

COMMENT DUE DATE: September 15, 2021

Date: September 7, 2021

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It is important that you provide your comments regarding the **draft copy** of rules by the comment due date. Comments are directed to *STO.LegalServices.Policy@okdhs.org.

SUBJECT: CHAPTER 75. CHILD WELFARE SERVICES ITS ONLY

Subchapter 1. General Provisions of Child Welfare Services
Part 1. Scope and Applicability
340:75-1-9 [AMENDED]
340:75-1-151 through 340:75-1-151.1 [AMENDED]
340:75-1-154 [AMENDED]
Subchapter 3. Child Protective Services
Part 3. Child Safety Evaluation Criteria and Procedure
340:75-3-300 [AMENDED]
Part 4. Specialized Investigative Protocols, Child Death or Near-death Reporting Protocols
340:75-3-450 [AMENDED]
340:75-3-460 [AMENDED]
Subchapter 6. Permanency Planning
Part 7. Family and Child Individualized Service Planning Components
340:75-6-40 through 340:75-6-40.1 [AMENDED]
340:75-6-40.5 [AMENDED]
Part 11. Permanency Planning and Placement Services
340:75-6-85 [AMENDED]
340:75-6-85.5 through 340:75-6-85.6 [AMENDED]
340:75-6-92 [AMENDED]
Subchapter 8. Therapeutic Foster Care and Developmental Disabilities Services
Part 1. Therapeutic Foster Care
340:75-8-12 [AMENDED]
340:75-8-14 [AMENDED]
Subchapter 11. Child Welfare Community-Based Residential Care
Part 17. Contracted Community-Based Residential Care Providers
340:75-11-233 through 340:75-11-233.1 [AMENDED]
Subchapter 14. Well-being
340:75-14-1 [AMENDED]
340:75-14-3 [AMENDED]
Subchapter 15. Adoptions
Part 14. Post-Adoption Services
OAC 340:75-15-124 [AMENDED]

Subchapter 19. Working with Indian Children
340:75-19-5 through 340:75-19-8 [AMENDED]
340:75-19-13 through 340:75-19-14 [AMENDED]
340:75-19-20 through 340:75-19-21 [AMENDED]
340:75-19-30 [AMENDED]
(WF 21-K)

SUMMARY:

CHAPTER 75. CHILD WELFARE SERVICES

Subchapter 1. General Provisions of Child Welfare Services

Part 1. Scope and Applicability

OAC 340:75-1-9 Instructions to Staff (ITS) are amended to detail the components and requirements of the Family First Prevention Services Act (FFPSA) Title IV-E Prevention Program.

OAC 340:75-1-151 ITS is amended to include Title IV-E prevention services referrals and criteria.

OAC 340:75-1-151.1 ITS and 340:75-1-154 ITS are amended to change staffing position titles.

Subchapter 3. Child Protective Services

Part 3. Child Safety Evaluation Criteria and Procedure

OAC 340:75-3-300 ITS is amended to establish time frame for conducting and documenting a child safety meeting, and clarifying that an individual listed on the Restricted Registry cannot be a Safety Plan monitor.

Part 4. Specialized Investigative Protocols, Child Death or Near-death Reporting Protocols

OAC 340:75-3-450 ITS is amended to clarify how drug usage by the person responsible for the child impacts provision of basic care for an infant or child.

OAC 340:75-3-460 ITS is amended to permit child death and near-death notifications to be sent by email.

Subchapter 6. Permanency Planning

Part 7. Family and Child Individualized Service Planning Components

OAC 340:75-6-40 ITS is amended to include consideration of qualified residential treatment program (QRTP) as part of a child's case plan.

OAC 340:75-6-40.1 ITS is amended to include Title IV-E prevention services in the child's individualized service plan.

OAC 340:75-6-40.5 ITS is amended to update permanency hearing reports to address requests for QRTP extensions.

Part 11. Permanency Planning and Placement Services

OAC 340:75-6-85 ITS is amended to address utilization of QRTP placements instead of family-like settings.

OAC 340:75-6-85.5 ITS is amended to update required case documentation.

OAC 340:75-6-85.6 ITS and 340:75-6-92 ITS are amended to provide guidance on documenting utilization of Title IV-E prevention services.

Subchapter 8. Therapeutic Foster Care and Developmental Disabilities Services

Part 1. Therapeutic Foster Care

OAC 340:75-8-12 ITS and 340:75-8-14 ITS are amended to update staffing position titles.

Subchapter 11. Child Welfare Community-Based Residential Care

Part 17. Contracted Community-Based Residential Care Providers

OAC 340:75-11-233 ITS is amended to include consideration of QRTP for placement request authorization.

OAC 340:75-11-233.1 ITS is amended to include QRTP when evaluating ad child's individualized treatment needs.

Subchapter 14. Well-being

OAC 340:75-14-1 ITS is amended to detail the requirements of a child and adolescent needs and strengths assessment.

OAC 340:75-14-3 ITS is amended to update the listing of medication not transported to include a child's prescribed medical marijuana.

Subchapter 15. Adoptions

Part 14. Post-Adoption Services

OAC 340:75-15-124 ITS is amended to clarify the amount for OKDHS payments to an adoptive family's respite care.

Subchapter 19. Working with Indian Children

OAC 340:75-19-5 ITS is amended to update the transfer process for requesting a child's case transfer from state court to tribal court.

OAC 340:75-19-6 ITS is amended to include a new form to complete for disclosing OKDHS records.

OAC 340:75-19-7 ITS is amended to include additional process requirement for a child welfare (CW) specialist.

OAC 340:75-19-8 ITS is amended to update entity names for evaluating each child's possible Indian status.

OAC 340:75-19-13 ITS is amended to state a CW specialist may not serve as a qualified expert witness in a case requiring Indian Child Welfare Act (ICWA) compliance.

OAC 340:75-19-14 ITS is amended to clarify how to determine placement preferences that are compliant with ICWA.

OAC 340:75-19-20 ITS is amended to update evaluation of Indian child placement in a tribal-certified foster home.

OAC 340:75-19-21 ITS is amended to update the role of tribal program staff

OAC 340:75-19-30 ITS is amended to include a child in tribal custody's right to receive Medicaid when in voluntary foster care.

SUBCHAPTER 1. GENERAL

340:75-1-9. Oklahoma Department of Human Services authority to administer a child welfare program

Revised 9-15-20

The authority of the Oklahoma Department of Human Services (DHS) to administer a Child Welfare program is based on the Oklahoma Social Security Act, Section 176 of Title 56 of the Oklahoma Statutes that authorizes DHS to provide . . . *for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent.* The authority and scope for the care and custody of children, includes:

- (1) the Oklahoma Children's Code, Article 1 of Title 10A of the Oklahoma Statutes;
- and

(2) federal laws and regulations under Titles IV-B, IV-E, V, VI, XIX, and XX of the Social Security Act, as amended including, but not limited to, the:

- (A) Multiethnic Placement Act of 1994;
- (B) Interethnic Provisions of 1996;
- (C) Adoption and Safe Families Act of 1997;
- (D) Fostering Connections to Success and Increasing Adoptions Act of 2008; and
- (E) Family First Prevention Services Act, Public Law 115-123. ■ 1

INSTRUCTIONS TO STAFF 340:75-1-9

Revised ~~9-15-209-16-21~~

1. (a) Multiethnic Placement Act of 1994 (MEPA) and the Interethnic Provisions of 1996 (IEP). MEPA as amended by IEP, eliminates discrimination on the basis of race, color, or national origin, in the placement of children in foster and adoptive resources, decreases the length of time children wait to be adopted, and facilitates the identification, recruitment, and retention of foster and adoptive parents who meet the distinctive needs of children awaiting placement. MEPA/IEP prohibits states or agencies receiving federal funds from delaying or denying the placement of a child on the basis of the race, color, or national origin of a child or the prospective foster or adoptive parent.

(1) Placement considerations. Any consideration of race or ethnicity is narrowly tailored to advance the child's best interests and is made as an individualized determination for each child. The Oklahoma Department of Human Services (~~DHS~~) (OKDHS) may not delay or deny the placement of a child for adoption or foster care on the basis of the race, color, or national origin of the child or the adoptive or foster parent. A child who meets the definition of an "Indian child" per the Indian Child Welfare Act is placed according to the child's tribe's placement preferences, per Oklahoma Administrative Code (OAC) 340:75-7-10, and 340:75-15-82, and 340:75-19-14.

(2) Recruitment. MEPA/IEP requires that ~~DHS~~ OKDHS engage in active recruitment of potential foster and adoptive parents who reflect the racial and ethnic diversity of children in care needing placement. A comprehensive recruitment plan is developed and updated annually, per OAC 340:75-7-10 and 340:75-15-82.

(b) Adoption and Safe Families Act (ASFA) of 1997. ASFA amended Title IV-B and Title IV-E of the Social Security Act. ASFA focuses on promoting child safety, timely decision-making as to permanency, and clarifying "reasonable efforts." Key provisions of the law include:

(1) a provision that reasonable efforts to reunify a child with his or her parent or legal guardian are not required when a court determines that any of the conditions outlined in Section 1-4-809 of Title 10A of the Oklahoma Statutes exist;

(2) directing the initiation of termination proceedings prior to the end of the 15th month, when a child was in out-of-home care for 15 of the most recent 22 months; and

(3) a requirement that a permanency hearing is held no later than every 12 months after a child is placed in out-of-home care or 30-calendar days after

a court determines that reasonable efforts to return a child to either parent are not required and, every 12 months thereafter.

