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**BOARD OF CHILD ABUSE EXAMINATION (BCAE)**

**Special Meeting  
Thursday, October 28, 2021  
9:00 a.m.**

**Board Members Present:** Dr. Mary Stockett, Andi Hamilton, Beth Martin, Lindsay Crim, Elizabeth Base, Dr. Amanda Foster, Dr. Sarah Shelton, Jennifer Laizure and Gina Stafford

**OCCY Staff Present:** Danielle Dill, Ellen Lohrenz and Nicole George

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**Welcome / Introduction of Board, OCCY Staff & Guests / Determination of Quorum**

*- Danielle Dill, OCCY Program Manager*

Danielle Dill called the meeting to order at 9:05 a.m. According to Title 10 Chapter 26 Section 601.30, six members shall constitute a quorum. Quorum was met and determined by roll call. Introductions of the Board and OCCY staff. No guests present.

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**Approval of BCAE September 16, 2020 Minutes – Discussion & Possible Action**

*- Danielle Dill, OCCY Program Manager*

Several grammatical and spelling errors were discovered, and corrections requested. Beth Martin moved to approve the BCAE September 16, 2020 minutes with corrections. Andi Hamilton seconded the motion. All members present voted in the affirmative.

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**Election of BCAE Chair and Vice-Chair – Discussion & Possible Action**

*- Danielle Dill, OCCY Program Manager*

According to Title 10 Chapter 26 Section 601.30, the Board shall annually elect one member to serve as chair and one member to serve as vice-chair. Andi Hamilton moved to elect Dr. Mary Stockett to serve as BCAE Chair for 2022. Elizabeth Base seconded the motion. All members present voted in the affirmative. Andi Hamilton moved to elect Gina Stafford to serve as BCAE Vice Chair for 2022. Elizabeth Base seconded the motion. All members present voted in the affirmative.

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## **BCAE Rule Preparation – Discussion & Possible Action**

- *Danielle Dill, OCCY Program Manager & Dr. Mary Stockett, Chief Child Abuse Examiner*

According to Title 10 Chapter 26 Section 601.31, the Board shall prepare rules for the approval of the Commission regarding the training and continuing training requirements for physicians, physician assistants, and registered nurses as child abuse examiners; the duties and responsibilities of child abuse examiners; and uniform standards for medical examinations and evaluations of children suspected to be victims of child abuse or neglect. The Board reviewed, discussed, and made content and grammatical edits to draft rules. Discussion and content changes included:

### **10-29-2 Licensure and Training**

Section (a): Reference to trained child abuse examiner. Doctor of osteopathy referred to as osteopathic medicine.

Section (b): Clarification of 20 hours of training be completed by examiners in their first of year could include external training obtained outside of Chief Child Abuse Examiner and documentation would be accepted. Eight (8) hours of yearly training thereafter would be readily available through OCCY and its partners twice yearly.

Section (c): Clarification of those examiners who have previously been established as medical examiners are not required to provide proof of twenty hours of training.

Section (d): To make the document flow, section (e) was moved because it reflects information regarding said training and was clarified to state that child abuse examiners must maintain licensure and certification in in good standing with their licensing board or agency.

Section (e): Board discussion was led by Gina Stafford who explained the importance of calling nurses “Registered Nurses” as they maintain good standing and licensure with their boards. They also receive orders from physicians or nurse practitioners, they do not have agreements to make referrals.

### **10-29-3 Duties and Responsibilities**

Section (a): Second sentence removed.

Section (b): Order of information was changed for clarity. Second sentence moved as first sentence.

Section (c): Board discussed reporting of child maltreatment. Dr. Stockett explained that once a case was referred to a child abuse examination facility, the case had already been reported, and duplication of reporting is redundant. Lindsay Crim with OK Human Services indicated that best practice would still be to notify the department, so that the cases are noted immediately and not just received through a monthly report.

Section (d): Removal of the word “their” examinations.

Section (e): Removal of the word “their” and addition of a comma after the law citation.

#### 10-29-4 Standards for Medical Examination and Evaluations

Sections (a) and (b) had punctuation corrections inclusion of commas.

Section (c) was changed to include “legible” reports, rather than being required to be an electronic record or document. The board agreed that it would be most prudent that each examiner use the electronic medical record specific to their current practice, and at some point, in the future, these documents could be compiled into a program for data/statistical use.

Section (d) was approved as is.

Section (e) was shortened to be more concise.

Dr. Sarah Shelton moved to accept BCAE rules with discussed and agreed upon content changes. Dr. Amanda Foster seconded the motion. All members present voted in the affirmative.

