

# NEW CHILD HOME ORIENTATION

(Foster homes MUST complete and return to the CW or FCC within 24 hours)  
 Volume 7; 7.708.31 Requirement for the Ongoing Operation of Family Foster Care Homes

FOSTER HOME: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Placement Date: \_\_\_\_\_

Tour of the home was completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate
Instructions of Emergency Drills were reviewed. (i.e. Fire Alarm, Fire Drills, Escape Routes & Exits)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate
Review with the child situations that may affect or limit the child's rights in the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate
Review type of discipline and consequences for certain behaviors.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate
Explained to the child that Corporal Punishment/Physical Punishment will not be used in the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate
Explained to the child their child rights and grievance procedures in the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate
Did the child indicate any religious preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not age appropriate If yes, please describe:

Date called to arrange Medical Appointment: \_\_\_\_\_ . Initial Medical Appointment scheduled for: \_\_\_\_\_  
*(The Initial physical examination MUST occur within 14 days of placement unless child is coming from another placement. IF the child is coming from another placement you should consult your caseworker and review the medical passport to determine when the next physical should occur. Medical appointments MUST occur annually.)*

Date called to arrange Dental Appointment: \_\_\_\_\_ Initial Dental Appointment scheduled for: \_\_\_\_\_  
*(The Initial dental examination MUST occur within 8 weeks from the child being placed. IF the child is coming from another placement you should consult your caseworker and review the medical passport to determine when the next examination should occur. Routine dental appointments MUST occur every 6 months from the initial dental examination.)*

Described the child's physical condition at the time the child is placed in your home. If the child has any marks or bruising please document and advise the Department immediately.

DATE COMPLETED: \_\_\_\_\_

\_\_\_\_\_  
 Foster Parent Signature

\_\_\_\_\_  
 Foster Child Signature (if age 10 or older)