(c) **Fostering Connections to Success and Increasing Adoptions Act of 2008.** The Fostering Connections to Success and Increasing Adoptions Act of 2008 amended Title IV-B and Title IV-E of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption, and for other purposes.

(d) **Family First Prevention Services Act (FFPSA).**

(1) FFPSA amended Titles IV-B and IV-E of the Social Security Act to create the Title IV-E ~~prevention program~~ Prevention Program to recognize the importance of working with children and families to prevent the need for foster care placement and the trauma of unnecessary parent-child separation. The program is part of a broad vision of strengthening families by preventing:

~~(1)~~(A) child maltreatment;

~~(2)~~(B) unnecessary removal of children from their families; and

~~(3)~~(C) homelessness among youth.

(2) FFPSA authorized new optional Title IV-E funding, limited to up to 12 months, for prevention and treatment services for mental health and substance abuse and in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling. The programs must be rated and approved by the Title IV-E Prevention Services Clearinghouse and identified in the state's five-year Title IV-E Prevention Program Plan for:

(A) a child who is a candidate for foster care;

(B) a pregnant or parenting foster youth; and

(C) the parents and/or kin caregivers of those children and youth.

(3) A candidate for foster care in a Title IV-E prevention plan is identified as a child under 18 years of age at imminent risk of entering foster care, who can remain safely in his or her home or with kin caregivers with receipt of approved Title IV-E prevention services necessary to prevent his or her entry into foster care. A candidate includes, but is not limited to:

(A) a child with a substantiated allegation of abuse or neglect and the home is determined unsafe, but existing safety and risk factors can be mitigated through a Safety Plan, guardianship, non-custodial parent, or court oversight;

(B) a child with a substantiated allegation of abuse or neglect and the home is determined safe, but the family behaviors, conditions, or situations have an "imminent risk" to manifest a threat to the child's safety;

(C) a child with a sibling in foster care and the home's existing safety and risk factors can be mitigated;

(D) a child reunified with his or her family following foster care and existing safety and risk factors, which would result in re-entry to foster care, can be mitigated; and

- (E) a child whose adoption or guardianship arrangement is at risk of disruption or dissolution and would result in a foster care placement.
- (4) The Title IV-E Prevention Program is administered according to an approved state plan, per FFPSA, Public Law 115-123, Sections 471(e)(1) and 471(e)(5), that meets the child's, parent's, or kin caregiver's needs directly related to the child's safety, permanency, or well-being or to prevent the child from entering foster care. The state's Title IV-E Prevention Program Plan establishes:
- (A) a trauma-informed service-delivery framework;
- (B) the population served;
- (C) the Title IV-E prevention services that are provided, including how:
- (i) the services are continuously monitored to ensure fidelity;
 - (ii) the services are evaluated through a well-designed and rigorous process;
 - (iii) the specific child and family outcomes are expected to be achieved; and
 - (iv) monitoring and evaluation are used to refine and improve practices;
- (D) the monitoring and oversight of the safety of children who receive Title IV-E prevention services;
- (E) the consultation and coordination to:
- (i) engage with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and other public and private agencies with experience in administering child and family services to foster a prevention continuum of care for children and their parents or kin caregivers; and
 - (ii) ensure the Title IV-E Prevention Program is aligned with other state plans in effect under Title IV-B of the Social Security Act, Subparts 1 and 2;
- (F) how OKDHS provides training and supports for a competent, skilled, and professional child welfare (CW) workforce to deliver trauma-informed and evidence-based services, including:
- (i) determining eligibility;
 - (ii) assessing needs;
 - (iii) developing a child prevention plan;
 - (iv) linking access and referral to needed services;
 - (v) overseeing and evaluating progress; and
 - (vi) monitoring and overseeing the safety of children receiving Title IV-E prevention services;
- (G) how the caseload size and type for prevention caseworkers is determined, managed, and overseen; and
- (H) assurance that the state Title IV-E Prevention Program reporting, includes the information and data necessary to determine the performance measures.

(5) The trauma-informed, service-delivery framework of the Title IV-E Prevention Program is administered through a hope-centered approach that is a strengths-based organizational structure grounded in the Science of Hope. The framework reflects an understanding and recognition of the widespread impact of trauma, and responds to staff, children, and families through the integration of this knowledge into policies, programs, and practices to strengthen well-being for all. A hope-centered and trauma-informed care approach to service delivery includes:

(A) an awareness and understanding of Adverse Childhood Experiences (ACEs) and their impact on children, families, communities, and those who serve them;

(B) a grounding in and understanding of Hope Theory and its application to buffer the effects of ACEs;

(C) implementing the principles of a trauma-informed approach;

(D) creating and supporting pathways to build and achieve goals, and sustain willpower; and

(E) promoting hope, recovery, and resilience through engagement, empowerment, and collaboration.

(6) Eligibility for the Title IV-E Prevention Program is determined, per OAC 340:75-3-120, 340:75-3-300, and 340:75-3-500, for a child who is a candidate for foster care or is a pregnant or parenting foster youth who has not attained 18 years of age and Title IV-E prevention services are necessary. Eligibility is documented in the child's prevention plan. The child's prevention plan must:

(A) identify the child's foster care prevention strategy so the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;

(B) list the Title IV-E prevention services to be provided to, or on behalf of, the child to ensure the success of the child's prevention strategy, per OAC 340:75-4-12.1; and

(C) be included in the child's case plan for a youth who is pregnant or a parenting foster youth. For a pregnant foster youth or a foster youth parenting a child:

(i) list the Title IV-E prevention services provided to, or on behalf of, the youth to ensure that he or she is prepared to be a parent; and

(ii) describe the foster care prevention strategy for any child born to the youth, per OAC 340:75-6-85.6, 340:75-6-92, 340:75-11-320, and 340:75-11-321.

(7) The safety of children receiving the Title IV-E prevention services is monitored, per OAC 340:75-4-12.1, 340:75-6-31, and 340:75-6-48.

(8) Administration of the Title IV-E Prevention Program requires CW workforce support and training, per OAC 340:75-1-230 through 232.

PART 10. OKLAHOMA CHILDREN'S SERVICES

340:75-1-151. Oklahoma Children's Services (OCS) referral procedure

Revised 7-1-13

Oklahoma Children's Services (OCS) referrals are requested by Oklahoma Department of Human Services (OKDHS) child welfare specialists and authorized by the OKDHS OCS contract liaison in the service area where the child or family resides. ■ 1 through 4

INSTRUCTIONS TO STAFF 340:75-1-151

Revised ~~8-12-199~~-16-21

1. (a) Referral focus for Comprehensive Home-Based Services (CHBS). Form OCS-1, Oklahoma Children's Services (OCS) Referral, is accessed via KIDS Service Log. The referring child welfare (CW) specialist chooses the focus of service that corresponds to the case plan family's therapeutic, supportive, and concrete needs directly related to the child's health, safety, and welfare. CHBS include:

- (1) voluntary prevention and intervention-related services to strengthen parental protective capacities to maintain the child safely in the child's own home;
- (2) trial adoptive placement maintenance;
- (3) kinship placement maintenance;
- (4) out-of-home permanent placement maintenance;
- (5) reunification; and
- (6) post-legal adoption maintenance.

(b) Criteria for CHBS referrals. CHBS referrals are appropriate for:

(1) a child protective services (CPS) case when:

(A) child abuse or neglect is substantiated, and the child is determined to be safe;

(B) the family is cooperative and likely to modify behaviors or conditions in the home that caused the abuse or neglect to occur through voluntary prevention and intervention-related services;

(C) the family does not require assistance to meet a singular need;

(D) no pervasive safety concerns exist, such as a custodial parent who is habitually unwilling or unable to protect the child; and

(E) other less intensive services within the community are exhausted or it is established that community resources are insufficient to prevent the child's placement in out-of-home care;

(2) family-centered services (FCS) case when:

(A) at least one child in the family is assessed as unsafe;

(B) the family is cooperative and likely to ~~meet the case plan goals~~ modify behaviors or conditions in the home that caused the abuse or neglect to occur with comprehensive and time-limited prevention and intervention-related services;

(C) the family does not require assistance to meet a singular need;

(D) no pervasive safety concern exists, such as a custodial parent who is habitually unwilling or unable to protect the child; and