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#### **Proposed BCAE Meeting Dates for Calendar Year 2022 – Discussion & Possible Action**

*- Danielle Dill, OCCY Program Manager*

According to Title 10 Chapter 26 Section 601.30, the Board shall meet not less than quarterly and may meet more frequently as necessary, as determined by chair. Presented regular board meeting dates for 2022 included:

Thursday, January 27th 9 am to 11 am

Thursday, April 28th 9 am to 11 am

Thursday, July 28<sup>th</sup> 9 am to 11 am

Thursday, October 27<sup>th</sup> 9 am to 11 am

Beth Martin moved to approve 2022 BCAE meeting dates as presented. Gina Stafford seconded the motion. All members present voted in the affirmative.

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#### **2021 Child Abuse Examiner Trainings**

*- Dr. Mary Stockett, Chief Child Abuse Examiner*

Advanced Child Abuse Medical Examiner Training will be held in Tulsa on November 9, 2021 and Oklahoma City on December 14, 2021. Registration fee: \$30. Eight (8) CME credits available. Training presented as a partnership with OU Health, Haruv USA at OU-Tulsa, INTEGRIS Health and OCCY.

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#### **Announcements – Report Only - No Discussion**

Beth Martin with the Oklahoma State Department of Health announced her retirement effective 11/30/2021. Dr. Jana Winfree will be attending future BCAE Meetings as designee for the Department of Health.

**Adjournment**

- *Danielle Dill*

Meeting adjourned at 10:48 a.m.

DRAFT

# **Chief Child Abuse Examiner Report – Dr. Mary Stockett**

**October – December 2021**

**BCAE Regular Meeting – January 27, 2022**

## **Child Abuse Examiners**

There are presently twenty-four (24) Child Abuse Examiners providing medical evaluations in thirty-four (34) counties outside of Tulsa and Oklahoma counties. There are three (3) child abuse pediatricians and a nurse practitioner who work with the Oklahoma City team and three (3) child abuse pediatricians in Tulsa. This includes one (1) examiner who just completed the 20-hour initial training and was provided reimbursement for training by Haruv, USA through a partnership with OCCY.

## **Child Abuse Medical Training**

### **Initial Training**

Current child abuse examiner trainees: Two (2) doctors will provide services in Stephens County; a nurse practitioner, will provide services in Pushmataha, Choctaw, and McCurtain Counties; and two (2) nurse practitioners will provide services at the CARE Center in Oklahoma City. Up to twenty (20) hours of Continuing Medical Education (CME) credit through INTEGRIS HEALTH are available to providers for initial training. CME costs are paid for by OCCY. Haruv, USA is providing a \$2000 training reimbursement for trainees in rural communities who complete the initial 20 hours of child abuse examiner training.

### **Continuing Training**

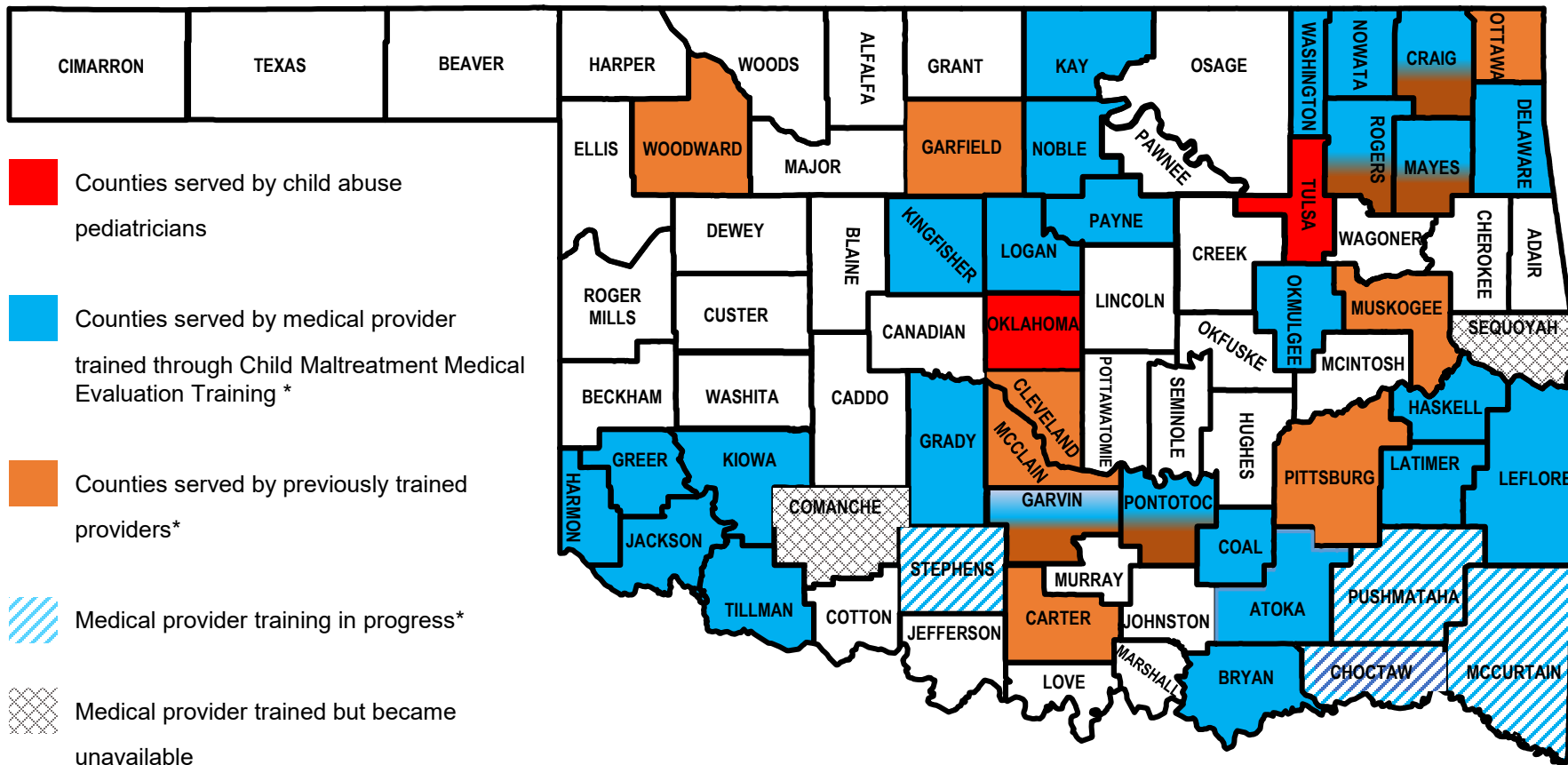
2021 training events regarding medical evaluation of child maltreatment were presented on November 9th in Tulsa and December 14th in Oklahoma City through a partnership between OCCY, OU-Tulsa / Haruv, USA and INTEGRIS Health. Fifteen (15) individuals registered and fourteen (14) attended the Tulsa event; and twenty-five (25) individuals registered and twelve (12) attended in Oklahoma City. INTEGRIS Health provided 8 hours of continuing medical education credit for each training event. Topics presented at each training event include: Medical Neglect, Abusive Head Trauma, Photographic Documentation, Impact of Medical Marijuana on Children, Children with Problematic Sexual Behavior and Multidisciplinary Team Case Discussion. Evaluations were favorable.

