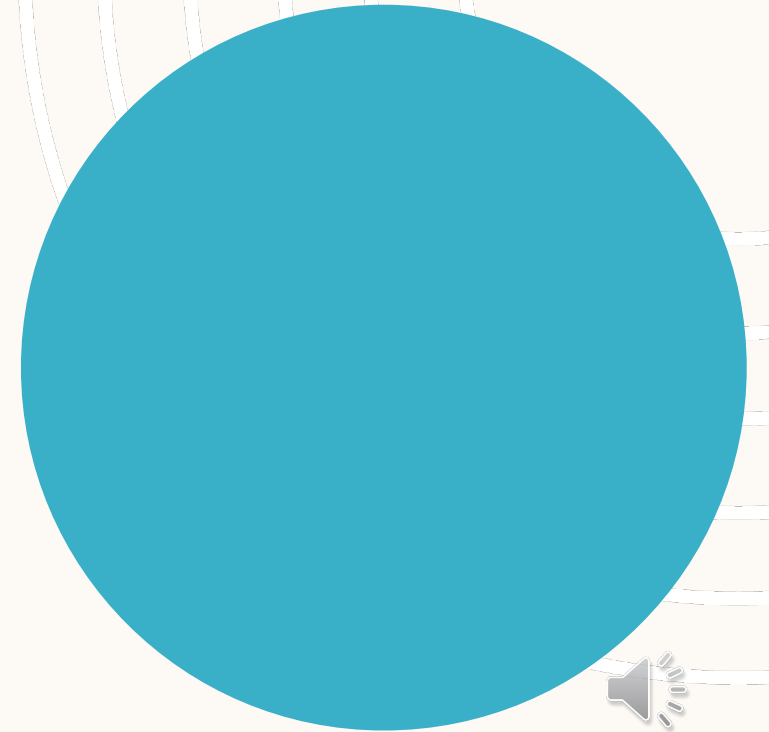
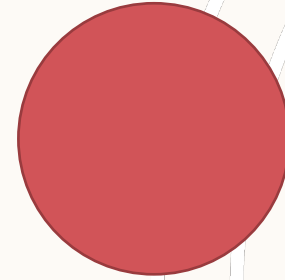


**Foster Parent Quarterly
Meeting
October 29, 2025 @ 6pm**



Agenda

- **Foster Parent Law**
- **Caregiver Rights and Responsibilities**
- **One Hope United Grievance Procedures**
- **Tips for Success**
 - Stipend Breakdown
 - Allowance Policy
 - Sleeping Arrangement Policy
 - Medication Log





Foster Parent Law

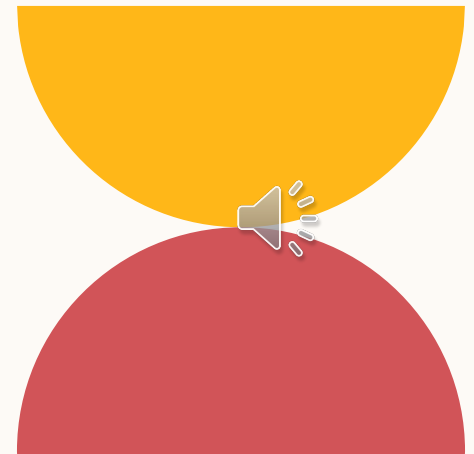
The Foster Parent Law defines the rights and responsibilities for all foster families in Illinois.

The statement of rights helps foster caregivers, agencies, and DCFS know what role caregivers will play on the child welfare team and the consideration they should receive.

The statement of responsibilities helps caregivers know what will be expected of them and gives a clear understanding of the general expectations they should have of DCFS or the private foster care agency.