(E) other less intensive services within the community are exhausted or

- it is established that community resources are not sufficient to avert the child's placement in out-of-home care;
- ~~(2)~~**(3)** a voluntary services an FCS case when:
- (A) the criteria in ~~(1)~~ **(2)** of this subsection are met; and
- (B) the child is residing outside of the home as part of the ~~safety plan~~ Safety Plan; however, the CW specialist maintains an open family-centered services FCS case until after the child returns to the parent's home and is considered safe;
- ~~(3)~~**(4)** reunification services for a family who has an active court case, including cases where the child was removed, may be removed, or was returned to the home;
- ~~(4)~~**(5)** maintenance services for permanent placement in a kinship, adoptive, or trial adoptive home at risk of disruption due to the child's acting-out behavior. When the disruption is due to the caregiver's behavior, the referral is discussed with and approved by the resource specialist responsible for maintaining the resource home; or
- ~~(5)~~**(6)** foster or adoptive home maintenance when the child has an established connection or attachment to the resource family; however, CHBS is not used to maintain therapeutic placements or to rectify paid placement providers' deficient parenting skills.
- (c) Exceptions to CHBS criteria. A formal staffing with the CW supervisor is required for exceptions to the referral criteria. OCS contract liaisons may request justification for utilizing CHBS and have the authority to reject any referral.
- (d) CHBS OCS contract liaison referral guidelines. Contract liaisons are gatekeepers responsible for priority decisions to ensure OCS resources serve the families most in need. When the approved referral is incomplete, or a service other than CHBS is more appropriate for the family, the contract liaison contacts the CW specialist and supervisor for additional information or to recommend a more appropriate intervention. CHBS is not specified as a required service in Form 04KI012E, Individualized Service Plan (ISP). Contract liaisons use guidelines in (1) through (11) to determine appropriate referrals for CHBS.
- (1) Physical abuse.
- (A) A CHBS referral is appropriate in a physical abuse case when:
- (i) the child was injured but the injury is not serious, per Oklahoma Administrative Code (OAC) ~~340:75-3-2~~ 340:75-3-120, and the child is safe to remain in the home with a ~~safety plan~~ Safety Plan until the specified person responsible for child (PRFC) can protect the child; or
- (ii) an older child refuses to return home due to a conflict with a parent that escalated to physical injury, and family members agree to work cooperatively with CHBS to resolve the conflict.
- (B) A CHBS referral is not appropriate in a physical abuse case when:
- (i) physical abuse to the child is considered serious or life-threatening, per OAC ~~340:75-3-2~~ 340:75-3-120;
- (ii) a physical abuse history exists and no PRFC is willing or able to

protect the child;

(iii) the person responsible for the injury to the child remains in the home and does not accept responsibility or demonstrate a desire to change the abusive behavior; or

(iv) an infant was intentionally injured.

(2) Sexual abuse.

(A) A CHBS referral is appropriate in a sexual abuse case when the:

(i) perpetrator left or no longer frequents the home, in the case of sexual abuse by a household member or frequent visitor, and a **safety plan Safety Plan** is in place;

(ii) perpetrator is incarcerated or a court order exists preventing him or her from accessing the child; or

(iii) the non-offending PRFC verbalizes and demonstrates his or her willingness to protect the child and accepts CHBS.

(B) A CHBS referral is not appropriate in a sexual abuse case when the:

(i) non-offending PRFC places the child at risk of further victimization by allowing a known sexual abuse perpetrator access to the child;

(ii) sexual abuse involves multiple members of the family jointly engaging in sexual activity;

(iii) PRFC denies the child is unsafe and does not agree that treatment is necessary;

(iv) perpetrator of the sexual abuse returns to the home without court approval; or

(v) PRFC's engagement in activities, such as prostitution, extensive involvement with pornography, or association with those who participate in such activities, places the child in continued danger of further sexual abuse victimization.

(3) Neglect.

(A) A CHBS referral is appropriate in a serious neglect case when a **safety plan Safety Plan controls the safety threats and the PRFC or family is willing and able to participate in CHBS. Examples include:**

(i) a child younger than 12 years of age is left alone or is left in the care of an inappropriate caregiver on a regular basis;

(ii) the PRFC is overwhelmed and neglects the child's physiological needs;

(iii) the child is diagnosed as underweight, or potentially failure to thrive, but the condition is not considered serious or life-threatening and is best addressed by educating the PRFC about emotional nurturing, proper nutrition, and feeding techniques;

(iv) the PRFC medically neglects or fails to address the health needs of an ill child and health care education is likely to strengthen the PRFC's protective capacities.

(v) the PRFC refuses to allow the child with adolescent acting-out behaviors to stay or return home due to serious parent and child conflict that requires a CW response; or

(vi) housing conditions cause the child to be unsafe and relocation or

prompt repairs are likely to prevent the need for the child's removal from the home.

- (B) A CHBS referral is not appropriate in a neglect case when the:**
 - (i) neglect is long-term, chronic, and was not resolved with multiple prior CW intervention services including CHBS;**
 - (ii) PRFC does not acknowledge a problem exists, does not want assistance, appears to be seriously mentally ill, or exhibits evidence of significant substance use or abuse; or**
 - (iii) neglect is considered life-threatening.**
- (4) Substance use or abuse.**
 - (A) A CHBS referral is appropriate in a substance use or abuse case when:**
 - (i) the PRFC acknowledges that his or her drug use, or abuse, or dependency threatens the child's safety, is willing to enter outpatient treatment for the substance abuse problem, and agrees to cooperate with CHBS to address the child's needs;**
 - (ii) a child in the family is chemically dependent and the family is willing to cooperate with CHBS to initiate treatment options for the child and improve family communication and interaction;**
 - (iii) the PRFC gives birth to a substance-exposed infant who does not have significant health problems, the PRFC is willing to participate in a drug use or abuse treatment program, and cooperate with CHBS to receive parenting education and skills development; or**
 - (iv) the PRFC who completed substance use or abuse treatment services needs help in reconnecting to a healthy support system and overcoming family issues caused by chemical dependency.**
 - (B) A brief self-assessment of drug and alcohol use or abuse and dependency is included in the CHBS multi-level assessments but there is no provision for ongoing drug and alcohol treatment services. A CHBS referral is not appropriate in a substance use or abuse case when the PRFC:**
 - (i) is not available for substance use or abuse treatment;**
 - (ii) is not willing to enter treatment for a substance use or abuse problem;**
 - (iii) has a chronic history of failing to enter or successfully complete substance use or abuse treatment;**
 - (iv) requests that the child with a substance use or abuse problem be placed outside of the home and the PRFC does not verbalize or demonstrate a sense of commitment and responsibility to the child; or**
 - (v) has a behavioral health condition or developmental delays that will likely result in unsuccessful and unachievable substance use or abuse treatment and cooperation.**
- (5) Behavioral health.**
 - (A) A CHBS referral is appropriate when the PRFC or child has a behavioral disorder or emotional disturbance that may be stabilized by appropriate medication or therapy, and the PRFC is willing to comply with**

recommended treatment when:

(i) the PRFC has a behavioral health impairment that does not significantly impede the PRFC's potential ability to make necessary changes; and

(ii) the child has a serious behavioral health condition but recommended treatment is expected to stabilize the child within the family.

(B) A CHBS referral is not appropriate when the PRFC or child has a behavioral disorder or emotional disturbance when the:

(i) PRFC or child's behavioral disorder or emotional disturbance requires hospitalization;

(ii) PRFC has a significant cognitive impairment that renders the PRFC unable to learn to provide minimal care for the child and no other family member or person is available to provide long-term support or care;

(iii) PRFC has a chronic behavioral health condition with unsuccessful treatment; or

(iv) sole purpose of the referral is to purchase a psychological evaluation of the PRFC.

(6) Physical illness or limitation.

(A) A CHBS referral is appropriate when physical illness or limitation concerns the:

(i) child with a life-threatening illness and the PRFC requires support to learn to provide or obtain the necessary health care to prevent the child's out-of-home placement; or

(ii) PRFC with a severe physical illness or limitation that threatens his or her ability to meet the child's minimal needs but could provide appropriate care if help is available.

(B) A CHBS referral is not appropriate when:

(i) the child has a life-threatening illness;

(ii) the PRFC does not have the intellectual capacity to learn to provide or obtain the necessary health care; and

(iii) a homemaker, public health nurse, or family member is not available to provide the care; or

(iv) there is a low probability that adequate resources can be obtained to supplement or provide proper physical or medical care of the child.

(7) Domestic violence.

(A) A CHBS referral is appropriate when domestic or intimate partner violence occurred and:

(i) the person responsible for the physical violence left the home or is willing to participate in a certified batterers' program to address the issue;

(ii) the victim is willing to take action to protect himself or herself and ensure child safety; or

(iii) all parties to the violence acknowledge a problem exists and are willing to engage in services to address the problem.

- (B) A CHBS referral is not appropriate when domestic or intimate partner violence exists and:**
- (i) violence is a long-term and chronic dynamic in the relationship with a repeated pattern of separation and reconciliation;**
 - (ii) the PRFC denies violence is an issue that is detrimental to the PRFC or the child; or**
 - (iii) violence intervention services were provided in the past, but the violence continues.**
- (8) Voluntary prevention and intervention-related services.**
- (A) A family who receives voluntary prevention and intervention-related services commonly exhibits issues of parental neglect or a combination of environmental factors that are likely to result in serious harm to the child when unresolved. To determine priority for service, the contract liaison may defer or decline a referral to CHBS or offer a shortened period of service, particularly when the family failed to cooperate with CHBS in the past.**
- (B) A CHBS referral is not appropriate in a ~~voluntary~~ FCS case, unless an exception is approved, per OAC 340:75-1-151 Instructions to Staff (ITS) # 1, when the child is determined to be safe after Form 04KI030E, Assessment of Child Safety, is completed or safety threats may be controlled with the use of contingency funds or other community resources.**
- (9) Reunification. Refer to OAC 340:75-6-31.**
- (A) A CHBS referral is appropriate during reunification when:**
- (i) the child can safely return to the home, the PRFC(s) made or commits to make the changes that provide the safety and stability prescribed by Form 04KI012E; or**
 - (ii) the family is highly motivated to cooperate with CHBS to work through barriers to have the child returned to the home; and**
 - (iii) the family is willing to collaborate with the OCS contract case manager ~~(CCM)~~ staff to set goals and participate in treatment to affect the child's rapid, safe return to the home; and**
 - (iv) at least one PRFC is available to participate with the ~~CCM~~ contractor.**
- (B) A CHBS referral is not appropriate to facilitate reunification when:**
- (i) the permanency plan is not reunification;**
 - (ii) no PRFC is willing to work with the ~~CCM~~ contractor;**
 - (iii) other, less intensive services are sufficient to enable the PRFC to achieve family reunification by completing the requirements prescribed by Form 04KI012E; or**
 - (iv) the referral is prompted by a need for a single focus service, such as a mentor, tutor, psychological evaluation of a PRFC, or a similar service.**
- (10) Permanent placement.**
- (A) A CHBS referral is appropriate when a child is in a permanent placement when the:**

- (i) permanent placement is at risk of disruption and the child has established ties to the family that afford the child a permanent connection;
- (ii) kinship, trial adoptive family, or the child needs assistance with learning behavior management techniques; or
- (iii) kinship or trial adoptive family is willing to cooperate with CHBS to address the social or behavioral issues creating conflict.