OCCY and partners are planning a six (6) hour training in the form of an institute for medical providers on April 13, 2022 as part of the Oklahoma Conference on Child Abuse and Neglect. Potential sessions include: DNA Evidence in Cases of Child Maltreatment, Pediatric Radiology and Child Physical Abuse, Top Child Maltreatment Medical Research and Controversies, Oklahoma Multidisciplinary Team and Children's Advocacy Center Primer for Medical Professionals.

### **Child Maltreatment Medical Reviews of Deceased Children**

The Chief Child Abuse Examiner and the Deputy Chief Child Abuse Examiner are reviewing cases in which children have died to determine if there was maltreatment of those children. Five (5) reviews were completed October through December 2021.

**Child Abuse Examiners 2022**  
**Information provided by Mary Stockett, MD**  
**Mary-Stockett@ouhsc.edu**



\*Mix of two colors indicates combination of two categories.

**TITLE 135. COMMISSION ON CHILDREN AND YOUTH**  
**CHAPTER 10. PROGRAMS, BOARDS, AND COUNCILS: OPERATION AND**  
**ADMINISTRATION**

**RULEMAKING ACTION:**

Notice of proposed PERMANENT rulemaking.

**PROPOSED RULES:**

Subchapter 29. Board of Child Abuse Examination [NEW]

135:10-29-1. Origin, Authority, and Purpose [NEW]

135:10-29-2. Licensure and Training [NEW]

135:10-29-3. Duties and Responsibilities [NEW]

135:10-29-4. Standards for Medical Examinations and Evaluations [NEW]

**SUMMARY:**

The proposed rules were drafted to bring the Oklahoma Commission on Children and Youth into compliance with 10 O.S. § 601.31. The proposed rules provide clarity and correctly reference provisions of law.

**AUTHORITY:**

The rules in this subchapter were prepared by the Board of Child Abuse Examination (BCAE), pursuant to 10 O.S. § 601.31(B)(1), and approved by the Oklahoma Commission on Children and Youth (OCCY), as authorized by 10 O.S. § 601.31(A).

**COMMENT PERIOD:**

The comment period will begin on February 1, 2022, and end on March 3, 2022. Written comments will be accepted during the comment period at the following address: Oklahoma Commission on Children and Youth, Attention: Danielle Dill, 2915 North Classen Boulevard, Suite 300, Oklahoma City, OK 73106, or by email at [danielle.dill@occy.ok.gov](mailto:danielle.dill@occy.ok.gov).

**PUBLIC HEARING:**

A Public Hearing will be held at 9:00 a.m. on Friday, March 4, 2022 in person at the Oklahoma Commission on Children and Youth, 2915 North Classen Boulevard, Suite 300, Oklahoma City, OK 73106. Persons wishing to make oral comments must sign-in at the door by 8:45 a.m. on that day. Each individual will be given an opportunity to make oral comments for a maximum of five (5) minutes.

**REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:**

The Oklahoma Commission on Children and Youth requests business entities affected by the proposed rules to provide written information to OCCY, within the comment period, in dollar amounts if possible, of the increase in the level of direct services, revenue loss, direct or indirect costs, or other costs, such as fees, reporting, recordkeeping, equipment, construction, labor, or professional costs, expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Oklahoma Commission on Children and Youth, Attention: Danielle Dill, 2915 North Classen Boulevard, Suite 300, Oklahoma City, OK 73106, or by email at [danielle.dill@occy.ok.gov](mailto:danielle.dill@occy.ok.gov).

**COPIES OF PROPOSED RULES:**

Copies of the proposed rules may be obtained during normal business hours from the Oklahoma Commission on Children and Youth, 2915 North Classen Boulevard, Suite 300, Oklahoma City, OK 73106, or by email at [danielle.dill@occy.ok.gov](mailto:danielle.dill@occy.ok.gov). The proposed rules will be available on the OCCY website at <https://oklahoma.gov/occy.html> no later than January 12, 2022.



**RULE IMPACT STATEMENT:**

Pursuant to 75 O.S. § 303(D), a rule impact statement will be prepared and available for review at the Oklahoma Commission on Children and Youth, 2915 North Classen Boulevard, Suite 300, Oklahoma City, OK 73106 beginning on January 12, 2022, as well as on the OCCY website at <https://oklahoma.gov/occy.html>

**CONTACT PERSON:**

Danielle Dill, Program Manager, (405) 606-4902, or [danielle.dill@occy.ok.gov](mailto:danielle.dill@occy.ok.gov).

## **Chapter 10 – Programs, Boards, and Councils: Operation and Administration**

### **Subchapter 29**

#### **135:10-29-1. Authority and Purpose**

The Board of Child Abuse Examination (“BCAE”) was created by 10 O.S § 601.30 under the umbrella of the Oklahoma Commission on Children and Youth (OCCY) for the purpose of establishing a statewide system to provide expert medical evaluation for children suspected to be the victims of child abuse and neglect. The rules in this subchapter were prepared by the BCAE, as authorized by 10 O.S. § 601.31(B)(1), and approved by OCCY, as authorized by 10 O.S § 601.31(A).

#### **135:10-29-2. Licensure and Training**

(a) To be eligible for inclusion on OCCY’s statewide statutorily authorized list of trained Child Abuse Examiners, a person must have a valid, unrestricted Oklahoma license to practice as a medical doctor, doctor of osteopathic medicine, physician assistant, advanced practice registered nurse, or registered nurse certified as a pediatric sexual assault nurse examiner, and meet the requirements set forth in this subchapter. Child abuse examiners who fail to demonstrate that they are in compliance with these requirements may be removed from the list.

(b) Within the first year of inclusion on the list, persons who are licensed as physicians, nurse practitioners and physician assistants must obtain at least twenty (20) hours of training regarding child abuse and provide proof of training to the BCAE. The training must include medical evaluation of physical abuse, sexual abuse, abusive head trauma, child neglect, medical neglect, and Munchausen Syndrome by Proxy. The training must also include the effects of domestic violence and substance abuse on children.

(c) Persons who are board certified or eligible for board certification as child abuse pediatricians and other medical providers listed in subsection (a) who have previously been established as child abuse examiners with a multidisciplinary team or Children’s Advocacy Center at the time of the establishment of these rules are not required to provide proof of the twenty (20) hours of training set forth in subsection (b).

(d) All child abuse examiners must receive eight (8) hours of continuing child abuse education every two (2) years and must also maintain licensure and certification in good standing with their respective licensing board or agency.

(e) Persons who are sexual assault nurse examiners, but not nurse practitioners, must have a pediatric sexual assault nurse examiner certificate and may only provide evaluation of sexual abuse. Sexual assault nurses shall refer patients to an appropriate medical provider for medical services other than sexual abuse evaluation.

#### **135:10-29-3. Duties and Responsibilities**

(a) Child abuse examiners will provide medical evaluations in a timely manner to determine if child maltreatment has occurred.

(b) Medicine is one of the core disciplines represented on each multidisciplinary team in Oklahoma. Child abuse examiners serving on a child abuse multidisciplinary team may identify the need for medical evaluation, conduct the evaluation, and provide results and explanation of a medical evaluation performed by themselves and other medical providers to the team, in order to

inform the investigation and care of children who are suspected victims of child abuse and neglect. Participation in the child abuse multidisciplinary team is strongly encouraged.

(c) Child maltreatment must be reported to the Oklahoma Human Services Child Abuse Hotline and appropriate law enforcement agencies when needed.

(d) Child abuse examiners shall maintain confidentiality of examinations, records, and findings except where disclosure is authorized by 10A O.S. § 1-2-105(C)(1).