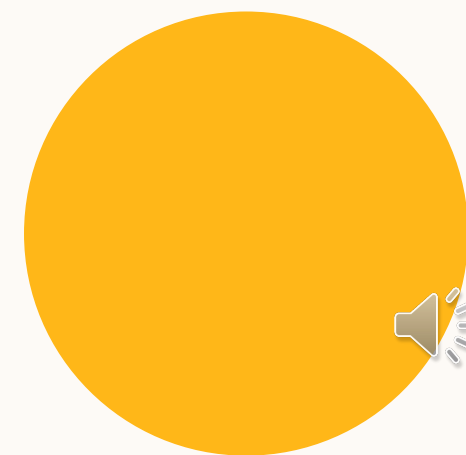


Caregiver Rights



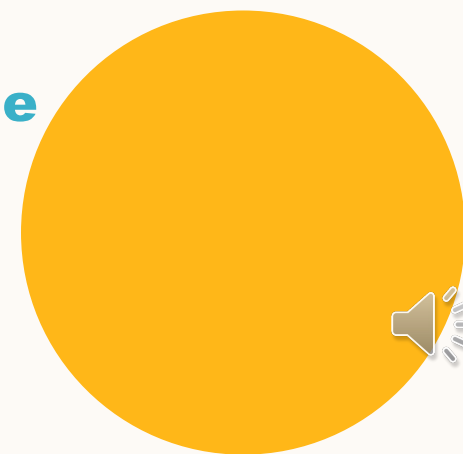
Caregivers have the right to:

- 1. Be treated with dignity, respect, and consideration**
- 2. Be provided pre-service and appropriate ongoing training to improve skills**
- 3. Be informed on how to receive supportive services from the agency**
- 4. Receive timely financial reimbursement commensurate with child's service plan**
- 5. Be provided a clear, written understanding of the plan concerning the child's placement and how it will support their family relationship and cultural identity**



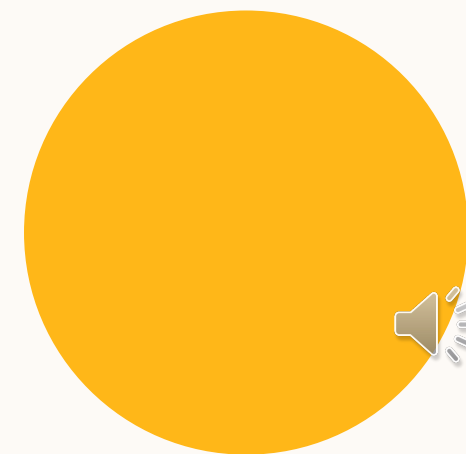
Caregivers have the right to:

- 6. Fair, timely and impartial investigations of licensing complaints**
- 7. Receive additional information to assist in the care of a child while in placement**
- 8. Receive additional information from DCFS and private agencies listed in the Children and Family Services Act and the Child Care Act of 1969**
- 9. Be notified of scheduled meetings and staffings in order to participate in case planning and decision-making**
- 10. Be provided, before placement, with any information a caseworker has that is pertinent to the child's care and the permanency plan**



Caregivers have the right to:

- 11. Receive written notice of any change in a child's case plan or of plans to terminate the child's placement, along with reasons for the change or termination**
- 12. Timely notifications of court hearings and right to intervene or request mandamus**
- 13. Be considered as a placement option when a foster child who was formerly placed with the foster parents re-enters DCFS care**
- 14. Access the existing appeals process with the assertion that the appeal will be free from acts of harassment and retaliation**
- 15. Be informed of the Foster Parent Hotline and the rights for foster parents when reporting misconduct by child welfare personnel**

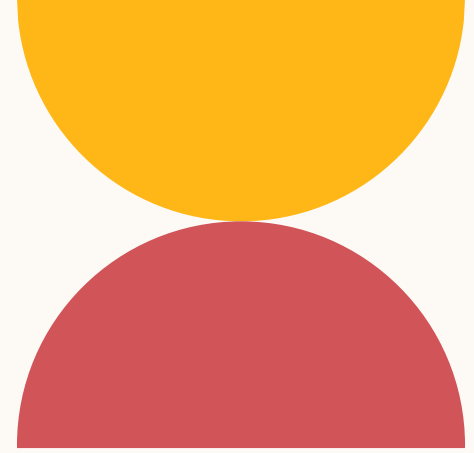


Caregiver Responsibilities



Caregivers have the responsibility to:

1. Communicate and share information with the child welfare team
2. Respect the confidentiality of information about the child and their family
3. Advocate for children in the care of the foster parent
4. Treat the child and their family with dignity, respect, and consideration
5. Recognize their individual and family strengths and limitations and to utilize appropriate supports as appropriate
6. Be aware of the benefits of relying on and affiliating with other foster parents and foster parent associations



Caregivers have the responsibility to:

7. Assess their ongoing training needs and take action to meet those needs
8. Strategize with agency representatives to avoid placement disruptions and support the child if disruption occurs
9. Recognize the impact of foster care on relationships and take steps to minimize stress as much as possible
10. Positively promote the benefits of foster parenting
11. Know the role, rights and responsibilities of foster parents, other professionals in the child welfare system, the child and the child's own family
12. Know and fulfill their role as a mandated reporter and know policies regarding allegations that foster parents have committed abuse or neglect

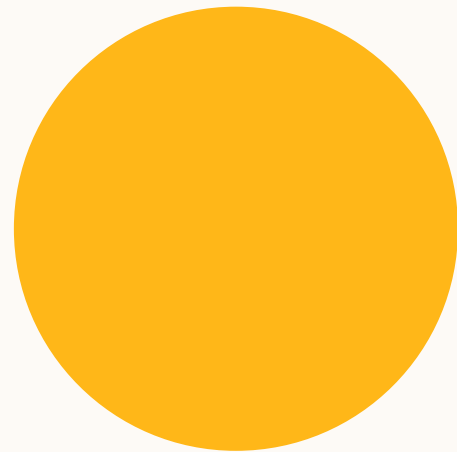


Caregivers have the responsibility to:

13. Know the purpose of and to participate in Administrative Case Reviews, client services plans and court proceedings
14. Know the child welfare agency's appeal process
15. Maintain accurate records
16. Share information about the placement with subsequent caregivers/parents
17. Provide care that respects the child's cultural needs supports the relationship between the child and their own family



OHU Foster Parent Law Commitment



One Hope United is committed to ensuring that the agency is in compliance with the Foster Parent Law. Each year we invite foster parents to review and provide feedback on our implementation of the Foster Parent Law.

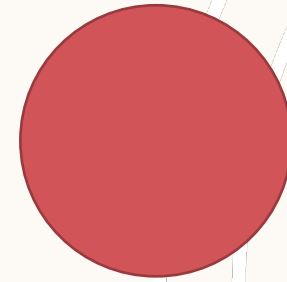
If at any point you feel we are in violation of the Foster Parent Law, or you have other unresolved issues or concerns, please follow OHU's grievance procedure.



Grievance Procedure

What is a grievance?

A grievance is a formal expression of concern about any particular issue thought to be unjust, unfair or abusive. Filing grievance means putting in writing anything that you have experienced that you believe was harmful or unfair.



Red Flag Reporting



Clients are able to report concerns safely, securely, and if desired, anonymously, 24/7 via our toll free number or online submission.

Red Flag Reporting system procedures can be found:

at the bottom of One Hope United's website through the Grievance/Complaint link

www.redflagreporting.com -- "File a Report" and enter the code: 1HU2

by calling 1-877-647-3335



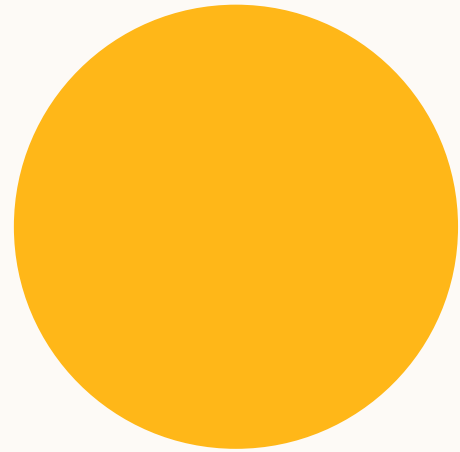
Red Flag Reporting

Red Flag Reporting submissions are immediately routed to the Continuous Quality Improvement (CQI) representative. After receiving the concern, the following process is followed until resolution:

- The complaint is reviewed by a member of our CQI team. Based on the concerns identified, CQI will forward to the appropriate OHU team member for review and action.
- Within 5 business days, a member of the OHU team will contact the client to work towards a resolution of the grievance.
- If your grievance is resolved after this initial contact, it will be documented in Red Flag, and your grievance will be closed.
- If your grievance is not resolved, then it will be sent to the next level of management for further resolution.



Red Flag Reporting



- If your grievance remains unresolved and you are provided services through a DCFS (IL), DCF (FL), contracted program, you may have the right to file a grievance with your State agency.
- Your grievance must be within the guidelines of the State agency.



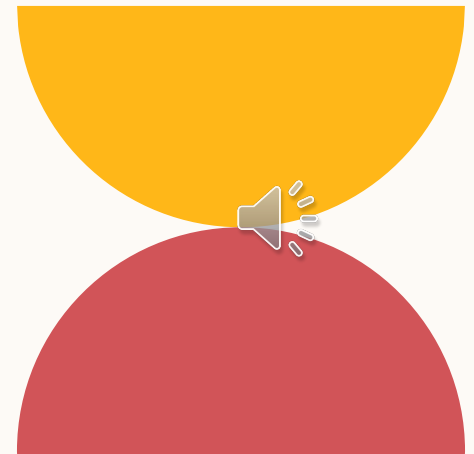
Tips for Success

STIPEND BREAKDOWN

ALLOWANCE POLICY

SLEEPING ARRANGEMENT POLICY

MEDICATION LOG





Stipend Breakdown

Unlicensed Provider Reimbursement Amounts	
Age	Total
0-11 months	\$ 479.00
1-4 years	\$ 479.00
5-8 years	\$ 479.00
9-11 years	\$ 479.00
12+ years	\$ 479.00



Stipend Breakdown

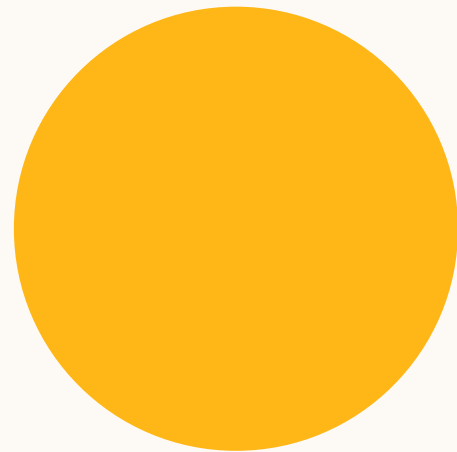
Licensed Provider Reimbursement Amounts

Age	Room & Board	Transport	Clothing	Allowance	Total
0-11 months	\$ 486.00	\$ 117.00	\$ 50.00	\$ 19.00	\$ 672.00
1-4 years	\$ 480.00	\$ 117.00	\$ 55.00	\$ 20.00	\$ 672.00
5-8 years	\$ 534.00	\$ 123.00	\$ 68.00	\$ 21.00	\$ 746.00
9-11 years	\$ 551.00	\$ 126.00	\$ 84.00	\$ 35.00	\$ 796.00
12+ years	\$ 515.00	\$ 160.00	\$ 90.00	\$ 62.00	\$ 827.00



Allowance Policy

Section 402.16 Meeting Basic Needs of Children



f) **Personal Allowances/Working Foster Children:** The licensing representative shall verify children receive personal allowances. The licensing representative shall review breakout of board payment so that the foster parent is aware that **personal allowance is distinct from clothing and other allowances.**

If children are allowed to work, the licensing representative shall verify that the foster family home maintains form CFS 588, Consent to Work. See Appendix B, Foster Youth Babysitting, for further discussion. The licensing representative shall discuss the foster parent's role in assisting children with money management. Document on form CFS 590.