(B) A CHBS referral is not appropriate when a child is in a permanent placement when the:

- (i) resource parent refuses to accept services;
- (ii) resource parent has endangered the child or other children in the resource parent's care;
- (iii) child has not bonded with the resource family, but no other placement is available; or
- (iv) CW specialist determines the permanent placement no longer meets the child's needs and the child will be moved.

(11) Adoption disruption.

(A) A CHBS referral is appropriate when a trial adoption disrupts or is at risk of disruption when:

- (i) the child is placed in substitute care and the goal is to reunify the child with the adoptive family;
- (ii) the child presents emotional or behavioral problems the adoptive parent believes may result in disruption;
- (iii) the child is experiencing grief or loss issues that were not addressed;
- (iv) the adoptive family may benefit from enhanced parenting skills to manage the child's special needs; or
- (v) there are situational stressors to the family, such as death, divorce, or the addition of a new family member.

(B) A CHBS referral is not appropriate when a trial adoption disrupts and the:

- (i) adoptive parent does not want the child returned to the home;
- (ii) adoptive parent refuses to accept services; or
- (iii) child, 12 years of age and older, threatened family members with physical harm.

(e) CHBS reunification referrals.

(1) The CHBS reunification referral is timed to allow the child in out-of-home care to be returned to the home no later than midpoint in the CHBS service period allowing the CCM contractor time to observe family interactions and reinforce safe parenting behaviors.

(2) The CCM contractor and the CW specialist develop the plan for the child's return to the home that includes the tentative return date and a schedule for overnight, unsupervised ~~visitation~~ family time prior to the actual return. Sibling integration is strategically planned.

(3) When the child is not authorized by the court to return home as anticipated and the permanency plan remains reunification, the CHBS case

~~may be placed in suspended status for up to three months or is~~ closed and a new referral made when reunification is imminent.

(4) Reunification is selected as the focus of service if services are required when the court grants custody to a parent who was not previously the custodial parent, or an intact family requires services and a court case exists.

(f) CHBS kinship placement maintenance referrals. The CW specialist consults with the resource specialist when a kinship parent's behavior jeopardizes the placement. Prior to submitting an OCS Referral in KIDS, the CW specialist determines whether another course of action is more appropriate to correct issues with the kinship parent's behavior. The resource specialist initiates an OCS Referral referral to signify to the OCS contract liaison that the specialist concurs with the referral decision.

(g) OCS referral completion. The OCS referral includes:

(1) identifying information for service participants. The CW specialist prints a copy of the referral to ensure that the address and other populated information is correct before submitting the CHBS referral to the supervisor for approval. CHBS referrals require:

(A) identifying information for the custodial and noncustodial parent or placement provider, as applicable, and each child participating in services; and

(B) two referrals when the parents will receive services in separate households listing a different child's name on each referral, and more than one child will receive services;

(2) the reason for the CHBS referral. A request for CHBS identifies the specific reason for the referral, such as physical abuse, child's behavior, or environmental conditions;

(3) documentation that CHBS is the most appropriate type of service for the family. The CW specialist documents the:

(A) specific conditions that put the child at risk of:

(i) out-of-home placement; or

(ii) placement disruption;

(B) reasons for the child's placement;

(C) prior history of abuse and neglect, explanation of safety threats, impending or present danger, and the in-home or out-of-home ~~safety plan~~ Safety Plan;

(D) outcomes expected from services including the specific behaviors that must change for the child to be safe;

(E) tentative date the child will be returned to the family home when reunification is the case goal or the date the child was returned. The CW specialist:

(i) selects a date prior to the referral to signify the child resides in the home; and

(ii) selects reunification as the service focus when:

(l) the child will be or was returned home from the custody or supervision of the Oklahoma Department of Human Services; or

- (II) services are required after the court grants custody to a parent who was not previously the custodial parent; or
- (III) for a supervision only case;
- (4) supporting documentation from the court-involved case that includes:
- (A) ~~Form 04KI028E, Family Functional Assessment;~~
 - ~~(B)~~ Form 04KI030E, Assessment of Child Safety;
 - ~~(C)~~(B) Form 04MP046E, Family Meeting Report, when applicable; and
 - ~~(D)~~(C) Form 04KI012E, Individualized Service Plan (ISP) and most recent Form 04KI014E, Progress Report;
- (5) supporting documentation for ~~voluntary family-centered services (FCS)~~ cases referred more than 15-business days after Form ~~04MP025E~~ 04MP078E, Family Service Agreement (FSA)/Safety Plan, is signed, includes:
- (A) Form ~~04MP025E~~ 04MP078E, Family Service Agreement;
 - (B) Form 04KI030E;
 - (C) ~~Form 04MP054E, Immediate Protective Action Plan;~~
 - ~~(D)~~ Form 04MP046E, when applicable;
 - ~~(E)~~ Form ~~04KI028E~~; and
 - ~~(F)~~(D) Form 04KI012E; and
- (6) a full description of the safety threats and conditions that must be addressed to make the child safe.
- (A) A CPS specialist may initiate the referral as soon as CHBS is determined appropriate. If at that time, Form 04KI030E was not finalized, a referral may be submitted using only Form ~~04MP054E~~ 04MP078E, and a full description of the safety threats and conditions that need to be changed to make the child safe.
 - (B) A completed Form 04KI030E is forwarded to the OCS contract liaison within seven-business days of the referral date.
2. (a) Parent Aide Services (PAS) referrals. The OCS ~~Referral~~ referral is accessed via KIDS Service Log. The referring CW specialist selects the services needed. PAS is non-therapeutic services provided by trained paraprofessionals to encourage parenting skill development.
- (b) PAS criteria. PAS is appropriate for the PRFC who:
- (1) is new to parenting and unfamiliar with how to access available resources;
 - ~~(2) received PAS or CHBS and failed to meet goals due to cognitive or developmental delays or a lack of cooperation and was denied service by the OCS contract liaison;~~
 - ~~(3)~~ is likely to benefit from time-limited, non-therapeutic services;
 - ~~(4)~~(3) does not have a singular need, such as transportation;
 - ~~(5)~~(4) does not have pervasive safety concerns that require the attention of a CW specialist, such as a PRFC who:
 - (A) is chronically unwilling or unable to protect his or her young child;
 - (B) does not acknowledge a problem exists;
 - (C) appears to be seriously mentally ill; or
 - (D) exhibits evidence of significant substance abuse; and
 - ~~(6)~~(5) has an open CW case ~~under the direction of the FCS or permanency~~

~~planning specialist and would benefit from hands-on parenting, housekeeping, or budgeting instruction, or other basic non-professional activities in-home parent skill-based services,~~ while the CW specialist assesses safety.

(c) PAS exceptions. A formal staffing with the CW supervisor is required for exceptions to the PAS referral guidelines. OCS contract liaisons may request justification for utilizing PAS outside of the referral guidelines, deny the referral, or suggest that the referral be redirected to ~~CHBS~~ another service.

(d) PAS OCS liaison referral guidelines.

(1) The CPS specialist may determine that a PRFC requires parenting education or assistance with maintaining a safe home environment although the child is currently deemed safe and does not require ongoing CW services. PAS may assist the PRFC eliminate safety hazards in the home and learn sufficient parenting skills to avoid re-entry into the CW system.

(2) When the case is transferred to FCS or there is a need for PAS in the court-involved case, a parent aide may be assigned to assist the CW specialist with hands-on parenting education, transportation, budgeting, home management, and other tasks appropriate for the paraprofessional under the CW specialist's guidance.

(A) In the case with more serious threats to child health or safety, the CW specialist ensures the parent aide is provided a copy of Form 04MP078E, Safety Plan to assist help with monitoring ensuring compliance to the family's in-home safety plan Safety Plan compliance, but and is not assigned sole responsibility for assessing safety or case planning.

(B) The PAS case with complex safety issues requires coordination and guidance from the CW specialist, that includes the CW specialist attending the intake staffing and regular case staffings to ensure services are effectively meeting the family's needs and controlling child safety.