(e) Child abuse examiners may share all evaluations and associated records with the Child Death Review Board pursuant to 10 O.S. § 1150.2(B)(8).

#### **135:10-29-4. Standards for Medical Examinations and Evaluations**

(a) Evaluations of children, in which child abuse is suspected, should be completed as soon as possible with specific timing determined by the circumstances of each situation.

(b) The medical evaluation shall include the procedures determined by the child abuse examiner as necessary to determine whether child abuse or neglect has occurred.

(c) A legible report regarding each evaluation will be prepared according to medical standards.

(d) Photographic or video documentation should be obtained as needed for documentation of injuries. The child abuse examiner will ensure this documentation is completed. It may be performed by the child abuse examiner or others.

(e) The Child Abuse Examiner shall provide the child abuse medical evaluation report to all appropriate agencies.

**TITLE 135. COMMISSION ON CHILDREN AND YOUTH  
CHAPTER 10. PROGRAMS, BOARDS, AND COUNCILS: OPERATION AND  
ADMINISTRATION**

**RULE IMPACT STATEMENT**

**1. A brief description of the purpose of the rule:**

Title 135. Commission on Children and Youth

Chapter 10. Programs, Boards, and Councils: Operation and Administration

135:10-29-1. Origin, Authority, and Purpose [NEW]

135:10-29-2. Licensure and Training [NEW]

135:10-29-3. Duties and Responsibilities [NEW]

135:10-29-4. Standards for Medical Examinations and Evaluations [NEW]

**Summary:** The proposed rules were drafted to bring the Oklahoma Commission on Children and Youth into compliance with 10 O.S. § 601.31. The proposed rules provide clarity and correctly reference provisions of law.

**2. A brief description of the classes of persons who most likely will be affected by the proposed rule:**

The public, Oklahoma Commission on Children and Youth, Board of Child Abuse Examination, physicians, physician assistants, and registered nurses as child abuse examiners, and children suspected to be victims of child abuse or neglect.

**3. A brief description of classes of persons who will benefit from the proposed rule:**

The public, Oklahoma Commission on Children and Youth, Board of Child Abuse Examination, physicians, physician assistants, and registered nurses as child abuse examiners, and children suspected to be victims of child abuse or neglect.

**4. A brief description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:**

The proposed rules should not have an economic impact on any affected classes.

**5. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the state proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues, if it can be projected by the agency.**

The cost of implementation and enforcement of the proposed rules are minimal. OCCY will utilize existing state funds and seek public/private partnerships to support implementation costs of proposed rules.

**6. A determination of whether implementation of the proposed rule will have an adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:**

The proposed rules should not have an economic impact on any small business or require their cooperation in implementing or enforcing the rule revisions.

**7. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:**

OCCY provides the 20-hour initial child abuse examiner training to medical providers at no cost to the provider. OCCY provides two trainings per year regarding child maltreatment, to fulfill the required 8 hours of continuing education at nominal cost to the child abuse examiner.

**8. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:**

The proposed rules establish a statewide system to provide expert medical evaluation for children suspected to be the victims of child abuse or neglect. There is an impact on the health and safety of children if the rules are not passed because the quality of the child abuse examiner is not assured.

**9. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:**

If the proposed rules do not pass, there will be a conflict with state law, which may have an effect on agency business. There is an impact on the health and safety of children if the rules are not passed because the quality of the child abuse examiner is not assured.

**10. The date the rule impact statement was prepared and if modified, the date modified:**

Prepared on January 7, 2022.

## **MEMORANDUM OF UNDERSTANDING**

### **Strengthening Child Abuse Examiner Provider Network and Professional Education and Training in Child Adversity and Trauma**

**Calendar Year 2022**

Among  
Oklahoma Commission on Children and Youth (OCCY)  
Haruv USA at University of Oklahoma-Tulsa (Haruv USA)

#### **I. PURPOSE**

This Memorandum of Understanding (MOU) specifies the roles and responsibilities of the parties as they work collaboratively to strengthen and provide comprehensive, multi and interdisciplinary education and training for professionals in the fields of child adversity and trauma, with an emphasis on underserved children and families

The purpose of the program is to enhance short and long-term outcomes for children and families impacted by OCCY programs, employees, volunteers, and partners through training on current knowledge and best practices in the field of child adversity and trauma, including maltreatment. This program will provide OCCY employees, volunteers, and partners training from top experts and leaders in the field; and support the establishment and maintenance of a statewide system to provide medical evaluation of alleged child victims of maltreatment.

#### **II. AMOUNT OF MOU**

<b>Training</b>	<b>Total Cost</b>	<b>Haruv USA</b>	<b>OCCY</b>
Child Maltreatment Professional Education and Training	\$18,000	\$12,000	\$6,000
Child Abuse Examiner 20 Hour Initial Training Reimbursement Program for Rural Health Providers	Up to \$20,000	Up to \$20,000 \$2,000 per provider	
Child Abuse Medical Examiner Training (Two Trainings)	\$18,000	\$9,000	\$9,000

### **III. PERIOD OF MOU**

The period of the MOU is from January 1, 2022, through December 31, 2022. The MOU shall be reviewed annually and may be amended or renewed by either or both the parties. Any proposed amendment or modification must be signed by all parties to be effective.

