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| http://nebula.wsimg.com/58339aa1b74bb8411fbc962fc26e8976?AccessKeyId=A56382D5F148D79BD23A&disposition=0&alloworigin=1 | **O.U.R. Center***Opportunity, Understanding, Respect* |

**Policy Sign off Sheet**

**All of the following Policies are found in the E-Training Modules and in the OUR Center Foster Care Manual. Please complete this sheet on an annual basis.**

**EACH FOSTER PARENT IN THE HOME MUST COMPLETE THIS FORM.**

**1.** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have had an opportunity to review the **O.U.R. Center Policies and Procedures Manual** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction.

\_\_\_\_\_

Initial

**2.** I have reviewed the **specific** policies relating to **Acceptable and Unacceptable Disciplinary Practices** including discipline, punishment and isolation as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction.

\_\_\_\_\_

Initial

**3.** I have reviewed the **specific** policies relating to **Duty to Report** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction.

\_\_\_\_\_

Initial

**4.** I have reviewed the specific policies relating to **Medication Policy (safe administration, storage and disposal)** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction. **I have also taken the online Psychotropic Medication training**

\_\_\_\_\_

Initial

**5.** I have reviewed the specific policies relating to **Communication and Transfer of Medications Information**as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction.

\_\_\_\_\_

Initial

**6.** I have reviewed the **specific** policies relating to **Cultural Competency** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction. **I have also taken the O.U.R. Center online training.**

\_\_\_\_\_

Initial

**7.** I have reviewed the **specific** policies relating to related to **Serious Occurrence Reporting** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction. **I have also taken this with OUR Center online training.**

**\_\_\_\_\_**

Initial

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Foster Parent / FSW Name (Print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUR Center Representative