State of Illinois Department of Children and Family Services

BUSINESS OR EMPLOYMENT RELATED CHILD SUPERVISION PLAN

Rule 402.11(b) The operation of other business enterprises on the premises is permitted but shall not interfere with the care of the child or endanger the health, safety and welfare of the child. The supervising agency must know and approve of any business operation.

Rule 402.11(c) Employment outside of the home is permitted but shall not interfere with the proper care of the foster child. When foster parents are employed outside the home, provision shall be made for adequate supervision of the children. The provision for supervision of the foster children shall be approved in writing by the supervising agency prior to placement of children in the home or at the time of employment. A copy of the approval shall be maintained in the supervising agency's licensing file and shall be sent to the foster parent.

SECTION I. PLACES OF BUSINESS OR EMPLOYMENT FOSTER FATHER'S EMPLOYER, SCHOOL, OR BUSINESS OPERATION:

NAME:							
ADDRESS:							
TELEPHONE:							
WORK SCHEDULE (Circle days worked): LEAVES HOME:			WED _RETURNS I			SAT	SUN
SCHOOL SCHEDULE (Circle days worked): LEAVES HOME:					FRI	SAT	SUN
If days of week or hours per day of	f above sche	dules var	y, please desc	ribe:			
FOSTER MOTHER'S EMPLOY	•	OOL, OR	BUSINESS	OPERATIO	N:		
NAME:							
ADDRESS:							
ADDRESS:	MON	TUES	WED	THURS		SAT	SUN
ADDRESS: TELEPHONE: WORK SCHEDULE (Circle days worked): LEAVES HOME: SCHOOL SCHEDULE (Circle days worked):	MON	TUES	WED RETURNS I	THURS HOME: THURS	FRI	SAT	SUN
ADDRESS: TELEPHONE: WORK SCHEDULE (Circle days worked): LEAVES HOME: SCHOOL SCHEDULE	MON	TUES	WED _RETURNS I WED _RETURNS I	THURS HOME: THURS HOME:	FRI	SAT	SUN

SECTION II. SUPERVISION PLAN	
Briefly describe the supervision plan based on schedu	ules above:
Describe plan for holidays, summer, illnesses, ar	nd so forth:
During my/our absence for less than 24 hours, th	ne foster children will be supervised by:
Name:	Name:
Address:	Address:
Talanhana	
Telephone:	Telephone:
SECTION III. EMERGENCY CARE	
	the absence of the foster parent from the foster home for a period tified so that appropriate arrangements may be made for the care
NOTE: Person(s) listed on this supervision plan caregivers for time frames of over 24 hours.	may be given to the supervising agency for approval as
NOTE: Review the DCFS foster youth babysittin case manager before allowing any minor to baby-	g policy (Procedures 402, Appendix B) and discuss with sit.
	and will notify the child's Case Manager and Licensing enever there are major changes in our work schedule or the
Signature (Applicant A)	Date
Signature (Applicant B)	Date