### **IV. RECITALS**

**WHEREAS**, the OCCY provides professional development to those in the fields of child adversity and trauma, including maltreatment, and is responsible for ownership and management of a training program for physicians, physician assistants and nurse practitioners in a manner consistent with their scopes of practices, as child abuse examiners pursuant to Title 10 § 601.31;

**WHEREAS**, Haruv USA provides comprehensive multi- and interdisciplinary education and training for students and professionals in the fields of child adversity and trauma, along with research for the identification, prevention, and treatment of child abuse and neglect, with an emphasis on underserved children and families.

**NOW THEREFORE**, the parties of this MOU agree to collaborate in the development, implementation and maintenance of professional education and training programs and including training for physicians as child abuse examiners. To accomplish this goal, the parties shall provide the following supports and functions.

### **V. ROLES AND RESPONSIBILITIES**

The parties agree to the following roles and responsibilities:

#### **A. OCCY shall:**

1. Child Maltreatment Professional Education and Training
  - a. Partner with Haruv USA to identify training goals and objectives, relevant topics, and trainers (current experts and “up-and-coming” professionals), coordinate a training schedule, decide learning formats, obtain venues, acquire CEUs, and manage additional related logistics.
  - b. Create and manage participant registration and promote training opportunities through marketing.
  - c. Track training data, create reports on outcomes of all training activities, maintain training records, and share training evaluation data with trainers, Haruv USA, and other partners.
2. Child Abuse Examiner 20-Hour Initial Training Reimbursement Program for Rural Health Providers
  - a. OCCY's Chief Child Abuse Examiner will provide 20 hours of approved CME initial training to rural physicians, physician assistants, and nurse practitioners, in a manner consistent with their existing scopes of practice, as child abuse examiners.
  - b. OCCY's Chief Child Abuse Examiner will align examiner training with the current National Children's Alliance National Standards for Accreditation relevant to medical evaluations.
  - c. OCCY's Chief Child Abuse Examiner will document all medical provider initial training hours. OCCY will provide Haruv USA contact information of each individual medical provider upon completion of 20 hours for distribution of reimbursement payment.
3. Child Abuse Medical Examiner Training
  - a. Partner with Haruv USA to identify training goals and objectives, relevant topics, and trainers (current experts and “up-and-coming” professionals), coordinate a training schedule, decide learning formats, obtain venues, acquire CMEs, and manage additional related logistics.
  - b. Create and manage participant registration and promote training opportunities through marketing.
  - c. Track training data, create reports on outcomes of all training activities, maintain training records, and share training evaluation data with trainers, Haruv USA, and other partners.

## **B. Haruv USA shall:**

1. Child Maltreatment Professional Education and Training
  - a. Partner with OCCY to identify training goals and objectives, relevant topics, and trainers (current experts and "up-and-coming" professionals), coordinate a training schedule, decide learning formats, obtain venues, acquire CEUs and, and manage related logistics.
  - b. Secure top experts and "up-and-coming" professionals in the field of child adversity and trauma, including maltreatment, to provide training to OCCY staff, volunteers, and partners.
  - c. Promote training opportunities through marketing.
2. Child Abuse Examiner 20-Hour Initial Training Reimbursement Program for Rural Health Providers
  - a. Issue payment of \$2,000 to each individual rural medical provider in exchange for completing 20 hours of child abuse examiner training provided by OCCY Chief Child Abuse Examiner.
3. Child Abuse Medical Examiner Training
  - a. Partner with OCCY to identify training goals and objectives, relevant topics, and trainers (current experts and "up-and-coming" professionals), coordinate a training schedule, decide learning formats, obtain venues, acquire CMEs, and manage additional related logistics.
  - b. Create and manage participant registration and promote training opportunities through marketing.
  - c. Track training data, create reports on outcomes of all training activities, maintain training records, and share training evaluation data with trainers, Haruv USA, and other partners.

## **GENERAL TERMS**

### **VI. CONFIDENTIALITY**

Parties shall protect the confidentiality of information received in the implementation of this MOU to the extent allowed by law and the Oklahoma Open Records Act. The use of confidential information is confined to the activities essential for providing activities governed by this MOU.

### **VII. RELATIONSHIP OF PARTIES**

No agent or employee of any party shall be deemed an agent or employee of another party. Each party shall be solely and entirely responsible for the acts of its agents or employees. This MOU is for the benefit of the parties and the public generally. It is not intended nor may it be construed to create any third-party beneficiaries. The parties agree to work in good faith to fulfill their responsibilities under this MOU.