(C) The CW specialist communicates ~~to the parent aide~~ the desired parenting skills parent skill-based needs and behaviors ~~to model and practice with the PRFC~~ directly related to the child's safety, permanency, or well-being or to preventing the child from entering foster care to enhance his or her protective capacities that address specific conditions that caused the child to be unsafe.

(D) ~~PAS~~ The parent aide is not responsible for or assigned responsibility for ensuring child safety during supervised ~~visitation~~ family time.

(E) PAS is appropriate when the parent and child have unsupervised ~~visitation~~ family time, are in trial reunification, or are reunified.

(e) PAS referrals. PAS referrals contain the:

(1) identifying information for each parent and child participating in services and, information regarding the non-custodial parent who maintains a relationship with the child participating in services, when applicable;

(2) reason for the PAS referral. The PAS referral identifies the ~~specific services and the type of maltreatment alleged in the initial referral~~ and the parent skill-based needs to be addressed, or for permanency planning cases, the PRFC's remaining court-related requirements ~~or issues~~ related to

parent skill-based needs and behaviors that need to be modified to ensure the child's health, safety, and welfare;

(3) expected service outcomes. The referring specialist documents the specific behavioral changes that demonstrate improved protective capacities expected as a result of PAS; and

(4) supporting documentation.

(A) The supporting documentation for a PAS referral in a family-centered services ~~an FCS~~ case requires:

(i) Form ~~04MP025E~~ ~~04MP078E~~, Family Service Agreement, in conjunction with a Safety Plan, when applicable; and

(ii) Form 04KI030E, Assessment of Child Safety. When the Form 04KI030E is not completed at the time of the PAS referral, the CW specialist may submit the referral with Form ~~04MP064E~~ ~~04MP078E~~, and provide completed Form 04KI030E within seven-business days.

(B) The supporting documentation for a PAS referral in a court-involved case requires:

(i) ~~Form 04KI028E, Family Functional Assessment;~~

(ii) ~~Form 04KI012E, Individualized Service Plan (ISP); and~~

~~(iii)(ii) Form 04KI030E; and~~

~~(iv) Form 04MP054E.~~

3. (a) Title IV-E prevention services referrals. The OCS referral is accessed via KIDS Service Log. The referring CW specialist selects the services that correspond to the Title IV-E Prevention Plan, Form 04MP078E, Family Service Agreement (FSA)/Safety Plan, and Form 04KI030E, for a child who is a candidate for foster care or Form 04KI005E, Child's Individualized Service Plan (ISP), and Form 04KI012E, Individualized Service Plan (ISP) for a pregnant or a parenting foster youth. Title IV-E prevention services are limited to up to 12-months for prevention and treatment rated and approved by the Title IV-E Prevention Services Clearinghouse and identified in the state's five-year Title IV-E Prevention Program Plan for:

(1) mental health;

(2) substance abuse; and

(3) in-home parent skill-based programs.

(b) Criteria for Title IV-E prevention services referrals. Title IV-E prevention services referrals are appropriate for:

(1) an FCS case when:

(A) a child eligible for the Title IV-E Prevention Program, per OAC 340:75-3-120, 340:75-3-300, and 340:75-3-500, is identified as a candidate for foster care, per OAC 340:75-1-9 ITS; and

(B) the needs of the child, parent, or kin caregiver for Title IV-E prevention services are directly related to the safety, permanency, or well-being of the child or to preventing the child from entering foster care; or

(2) a court-involved case only when:

(A) a pregnant or parenting foster youth is in need of Title IV-E prevention services to ensure that he or she is prepared to be a parent; and

(B) for any child born to the foster youth, the foster care prevention

strategy is directly related to the safety, permanency, or well-being of the child or to preventing the child from entering foster care.

(c) Title IV-E prevention services referral documentation. Title IV-E prevention services referrals contain the:

(1) identifying information for each parent or kin caregiver and child, or pregnant or parenting foster youth participating in services, and information regarding the non-custodial parent who maintains a relationship with the child participating in services, when applicable;

(2) reason for the Title IV-E prevention services referral. A Title IV-E prevention services referral identifies:

(A) needs directly related to the child's safety, permanency, or well-being or to preventing the child from entering foster care, including for any child born to a foster youth;

(B) needs of a pregnant or parenting foster youth to ensure that he or she is prepared to be a parent; and

(C) specific Title IV-E prevention services that will meet those needs.

(3) expected service outcomes. The referring CW specialist documents the specific behavioral changes demonstrating improved protective capacities that support the child's safety which are expected as a result of Title IV-E prevention services; and

(4) supporting documentation. The supporting documentation for a Title IV-E prevention services referral in:

(A) an FCS case requires:

(i) Form 04MP078E, Family Service Agreement (FSA)/Safety Plan, also referred to as the Title IV-E prevention plan, in conjunction with a Safety Plan, when applicable; and

(ii) Form 04KI030E. When Form 04KI030E is not completed at the time of the Title IV-E prevention services referral, the CW specialist may submit the referral, and provide completed Form 04KI030E to the OCS contract liaison within seven-business days of the referral date.

(B) court-involved case requires:

(i) Form 04KI030E;

(ii) Form 04KI005E;

(iii) Form 04KI012E and most recent Form 04KI014E, Progress Report, when applicable; and

(iv) Form 04MP046E, Family Meeting Report, when applicable.

34. Supervisory responsibility for CHBS, and PAS, and Title IV-E prevention services referrals. Referrals for CHBS, and PAS, and Title IV-E prevention services are approved via KIDS by the CW supervisor after the CW supervisor ensures each referral is complete with eligibility determination and supporting documentation appropriate for the referral.

45. CHBS and, PAS, and Title IV-E prevention services authorizations. The OCS contract liaison authorizes or rejects CHBS and, PAS, and Title IV-E prevention services referrals approved by the CW supervisor. An authorized referral is forwarded to the primary contractor for acceptance. A rejected referral is returned by the OCS contract liaison for additional information, suspended, or

denied with reasons cited. The CW supervisor and OCS contract liaison determine the priority of referrals based on greatest need.

340:75-1-151.1. Oklahoma Children's Services (OCS) contracting agency's request to refuse a referral

Revised 9-15-16

The OCS contractor has no right to refuse referrals or disrupt service provision without consultation with and approval of the child welfare (CW) specialist, CW supervisor, and the OCS contract liaison. ■ 1

INSTRUCTIONS TO STAFF 340:75-1-151.1

Revised ~~9-15-16~~9-16-21

1. The Oklahoma Children's Services (OCS) contracting agency may request permission to refuse a referral when:

- (1) the child and family is not at the address reported and their whereabouts are unknown;
- (2) multiple attempts by the ~~contract case manager (CCM) staff, parent aide, or contract supervisor~~ to meet with the child and family at the home are unsuccessful;
- (3) the ~~CCM, parent aide, or contract supervisor~~ contractor determines contact with the child and family appears dangerous or life-threatening to the contractor or child;
- (4) the child and family refuse to cooperate with the contractor and verbally refuse the services offered; or
- (5) referral guidelines were not followed. Referrals for a single-focus service including, but not limited to, transportation or special funding, are not appropriate.

340:75-1-154. Funding for the purchase of goods and services for open Oklahoma Children's Services cases

Revised 9-15-16

Special funding is available for the purchase of concrete goods and services necessary for the family participating in Oklahoma Children's Services. Each contractor authorizes special funds when assistance from other community resources is unavailable or cannot be accessed in a timely manner to resolve crisis situations. ■ 1

INSTRUCTIONS TO STAFF 340:75-1-154

Revised ~~9-15-16~~

1. Funding. Up to \$500 in special funding may be provided for a family receiving Comprehensive Home-Based Services or Parent Aide Services. ~~The contract case manager or parent aide, in consultation with the contract supervisor,~~ contractor determines how to best utilize special funding to facilitate successful completion of the family's goals.

SUBCHAPTER 3. CHILD PROTECTIVE SERVICES

PART 3. CHILD SAFETY EVALUATION CRITERIA AND PROCEDURE

340:75-3-300. Child safety evaluation ■ 1 through 15

Revised 4-9-19

- (a) **Evaluating child safety.** Evaluating child safety is a primary child protective services (CPS) function. Safety refers to the child's present security and well-being when the child is assessed to be at risk of abuse or neglect. The safety evaluation is an adaptable and continuous process that is not complete until the child is safe and the case is closed.
- (b) **Determining the need for protective or emergency custody.** The Oklahoma Department of Human Services (DHS) evaluates whether to recommend emergency DHS custody of a child based on the seriousness of the child's abuse or neglect and if the child is in need of immediate protection due to an imminent safety threat. A child taken into protective custody by law enforcement is not considered in DHS emergency custody. A child cannot be placed in DHS emergency custody, per Section 1-4-201 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-201) until:
- (1) the court issues a child-specific emergency custody order; or
 - (2) DHS completes a safety evaluation, concludes the child faces an imminent safety threat, and the court issues a child-specific emergency custody order.
- (c) **Protective custody for victims of human trafficking.** Any peace officer or district court, juvenile bureau, or Office of Juvenile Affairs employee, who has reasonable suspicion that a minor may be a victim of human trafficking and is in need of immediate protection, assumes protective custody over the minor and immediately notifies DHS. A child believed to be a victim of human trafficking is not considered in DHS emergency custody solely upon identification, but is transferred to DHS emergency custody, per 10A O.S. § 1-4-201.
- (d) **Child safety meeting.** A child safety meeting is a collaborative decision-making process conducted to address each child's needs related to safety and to determine if the child's condition warrants a safety intervention including, but not limited to, a change in placement, and:
- (1) includes, at a minimum, appropriate DHS staff, the child's parents and, when the parent requests, an advocate or representative, as participants; and
 - (2) to protect the safety of those involved and to promote efficiency, DHS may limit participants as determined to be in the child's best interests.
- (e) **Alternatives to protective or emergency custody in cases of serious abuse or neglect.** When an alternative to protective or emergency custody is determined appropriate in circumstances where serious neglect or abuse is documented, a DHS form for an Immediate Protective Action Plan (IPAP), is completed and implemented when the person responsible for the child's (PRFC) health, safety, or welfare agrees to cooperate with DHS efforts to ensure the child's safety. The IPAP describes the present danger identified by the child welfare (CW) specialist and addresses actions to be taken to ensure the child's safety until a thorough safety evaluation is completed. The PRFC and identified safety monitors sign the IPAP and agree to cooperate with DHS oversight to ensure the child's safety.
- (f) **Safety planning without court involvement in cases of serious abuse or neglect.** In circumstances where serious neglect or abuse is documented, and upon completion of a thorough safety evaluation, and when an alternative to DHS custody is appropriate,