Allowance Policy

Section 402.16

Meeting Basic Needs of Children

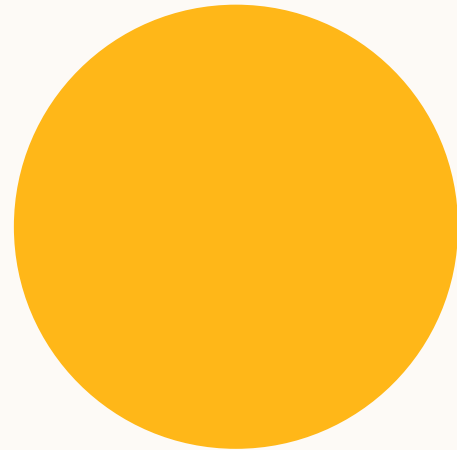


- h. Personal allowance money shall be available to the children based upon the child's age and ability to manage the money. Adolescents may be allowed to earn additional spending money.
- i. Foster parents shall assist the child in the proper handling of money.
- j. Each child shall have the opportunity to learn to assume some of the responsibility for themselves and for the household duties in accordance with their age, health, and ability. No child shall be permitted to do tasks which are hazardous, dangerous, or risk harm to the child.



Sleeping Arrangements

Section 402.9 Requirements for Sleeping Arrangements



c. Children under age 6 may share a bedroom with related children of the opposite sex who are also under age 6 if each child is provided with a separate bed or crib.

d. Unrelated children under age 2 may share a bedroom with children of the opposite sex who are also under age 2 if each child is provided a separate bed or crib.

Siblings/relatives under the age of 6 (regardless of sex) can share a room as long as they have their own beds

4-year-old male would be allowed to share a room with a sibling/relative under age 6 as long as they both have their own beds

Children under age 2 can share a room with other children under age 2 (regardless of sex) as long as they have their own beds



Sleeping Arrangements

- e. A foster child **MAY** share a bedroom with **his or her own children** of either sex if each child is provided a separate bed or crib.

- f. A foster child **SHALL NOT** share the bedroom with an adult **except under emergency conditions for a brief period of time, when a child is ill, needs frequent attention** or as allowed in Section 402.9 (g). The supervising agency can require that a foster parent's bedroom is on the same level of the home as a child who has medical or behavioral issues that warrant close supervision. This requirement shall be written into the child's Service Plan on forms developed and prescribed by the Department.

A parenting teen can share a room with their children as long as they all have their own beds.

Foster children **CANNOT** share a room with an adult **except for emergencies, for a brief period of time**

child is sick

child needs frequent attention

If necessary, OHU can mandate that the foster parent and the youth in care have bedrooms on the same level of the home. This requirement will be stipulated in the service plan.



Sleeping Arrangements

- g. When adulthood (age 18) is reached by a foster, biological, or adopted child for whom sharing the bedroom with a foster child under age 18 has been determined to be in the best interests of the foster child, the supervising agency shall approve such arrangements in accordance with the provisions of this Section.**

Your teenage children/YIC can share a bedroom with adult children/YIC of the same sex, when in the best interest of the child.

Your 16-year-old foster daughter shares a room with your daughter that recently turned 18. This would be allowed if it's best for the 16-year-old - such as preventing unnecessary stress to the child for being moved out of their room, they don't get a long with one of the other children in the home as well, etc.



Sleeping Arrangements

h. The supervising agency **MAY** approve the use of a multi-purpose room for use as a bedroom to **enable siblings to be placed together or otherwise in the best interests of the child(ren)**. Approvals will be in writing and shall contain the names and birth dates of the children for whom the approval was issued. These approvals shall be reviewed and reapproved at each license renewal.