### **VIII. TERMINATION**

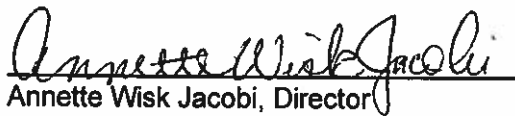
All parties to this MOU shall attempt to resolve all disputes occurring between the parties through negotiation in good faith. Failure to resolve disputes may result in immediate termination of this MOU. If any party chooses to discontinue its role in this MOU, it shall notify the other parties in writing.

This Agreement may be terminated, for any reason, without cause, by any party upon thirty (30) days prior written notice to the other parties, delivered by certified mail, return receipt requested.

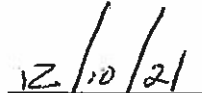


## IX. SIGNATURES

### OKLAHOMA COMMISSION ON CHILDREN AND YOUTH



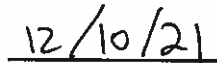
Annette Wisk Jacobi, Director  
2915 North Classen Blvd., Ste. 300  
Oklahoma City, OK 73106

  
Date

### HARUV USA – UNIVERSITY OF OKLAHOMA TULSA



Hanita Kosher, Director  
700 4502 E 41st Street  
Tulsa, OK 74135

  
Date

## **MEMORANDUM OF UNDERSTANDING (MOU)**

Among  
Oklahoma Commission on Children and Youth (OCCY)  
Child Abuse Examiner

### **I. PURPOSE**

This MOU specifies the roles and responsibilities of the parties as they work collaboratively to support statewide inter-agency communication and availability of medical providers as child abuse examiners.

### **II. RECITALS**

**WHEREAS**, the Oklahoma Commission on Children and Youth (OCCY) is authorized by rules promulgated by the Board of Child Abuse Examination (BCAE) to develop a statewide system to provide expert medical evaluation for children suspected to be the victims of child abuse or neglect pursuant to Title 10 § 601.30;

**WHEREAS**, the Oklahoma Commission on Children and Youth (OCCY) is responsible for the distribution of an initial listing, and revised listings as often as necessary, of child abuse examiners to each county office of the Department of Human services; each local county or city-county health department; each district attorney; and other persons as necessary and advisable upon the recommendation of the BCAE pursuant to Title 10 § 601.31;

**NOW THEREFORE**, the parties of this MOU agree to collaborate to support a statewide system to provide expert medical evaluations for children suspected be victims of child abuse or neglect and support statewide inter-agency communication and availability of medical providers as child abuse examiners

### **III. ROLES AND RESPONSIBILITIES**

OCCY shall:

- Develop, maintain, distribute, revise as often as needed, a listing of child abuse examiners to each county office of the Department of Human services; each local county or city-county health department; each district attorney; and other persons as necessary and advisable upon the recommendation of the BCAE;

Child Abuse Examiner shall:

- Comply with all rules regarding the program set forth in the Oklahoma Administrative Code ("OAC") at 135:10-29-1 *et seq*', which are incorporated by reference as if fully set forth herein, and OAC. *Attachment A*.

- Provide OCCY with accurate and complete contact information of the location where examiner provides child abuse examinations. *Attachment B*.
- Allow OCCY to distribute examiner professional contact information to each county office of the Department of Human services; each local county or city-county health department; each district attorney; and other persons as necessary and advisable upon the recommendation of the BCAE;
- Notify OCCY within forty-eight (48) hours of any of the following:
  - 1) Change in address, telephone number, facsimile number or e-mail address on the MOU or Child Abuse Examiner Contact Form;
  - 2) Change in the validity or status of the examiner's professional license, such as but not limited to, a change from active to provisional, limited, restricted, probation, or any other change in status; or
  - 3) Termination of this agreement or withdrawal from providing services as a child abuse examiner.

#### **IV. PERIOD OF MOU**

This MOU shall be effective on the date of the latest signature of the parties and shall continue unless terminated by OCCY or the child abuse examiner. The MOU shall be reviewed annually and may be amended or renewed by the parties. Any proposed amendment or modification must be signed by all parties to be effective.

#### **V. LIMITATION OF MOU**

XXX

#### **VI. CONFIDENTIALITY**

Parties shall protect the confidentiality of information received in the implementation of this MOU to the extent allowed by law and the Oklahoma Open Records Act. The use of confidential information is confined to the activities essential for providing activities governed by this MOU.

#### **VII. RELATIONSHIP OF PARTIES**

No agent or employee of any party shall be deemed an agent or employee of another party. Each party shall be solely and entirely responsible for the acts of its agents or employees. This MOU is for the benefit of the Parties and the public generally. It is not intended nor may it be construed to create any third-party beneficiaries. The Parties agree to work in good faith to fulfill their responsibilities under this MOU.

#### **VIII. TERMINATION**

All parties to this MOU shall attempt to resolve all disputes occurring between the parties through negotiation in good faith. Failure to resolve disputes may result in immediate

termination of this MOU. If any party chooses to discontinue its role in this MOU, it shall notify the other parties in writing.