a DHS form for a Safety Plan is completed and implemented, when the PRFC agrees to cooperate with DHS efforts to ensure the child's safety. The safety plan is developed and implemented by agreement without court intervention and describes the impending danger identified by the CW specialist and addresses actions to take to control or eliminate any identified safety threat. The implementation of a short-term safety plan does not preclude DHS from recommending court involvement.

(g) **Removal of a child from the home.** A recommendation to remove a child from the home is made when, upon evaluating relevant conditions, a determination is made that:

- (1) in-home safety responses are not available or acceptable;
- (2) the parent appears unable or unwilling to protect the child;
- (3) an emergency exists that prohibits the arrangement of timely resources or services to reduce risk and threats of abuse or neglect are unavailable; or
- (4) continued placement in the home is contrary to the child's health, safety, and welfare.

(h) **Placement considerations when the child is removed from the home.** When a child is removed from his or her home, placement preference is given to relatives and persons who have a kinship relationship with the child, per 10A O.S. § 1-4-204.

- (1) Siblings are placed together in the same home when appropriate and possible.
- (2) Placement decisions are made with the child's long-term best interests in mind.

(i) **Restoration of custody to the parent, legal guardian, or custodian when the child is in protective custody.** When the DHS safety evaluation indicates the child does not face an imminent safety threat, DHS restores the child to the custody and control of the parent, legal guardian, or custodian, per 10A O.S. § 1-4-201. Specific county procedures are followed with a request to release the child from protective custody.

(j) **Emergency removal of a child not in DHS custody.**

(1) Reasonable efforts are made to prevent the pre-petition removal of a child from the home unless a documented emergency exists that requires immediate removal. Per 10A O.S. § 1-4-201 and Section 671 of Title 42 of the United States Code, a child is removed from the home prior to the filing of a petition only when there is reasonable suspicion the:

- (A) child is in need of immediate protection due to an imminent safety threat; or
- (B) child's circumstances or surroundings are such that continuation in the child's home or in the care or custody of the parent, legal guardian, or custodian would present an imminent safety threat to the child and is contrary to his or her welfare.

(2) A child who is in surroundings that pose an immediate threat to the child may be removed from the home by law enforcement without a court order. When law enforcement declines to remove the child or when DHS is responding to a referral without law enforcement involvement and the child is believed to be in need of immediate protection due to an imminent safety threat, DHS prepares an affidavit to present to the district attorney (DA) to request that the DA consider filing an application with the court to obtain an emergency custody order, per 10A O.S. § 1-4-201.

(k) **DHS authority to execute a pre-petition emergency custody order.** Per 10A O.S. § 1-4-201, when the district court issues a pre-petition order placing the child in DHS emergency custody pending further hearing, a DHS employee may execute the emergency order and physically take the child into custody in limited circumstances, when:

- (1) the child is located in a hospital, school, or child care program; and
- (2) it is believed assumption of custody of the child from the hospital, school, or child care program can occur without risk to the child or the DHS employee.

(l) Medical care for child in protective custody.

(1) When the child in protective custody is in need of emergency medical care prior to the emergency custody hearing, a peace officer, court employee, or the court may authorize such treatment as necessary to safeguard the child's health or life, when the:

(A) treatment is related to the suspected abuse or neglect; or

(B) parent or legal guardian is unavailable or unwilling to consent to physician-recommended treatment. Before a peace officer, court employee, or the court authorizes treatment based on the unavailability of the parent or legal guardian, law enforcement exercises diligence to locate the parent or guardian, when known, per 10A O.S. § 1-3-102.

(2) When law enforcement, the parent, or guardian is unwilling to consent to emergency medical care, the DA is contacted to obtain a court order for the child's treatment.

(m) Notification, disposition, and release of the child in pre-petition emergency custody.

(1) The court may provide for the disposition of the child taken into custody and notification to the court of the assumption of custody in an administrative order or rule issued, per 10A O.S. § 1-4-201. The administrative order or rule may include a process for the child's release prior to an emergency custody hearing. Specific county procedures are followed when the child is released from emergency custody prior to the emergency hearing.

(2) The court may order the child released to the parent, legal guardian, custodian, or to any responsible adult without conditions or under conditions the court finds necessary to ensure the child's safety, health, or welfare.

(n) Post-petition removal of the child in DHS custody. DHS may remove the child in DHS custody directly from the child's home when continued placement in the home is contrary to the child's health, safety, or welfare. DHS notifies the court prior to removal, or when an emergency exists, as soon as possible, following the child's removal.

(1) To ensure the safety of the child and the DHS employee, law enforcement assistance is requested in these situations.

(2) Refer to 10A O.S. § 1-4-806 when the child is in trial reunification status.

(o) Child who left Oklahoma. When the child who is the subject of an emergency custody or a pick-up order, left Oklahoma prior to the order's execution, enforcement of the emergency custody or pick-up order and recognition of Oklahoma's jurisdiction by the another state must occur to return the child to Oklahoma. Each circumstance is managed according to the laws and procedures in the state where the child is located.

INSTRUCTIONS TO STAFF 340:75-3-300

Revised ~~9-15-209-16-21~~

1. (a) Evaluating child safety.

(1) Form 04KI030E, Assessment of Child Safety, is the tool used to document the safety evaluation by focusing on six key questions when gathering

information regarding family functioning to determine if a child is safe or unsafe and whether Child Protective Services (CPS) intervention is required.

(A) Maltreatment. The child welfare (CW) specialist assesses the extent of the alleged maltreatment to determine if the child was abused or neglected. The CW specialist considers what is occurring or occurred, such as hitting or injuries. Information gathered in Section I, Six Key Questions Used in Gathering Information, Form 04KI030E, provides evidence to support or rule out the child maltreatment allegations. The information gathered includes:

- (i) the maltreatment type;
- (ii) the maltreatment severity;
- (iii) the maltreatment history or duration;
- (iv) a description of specific events;
- (v) a description of emotional and physical symptoms;
- (vi) identification of the child and the maltreating person responsible for the child's (PRFC) health, safety, and welfare;
- (vii) the child victim's explanation of the maltreatment; and
- (viii) collateral knowledge of the maltreatment.

(B) Circumstances. The CW specialist assesses the circumstances surrounding the alleged maltreatment and considers the nature of what behaviors or conditions surround the maltreatment. This key question addresses what is or was occurring at the time the maltreatment occurs or occurred and, includes the:

- (i) PRFC's intent concerning the maltreatment;
- (ii) PRFC's explanation of family conditions;
- (iii) PRFC's acknowledgement and attitude about the maltreatment;
- (iv) history or pattern of maltreatment of the subject child or others by the PRFC;
- (v) PRFC's criminal history;
- (vi) presence of other problems occurring in association with the maltreatment, such as PRFC's substance use or abuse or behavioral health;
- (vii) PRFC's and the subject child's sibling's explanation of the maltreatment; ~~and~~
- (viii) collateral information related to the circumstances and history; and
- (ix) any prior or current court involvement.

(C) Child functioning. The CW specialist assesses the child's well-being, how the child functions or behaves on a daily basis, and the child's role in the family. The CW specialist considers the child's general behavior, emotions, temperament, and physical capacity.

