

LANE COUNTY DEVELOPMENTAL DISABILITIES SERVICES  
CHILD FOSTER HOME

Documentation of Initial Emergency Exit Orientation  
For Child Moving into a Foster Home

(State foster home rules require that Section I and II be completed within 24 hours of a child moving into your home; Section III must be completed within 10 days and the form should be mailed, Child Foster Home Coordinator, Lane County DD Services, 125 E 8<sup>th</sup> Av, Eugene, OR 97401)

CHILD'S NAME \_\_\_\_\_ DATE OF PLACEMENT \_\_\_\_\_

PROVIDER'S NAME \_\_\_\_\_ ORIENTATION DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(if address changes, new orientation must occur)

I. Emergency Exit Orientation Procedure Completed – Check which orientation procedures were completed (if a child needs total physical assistance and cannot comprehend any instruction proceed to Section II).

\_\_\_\_\_ Smoke alarm set off in child's bedroom, child informed the sound required immediate exit, child and provider exit.

\_\_\_\_\_ Child shown location of smoke alarms in hallways and common areas of the house.

\_\_\_\_\_ Child shown different paths to exit from bedroom and common rooms through each door in the house.

\_\_\_\_\_ Child advised to get out of the house using windows if door cannot be reached, child shown how to open windows including all windows in bedroom.

\_\_\_\_\_ Child told how to crawl out bedroom windows including procedure for pushing screen out if doorway exit is blocked by fire.

\_\_\_\_\_ Identify outside meeting place.

\_\_\_\_\_ Child "walks through" a simulated fire drill with advance cues from provider.

\_\_\_\_\_ If battery operated smoke detectors are used, child informed of sound the detector makes whenever the battery is low and of the importance of notifying provider to replace battery.

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II. Types of Assistance Likely to Be Needed by Child to Exit Within 3 Minutes –

1. Please check which type of assistance is likely to be needed by the child to exit within 3 minutes from his or her bedroom in each of the following situations:

TYPE OF EMERGENCY SITUATION				
Degree of assistance likely to be needed	All doorways Exits Accessible	Only one doorway exit accessible	Only bedroom window exit accessible	Smoke requires Child to crawl to exit
Independent Monitor to insure Safe exit				
Needs verbal cues only				
Needs limited physical assistance				
Needs total physical assistance				
Other (please describe)				

2. If any verbal or physical assistance is likely to be needed, please describe who will provide such assistance. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. How many other occupants in the house will require physical assistance to exit within three minutes? \_\_\_\_\_ (If two or more occupants require physical assistance please complete the Household Fire Exit Plan Form)

III. Child's Performance of Formal Fire Evacuation Drill

1. Date of Drill: \_\_\_\_\_ 2. Time of Drill: \_\_\_\_\_

3. Time child took to exit \_\_\_\_\_ (if more than 3 minutes conduct and record another drill)

4. Assistance child needed to exit within 3 minutes: \_\_\_\_\_  
 \_\_\_\_\_

MAIL TO: Child Foster Home Coordinator  
 Lane County Developmental Disabilities  
 125 E 8<sup>th</sup> Av  
 Eugene, OR 97401

Keep a copy in child's records and mail within 10 days of a child entering your foster home.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_