This Agreement may be terminated, for any reason, without cause, by any party upon thirty (30) days prior written notice to the other Parties, delivered by certified mail, return receipt requested.

## **IX. SIGNATURES**

### **OKLAHOMA COMMISSION ON CHILDREN AND YOUTH**

\_\_\_\_\_  
Annette Wisk Jacobi, Director  
2915 North Classen Blvd., Ste. 300  
Oklahoma City, OK 73106

\_\_\_\_\_  
Date

### **CHILD ABUSE EXAMINER**

\_\_\_\_\_  
XXXX

\_\_\_\_\_  
Date

## **Attachment A**

### **Chapter 10 – Programs, Boards, and Councils: Operation and Administration Subchapter 29**

#### **135:10-29-1. Authority and Purpose**

The Board of Child Abuse Examination (“BCAE”) was created by 10 O.S § 601.30 under the umbrella of the Oklahoma Commission on Children and Youth (OCCY) for the purpose of establishing a statewide system to provide expert medical evaluation for children suspected to be the victims of child abuse and neglect. The rules in this subchapter were prepared by the BCAE, as authorized by 10 O.S. § 601.31(B)(1), and approved by OCCY, as authorized by 10 O.S § 601.31(A).

#### **135:10-29-2. Licensure and Training**

(a) To be eligible for inclusion on OCCY’s statewide statutorily authorized list of trained Child Abuse Examiners, a person must have a valid, unrestricted Oklahoma license to practice as a medical doctor, doctor of osteopathic medicine, physician assistant, advanced practice registered nurse, or registered nurse certified as a pediatric sexual assault nurse examiner, and meet the requirements set forth in this subchapter. Child

abuse examiners who fail to demonstrate that they are in compliance with these requirements may be removed from the list.

(b) Within the first year of inclusion on the list, persons who are licensed as physicians, nurse practitioners and physician assistants must obtain at least twenty (20) hours of training regarding child abuse and provide proof of training to the BCAE. The training must include medical evaluation of physical abuse, sexual abuse, abusive head trauma, child neglect, medical neglect, and Munchausen Syndrome by Proxy. The training must also include the effects of domestic violence and substance abuse on children.

(c) Persons who are board certified or eligible for board certification as child abuse pediatricians and other medical providers listed in subsection (a) who have previously been established as child abuse examiners with a multidisciplinary team or Children's Advocacy Center at the time of the establishment of these rules are not required to provide proof of the twenty (20) hours of training set forth in subsection (b).

(d) All child abuse examiners must receive eight (8) hours of continuing child abuse education every two (2) years and must also maintain licensure and certification in good standing with their respective licensing board or agency.

(e) Persons who are sexual assault nurse examiners, but not nurse practitioners, must have a pediatric sexual assault nurse examiner certificate and may only provide evaluation of sexual abuse. Sexual assault nurses shall refer patients to an appropriate medical provider for medical services other than sexual abuse evaluation.

### **135:10-29-3. Duties and Responsibilities**

(a) Child abuse examiners will provide medical evaluations in a timely manner to determine if child maltreatment has occurred.

(b) Medicine is one of the core disciplines represented on each multidisciplinary team in Oklahoma. Child abuse examiners serving on a child abuse multidisciplinary team may identify the need for medical evaluation, conduct the evaluation, and provide results and explanation of a medical evaluation performed by themselves and other medical providers to the team, in order to inform the investigation and care of children who are suspected victims of child abuse and neglect. Participation in the child abuse multidisciplinary team is strongly encouraged.

(c) Child maltreatment must be reported to the Oklahoma Human Services Child Abuse Hotline and appropriate law enforcement agencies when needed.

(d) Child abuse examiners shall maintain confidentiality of examinations, records, and findings except where disclosure is authorized by 10A O.S. § 1-2-105(C)(1).

(e) Child abuse examiners may share all evaluations and associated records with the Child Death Review Board pursuant to 10 O.S. § 1150.2(B)(8).

### **135:10-29-4. Standards for Medical Examinations and Evaluations**

(a) Evaluations of children, in which child abuse is suspected, should be completed as soon as possible with specific timing determined by the circumstances of each situation.

(b) The medical evaluation shall include the procedures determined by the child abuse examiner as necessary to determine whether child abuse or neglect has occurred.

(c) A legible report regarding each evaluation will be prepared according to medical standards.

(d) Photographic or video documentation should be obtained as needed for

documentation of injuries. The child abuse examiner will ensure this documentation is completed. It may be performed by the child abuse examiner or others.

(e) The Child Abuse Examiner shall provide the child abuse medical evaluation report to all appropriate agencies.

## **Attachment B**

### **Child Abuse Examiner Contact Information**

**Date:**

**Name:**

**Address:**

**Phone:**

**Fax:**

**E-Mail:**

**Website URL:**

**Signature:**