

## PLACEMENT ORIENTATION CHECKLIST

Child's Name \_\_\_\_\_ Date of Placement \_\_\_\_\_

Foster Home \_\_\_\_\_ Date of Orientation \_\_\_\_\_



Give all foster children and orientation of your home within 24 hours of placement. Foster parents must fill out this form for each new child and return it to the Colorado Family Services (CFS) office.

At a minimum, the orientation shall include the following:

- Tour of the foster home.
- Clothing Inventory
- The foster family's names, address and phone number in written form.
- Do a fire and tornado drill. Record it on the Fire and Tornado Record form and send it to the CFS office. Make sure that new foster children understands the household instructions on fire and tornado safety including fire alarm, and evacuation procedures. Identify the outdoor meeting place following the fire evacuation.
- Arrange for a doctor and dentist appointment. The doctor's appointment should be within 2 weeks and the dentist appoint should be within 8 weeks.
- Explain the household rules including the consequences for rule infractions.
- Give new foster children a copy of the Children's Rights and a copy of the CFS policy of Grievance Procedures.
- Give new foster children a copy of the names, address and phone numbers of the following people:
  - ⇒ County Caseworker
  - ⇒ Therapist
  - ⇒ Defense attorney or probation officer (for delinquency actions only)
  - ⇒ CFS Case Manager
  - ⇒ GAL

Note: This information is on the Record of Admission. Get a copy from your CFS Case Manager.

Develop a plan for the following children's rights with your case manager, caseworker and foster child (if the child is old enough). Write the plan on the reverse side.

- How and when telephone and written communications will take place.
- How, when and where regular visits of the foster child with relatives, friends, or others interested in his/her welfare will take place
- Extenuating circumstances and emergency situations affecting the foster child and his/her family.

Physical condition upon arrival (bruises, marks, physical appearance, etc.) \_\_\_\_\_

\_\_\_\_\_  
Foster Parent's Signature

\_\_\_\_\_  
Date

### COLORADO FAMILY SERVICES

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Revised: June 12 2003