- (i) This key question determines:
 - (I) if the child's individual needs are being met;
 - (II) if there are any unusual child behaviors;
 - (III) the child's sense of security;
 - (IV) the child's physical health and medical needs;

- (V) the child's vulnerability;
 - (VI) if there are signs of positive interaction with PRFC(s); and
 - (VII) if there is any collateral information related to child functioning.
- (ii) Information gathered in this phase of the safety assessment includes the child's:
- (I) capacity for attachment;
 - (II) general mood and temperament;
 - (III) intellectual functioning;
 - (IV) communication and social skills;
 - (V) expressions of emotions and feelings;
 - (VI) behavior;
 - (VII) peer relations;
 - (VIII) school performance and educational needs;
 - (IX) motor skills;
 - (X) physical and behavioral health;
 - (XI) functioning within cultural norms;
 - (XII) developmental functioning; and
 - (XIII) gender identity and sexual orientation.
- (iii) The child's functioning including physical, developmental, medical, behavioral health, and educational needs, is evaluated regularly and is considered when making the child's placement and service plans.
- (D) Parenting – discipline. The CW specialist assesses the disciplinary approaches used by the PRFC and the circumstances for using the discipline. Information gathered in this phase of the safety assessment includes:
- (i) methods of discipline used by the PRFC and frequency;
 - (ii) the PRFC's concept and purpose of discipline, such as providing direction, managing behavior, or teaching;
 - (iii) the context in which discipline occurs;
 - (iv) the PRFC's emotional state when disciplining;
 - (v) if the PRFCs agree on the type and use of discipline;
 - (vi) the PRFC's perception of the effectiveness of utilized disciplinary approaches;
 - (vii) the PRFC's view of his or her own discipline experience as a child;
 - (viii) if the PRFC's discipline is based on reasonable expectations of the child;
 - (ix) the influence of cultural practices on discipline;
 - (x) the child's perception of the discipline methods; and
 - (xi) collateral information obtained related to family discipline.
- (E) Parenting - general. The CW specialist gathers information to evaluate the overall family values and cultural influences within the family.
- (i) The CW specialist assesses parenting practices used by the PRFC determining if the:

- (I) PRFC's primary parenting practices are developmentally appropriate;
 - (II) PRFC expresses empathy for the child; and
 - (III) PRFC recognizes danger or threats of danger to the child.
- (ii) Information gathered in this phase of the safety assessment includes the PRFC's:
- (I) reasons for being a parent;
 - (II) satisfaction in being a parent;
 - (III) knowledge and skill in parenting and child development;
 - (IV) expectations and empathy for the child;
 - (V) general parenting style;
 - (VI) protective capacities; and
 - (VII) collateral information related to parenting.
- (F) Adult functioning. The CW specialist assesses adult functioning by considering how the PRFC feels, thinks, and acts on a daily basis, with a focus on adult functioning and coping skills.
- (i) This key question determines if the PRFC:
- (I) is committed to the child's safety;
 - (II) is willing to do what is necessary and required within the safety plan Safety Plan;
 - (III) understands why the child is unsafe; or
 - (IV) is impeded by behavioral health or substance use or abuse issues in offering protection to the child.
- (ii) Information gathered in this phase of the safety assessment includes the PRFC's:
- (I) coping and stress management abilities;
 - (II) self-control in relationships and discipline;
 - (III) problem-solving abilities;
 - (IV) judgment and decision-making abilities;
 - (V) home and financial management;
 - (VI) employment history;
 - (VII) domestic violence or substance use or abuse histories;
 - (VIII) behavioral health;
 - (IX) physical health and capacity; and
 - (X) collateral information related to adult functioning.
- (2) Critical thinking is used when applying the safety threshold and evaluating the PRFC's protective capacities.
- (3) The CW specialist completes Section II of Form 04KI030E, entitled Protective Capacities of the PRFC, on the assigned report.
- (4) The safety threshold is compromised when family behaviors, conditions, or situations manifest in a way that is not controlled or managed.
- (5) CPS history is considered when determining safety.
- (6) When present danger exists, a ~~safety plan~~ Safety Plan is implemented to remove the child from harm using Form 04MP078E, Family Service Agreement (FSA)/Safety Plan, while the safety evaluation is completed.

- (i) The CW specialist completes Form 04MP078E, Part B, Safety Intervention Identified Safety Threats, applying the safety threshold to identify safety threats that are:
 - (I) specific;
 - (II) severe;
 - (III) observable;
 - (IV) occurring now or likely to occur in the near future;
 - (V) out-of-control; and
 - (VI) applicable to a vulnerable child.
 - (ii) When a child is found unsafe, the CW specialist completes:
 - (I) Form 04KI030E Sections IV, Safety Decision, and V, Safety Threat Intervention; and
 - (II) Form 04MP078E, or Form 04CP008E, Affidavit— Child Protective Services Affidavit, when an alternative to emergency custody is not possible.
- 2. Review of a substantiated finding with a safe determination. The CPS supervisor reviews the substantiated finding of abuse or neglect when the child is determined safe. The determination is made when:
 - (1) an assessment of child safety is completed and no safety threats were identified;
 - (2) the safety threshold was correctly applied;
 - (3) the PRFC demonstrates adequate protective capacities to keep the child safe;
 - (4) an assessment was properly upgraded to an investigation, when applicable;
 - (5) the proper substantiation protocol was applied; and
 - (6) a safe determination is not made solely as a result of a guardianship or a power of attorney with a relative or non-relative caregiver.
- 3. Present danger.
 - (1) Present danger means an immediate, significant, and clearly observable family condition is occurring and is endangering, or threatening to endanger a child.
 - (A) When present danger exists, steps are taken to protect the child through the implementation of a short-term ~~safety plan~~ Safety Plan.
 - (B) The ~~safety plan~~ Safety Plan is designed to protect the child while the safety evaluation is completed.
 - (C) Present danger includes, but is not limited to, circumstances, such as when a child is found in:
 - (i) the street and a PRFC cannot be located, thus requiring a ~~safety plan~~ Safety Plan to identify adequate supervision for the child; or
 - (ii) an unsanitary home infested with vermin, the PRFC may choose to use a ~~safety plan~~ Safety Plan to voluntarily place the child in a safe location with relatives for short-term care.
 - (2) When present danger exists and the ~~safety plan~~ Safety Plan requires a child's temporary placement outside of the child's home, out-of-home safety

planning protocol, per Oklahoma Administrative Code (OAC) 340:75-3-300 Instructions to Staff (ITS) # 7 through # 9 are followed.

(3) When the child's safety is secured, the safety evaluation is completed to determine if impending danger exists. When impending danger exists, the ~~safety plan~~ Safety Plan is modified as necessary.

(4) Upon the safety evaluation's completion, the ~~safety plan~~ Safety Plan is dissolved when present and impending danger are no longer present.

4. Impending danger.

(1) Impending danger means the presence of a threatening family condition that is:

(A) specific;

(B) severe;

(C) observable;

(D) occurring now or likely to occur within the next few days;

(E) out-of-control; and

(F) applicable to a vulnerable child.

(2) Impending danger includes specific threats to the child's safety that:

(A) are harmful, but are not immediate, obvious, or active at the onset of CPS intervention;

(B) are identified and understood after evaluating individual and family conditions and functioning;

(C) result in severe harm if a safety intervention does not occur and is not sustained; and

(D) require the development of a ~~safety plan~~ Safety Plan implemented through services to the family or court intervention monitored by CPS until the impending danger is under control.

(3) Neither a guardianship nor a power of attorney is considered an adequate control for impending danger and the processes in (2)(D) of this ITS may be required.

5. Child safety meeting (CSM). A CSM is a collaborative decision-making process for determining the child's needs and the best intervention strategy to meet the child's safety needs.

(1) The Oklahoma Human Services (OKDHS) makes reasonable efforts to provide a trained facilitator to guide the decision-making process.

(2) Any determination that a CSM is not possible or unnecessary requires a district director's approval and the reasons supporting the decision are documented in the KIDS Referral Contact screen.

(3) ~~When feasible, the~~ The CSM occurs prior to the emergency (show cause) hearing, but no later than two-business days from the intervention date. When the CSM occurs after two-business days, it is documented as a family meeting and not as a CSM.

(4) A CSM is held any time the child's current safety condition warrants consideration of a safety intervention by moving a child, having a parent leave the home, or having a monitor move in.

(5) The CSM's goal is to reach consensus about what steps will be taken to ensure child safety; however, Child Welfare Services (CWS) maintains legal

responsibility for child safety and must make a decision when the full team cannot reach consensus.

(6) The CW specialist explains the CSM's purpose to the parent(s) and encourages inviting others, such as relatives, friends, or neighbors, who care about the child and/or could help keep the child safe.

(7) The CSM aims to determine the least-restrictive, least-intrusive intervention to ensure the child is safe.

(8) A child 12 years of age and older is expected to participate in parts of the CSM, at least. For a child younger than 12 years of age, participation is considered and, when not attending the meeting, a plan for eliciting his or her point of view is developed by the CPS specialist who brings the child's point of view to the CSM.

(9) When the participants at the CSM cannot come to a consensus regarding the safety decision, the facilitator asks the assigned CPS specialist and supervisor to make the decision. When the facilitator or any other OKDHS staff participant does not feel the decision made is in the child's best interest, a request is then made for the district director to review the CSM decision.

(10) When domestic violence is a concern, two separate CSMs are held, one with the alleged batterer and one with the adult domestic violence victim. These meetings occur at a time and location where it is unlikely the alleged batterer and adult victim will make contact.

(11) In most cases, a guardianship is not an appropriate plan to secure a child(ren)'s safety.

(12) The ~~safety plan~~ Safety Plan implemented when present danger was found can be modified during the CSM as necessary to secure the child's safety.

(13) The CSM summary and outcome are documented in a KIDS Case Contact by the CSM facilitator.

6. Evaluating need for protective or emergency custody.

(1) Law enforcement may place a child in protective custody.

(2) When emergency custody is indicated, OKDHS staff prepares and presents Form 04CP008E, Child Protective Services Affidavit, to the district attorney (DA) documenting:

(A) the imminent safety threat;

(B) why continuation of the child in the home is contrary to his or her welfare;
and

(C) a request for emergency custody of the child.