OHU can approve the use of a “multi-purpose room” for use as a bedroom if it keeps sibling groups together or is otherwise in the best interest of the youth in care.

All approvals will be in writing and must contain the names and birthdates of the children using the room. This approval will be evaluated every license renewal (every 4 years).



Sleeping Arrangements

- i. There shall be a minimum of 40 square feet, excluding the closet and wardrobe area, for the first child occupying a bedroom and a minimum of 35 square feet for each additional child sharing the room. However, the supervising agency may approve a smaller room size on an individual case basis when such approval is in the best interests of the children. Approvals will be in writing and shall contain the names and birth dates of the children for whom the approval was issued. These approvals shall be reviewed at each license renewal.

Each bedroom will be a minimum of 40 square feet (not including closet/wardrobe) for the first child in the room, and a minimum of 35 square feet for each additional child in the room.

OHU may approve a smaller room size on an individual basis, when approval is in the best interest of the child(ren).

All approvals will be in writing and must contain the names and birthdates of the children using the room. This approval will be evaluated every license renewal (every 4 years).





Sleeping Arrangements

- j. The springs and mattresses on each bed requiring such shall be **level, clean, unsoiled with no rips or tears in the mattress or mattress cover and is not infested with insects.** The bedding shall be suitable for the season. This requirement is non-waivable.
- k. Linens shall be changed at least weekly for all children and as frequently as needed for children not toilet trained and for those who are enuretic.
- l. Waterproof mattress covers shall be provided for all beds and cribs for enuretic children.
- m. Sleeping rooms shall be comfortable and shall be furnished suitably for the age and sex of the child.

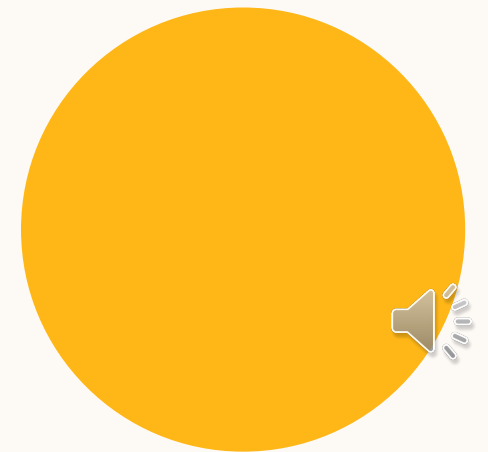


Medication Log



Section 402.17 Health Care of Children

e. Prescription drugs or prescription medicines **SHALL NOT** be given to a foster child without a physician's prescription or authorization. When administering prescription medication, the foster parent **SHALL FOLLOW THE DIRECTIONS** of the physician and all prescription medication administered by the foster parent **SHALL BE DOCUMENTED ON THE REQUIRED MEDICAL LOG.**



Medication Log

CFS 534
8/2002

State of Illinois
Department of Children and Family Services
MEDICATION ADMINISTRATION LOG

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

Physician ordering medication: _____ Name of Medication: _____

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

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

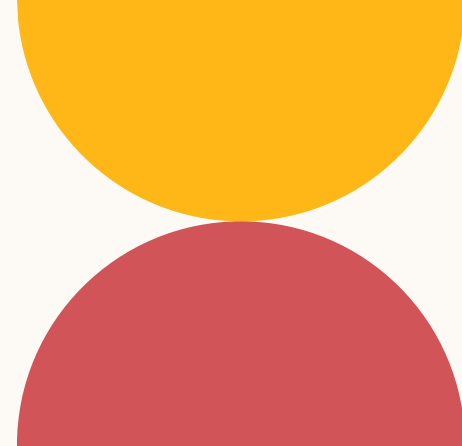
Physician ordering medication: _____ Name of Medication: _____

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

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

Please request copies of the medication log from the child's caseworker. Licensing staff is not allowed to provide copies to foster homes.

When the log is complete for the month, please give it to the child's caseworker for the hard file!



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.

- 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.
- The person administering the medication must initial in the appropriate box **each** time that any medication is given to the child.
- If a dosage is missed, leave the box on the chart blank and complete the information requested below.
- If a medication is started or finished during the month, draw a line through the days before and/or after.
- The person(s) administering the medication is to sign and initial the form.
- 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 _____ Unscheduled Cancelled _____ Date _____ Unscheduled Cancelled



Medication Log Example

CFS 534
8/2002

State of Illinois
Department of Children and Family Services
MEDICATION ADMINISTRATION LOG

For the Month of: October Year: 2025 Child's Name: Jane Doe Child's Date of Birth: 1-1-2020
 Physician ordering medication: Dr. Smith Name of Medication: Amoxicillin (oral suspension)
 Expiration Date: 10-31-2026 Dose: 500 mg # of Times Given per/day: 2

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
8A	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp					
8P	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp	fp					

Physician ordering medication: Dr. Smith Name of Medication: Albuterol sulfate (inhaler)
 Expiration Date: 10-31-2026 Dose: 1 puff as needed # of Times Given per/day: PRN

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
1145						sn														sn			sn							
2P						sn						sn					sn						sn							

Foster Parent
Signature of person administering medication Initials
School Nurse
Signature of person administering medication Initials

Signature of person administering medication Initials

Signature of person administering medication Initials



Medication Log Example

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.

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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)

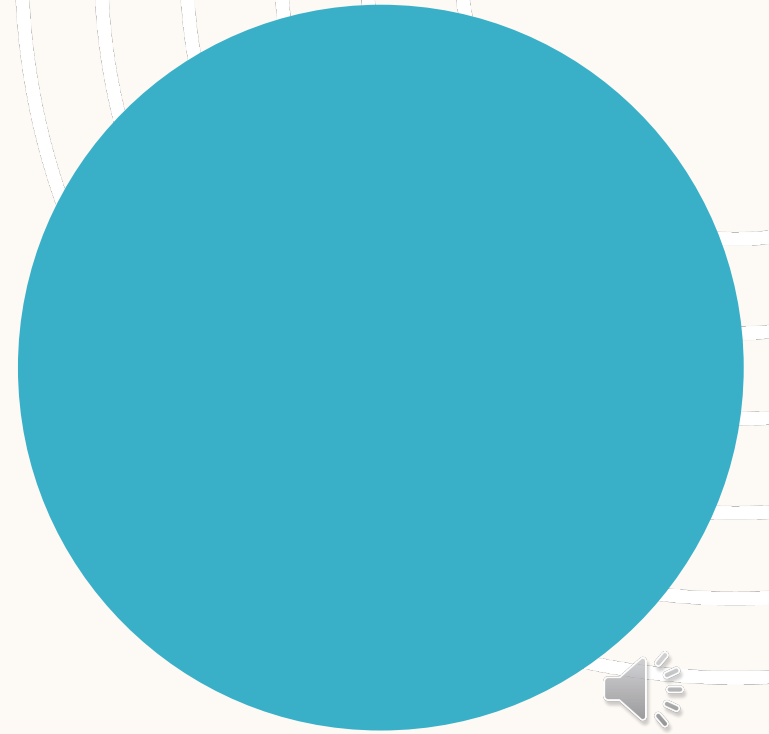
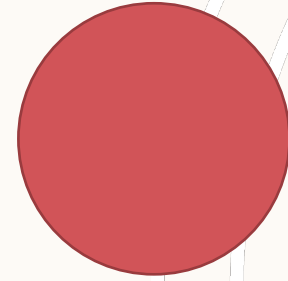
<u>10-7-25</u> DATE	<u>Amoxicillin - fell asleep early</u> NAME OF MEDICATION AND REASON	_____ DATE	_____ NAME OF MEDICATION AND REASON
<u>10-21-25</u> DATE	<u>Amoxicillin - refused</u> NAME OF MEDICATION AND REASON	_____ DATE	_____ NAME OF MEDICATION AND REASON

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



**Thank you
so much for
joining us!**



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