(3) When Form 04CP008E is presented to the DA and declined, the CW supervisor requests to meet with the DA the same day to further articulate the imminent safety threat, reasonable efforts made to prevent removal, and why the child's continuation in the home is contrary to his or her welfare.

(A) After the CW supervisor meets with the DA, if the DA continues to deny the request for emergency custody of the child, the district director requests to speak to the DA regarding the request.

(B) When the DA continues to deny the request after being contacted by the district director, the CW specialist, supervisor, district director, and regional director staff the case to determine further case planning. Poor prognosis indicators as outlined in OAC 340:75-4-12.1 are considered. The staffing is documented in a KIDS Case Contact.

(C) When the DA denies a request for emergency custody, and the safety threat is determined to be manageable through a ~~safety plan~~ Safety Plan and family-centered services (FCS), the CW specialist attempts to engage the family in a ~~safety plan~~ Safety Plan and FCS.

(D) When it is not possible to engage the family in a ~~safety plan~~ Safety Plan and FCS due to either an unmanageable safety threat or the family's unwillingness, the CW specialist completes Form 04KI003E, Report to District Attorney, within five-calendar days requesting court intervention by recommending a deprived petition. The CW specialist documents in a KIDS Case Contact, the DA's comments on Form 04KI003E, when court intervention is requested.

(E) When Form 04KI003E requests court intervention by recommending a deprived petition, is denied by the DA and, OKDHS is unable to work the case preventatively, the DA is notified in writing that OKDHS is closing CW involvement with the court intervention recommendation, and no longer engages with the family on an ongoing basis.

(F) When closing the case, OKDHS provides the PRFCs with all necessary contact and referral information for pertinent service providers. The service recommendations are documented in a KIDS Case Contact.

~~(3)~~(4) Law enforcement or a district court, juvenile bureau, or Office of Juvenile Affairs (OJA) employee may place a child that is believed to be a victim of human trafficking in protective custody. Upon notification from the agency assuming protective custody, OKDHS immediately begins conducting a safety analysis and prepares and presents Form 04CP008E to the ~~district attorney~~ DA within 23 hours of the notification requesting emergency custody of the child.

(A) An emergency custody (show cause) hearing is conducted, per Section 1-4-203 of Title 10A of the Oklahoma Statutes and OAC 340:75-3-300.

(B) A joint investigation is conducted with law enforcement, per OAC 340:75-3-110, and may involve coordination with other states when the child is not an Oklahoma resident.

(C) OKDHS staff works jointly with the entity that assumed protective custody to determine the child's safest placement option, considering the safety of the victim and other children, and the victim's behavioral needs.

(i) The child can be in OKDHS emergency custody and in the parent's or legal guardian's physical care when there is no reason to suspect the parent or legal guardian contributed to the exploitation or other abuse and/or neglect.

(ii) A National Crime Information Center (NCIC) search is requested for every child that is recovered.

- (iii) A child who is not an Oklahoma resident may remain in detention as a runaway child until arrangements are made for the state of residence to pick up the child.
- (D) The child is provided a medical evaluation and behavioral health services while in emergency custody.
- (E) Notification is sent to the CPS Programs Unit.
- (F) OKDHS staff may release the child from OKDHS emergency custody to a parent or legal guardian after an investigation, when it is determined a safety threat is not present including, but not limited to, further exploitation. Written permission from the court of jurisdiction is required.
- (G) When it is determined the child warrants continued OKDHS custody, protocol related to human trafficking victims is followed, per OAC 340:75-3-400.
- (H) OKDHS staff notifies the district court, juvenile bureau, or OJA employee who assumed protective custody of the child when the final determination confirms the child is a victim of human trafficking.
- ~~(4)~~(5) The CW specialist consults with the CW supervisor throughout the evaluation process and documents the decision in the case record.
- ~~(5)~~(6) The CW specialist considers poor prognosis indicators as outlined in OAC 340:75-4-12 ITS.
- ~~(6)~~(7) Cases of serious abuse or neglect described in (A) through (Q) may pose an imminent safety threat to a child and require a recommendation for placement of the child in protective or emergency custody.
- (A) The child was assaulted, hit, poisoned, or burned so severely that serious injury resulted, or could have resulted.
- (B) An infant has bruising or burns on any part of the body and the injuries are suspicious for, or consistent with, child abuse or neglect.
- (C) The child is 5 years of age and younger and the PRFC demonstrates no attachment to the child and has dangerously inappropriate parenting skills.
- (D) The child was systematically tortured or inhumanely punished. For example, the child was locked in a closet for long periods, forced to eat unpalatable substances, or forced to squat, stand, or perform other unreasonable acts as a means of torture.
- (E) The PRFC's reckless disregard for the child's safety caused or could have caused serious injury. For example, the PRFC left a young child in the care of an obviously irresponsible or dangerous person.
- (F) The physical condition of the home is dangerous and poses an immediate threat of serious injury to the child. For example, exposed electrical wiring or other materials create an extreme danger of fire or there are gas leaks in the home.
- (G) The child was sexually abused or sexually exploited and the perpetrator has access to the child.
- (H) The PRFC purposefully or systematically withheld essential food or nourishment from the child. For example, the child was denied food for extended periods as a form of punishment for real or imagined misbehavior.

(I) The PRFC refuses to obtain or consent to medical or psychiatric care that is immediately required for the child, as documented by medical evaluation, to prevent or treat a serious injury or disease. The child's physical condition shows signs of severe deterioration and the PRFC seems unwilling or unable to respond.

(J) The PRFC appears to suffer from mental illness, intellectual disability, or substance use or abuse so severe that he or she does not provide for the child's basic needs, such as the PRFC who is demonstrably out of touch with reality or significantly intoxicated.

(K) The PRFC abandoned the child and made no safe and appropriate plans for the child's care.

(L) There is reason to suspect, based on a history of frequent moves or of hiding the child from outsiders, the PRFC may flee with the child and the child is in danger.

(M) There is specific evidence the PRFC's anger and discomfort about the report and subsequent investigation will result in serious retaliation against the child. The information is gained through:

(i) a review of the PRFC's past behavior;

(ii) the PRFC's statements and behaviors during the investigative interview; or

(iii) reports from others who know the PRFC and family.

(N) A baby is born to the PRFC who is currently involved in an open permanency planning case and has not successfully corrected conditions that resulted in court intervention or there is a pending motion to terminate parental rights.

(O) The PRFC's parental rights to other children were terminated and there is harm or significant threat of harm to the child in the PRFC's home.

(P) The child has a developmental or physical disability and the PRFC demonstrated an inability or unwillingness to address the child's special needs. For example, the PRFC does not:

(i) apply for or follow through with appropriate developmental services or resources for the child and the child is negatively impacted;

(ii) seek routine, on-going, or follow-up medical care for the child's specific disability; or

(iii) consistently or adequately maintain the child's physical care needs, such as hygiene or nutrition that impacts the child's well-being.

(Q) The PRFC routinely fails to seek all needed or recommended medical or behavioral health treatment for a child with a diagnosed chronic condition requiring routine follow-up. For example, the PRFC does not:

(i) provide the child with preventative asthma medications and the child has multiple hospitalizations for asthma exacerbation;

(ii) provide consistent oversight of a child with diabetes blood sugar levels and ensure the child takes the prescribed medication to control the disease; or

(iii) ensure that a child with a history of behavioral health issues has consistent access to a licensed practitioner to address the child's needs and his or her functioning is adversely effected.

7. ~~Safety plan~~ Plan.

(1) When a child is determined unsafe, the CW specialist evaluates the PRFC's protective capacities, available supports, such as relatives or community resources, and the PRFC's willingness to collaborate with OKDHS to keep the child safe.

(A) When safety threats cannot be managed through a ~~safety plan~~ Safety Plan or the PRFC does not agree to comply with the ~~safety plan~~ Safety Plan, protective or emergency custody of the child and court intervention is requested.

(B) A ~~safety plan~~ Safety Plan does not preclude a recommendation for court intervention and supervision by OKDHS.

(C) The ~~safety plan~~ Safety Plan:

(i) is utilized when the child is determined unsafe and court-ordered removal of the child from the home is not requested;

(ii) is utilized when the safety evaluation is completed and present and/or impending danger is identified;

(iii) is completed when the family agrees to collaborate with OKDHS to control and manage identified safety threats;

(iv) may be utilized with or without court involvement; and

(v) is documented on Form 04KI030E and detailed on Form 04MP078E.

(D) A ~~safety plan~~ Safety Plan is developed to control and manage the safety threats while the child remains in the home or while the child temporarily stays in an alternative location outside of the home. When OKDHS and the PRFC agree to utilize a ~~safety plan~~ Safety Plan:

(i) a monitor is identified;

(ii) Form 04MP078E, Family Services Service Agreement (FSA)/Safety Plan, is completed; and

(iii) protocols for determining service needs are followed, per OAC 340:75-4-12.1.

(2) A ~~safety plan's~~ Safety Plan's purpose is to control safety threats immediately. The ~~safety plan~~ Safety Plan:

(A) specifies what safety threats exist, to establish what must be controlled;

(B) identifies how the safety threat will be managed and controlled, including:

(i) by whom;

(ii) under what circumstances and agreements;

(iii) within what time frame; and

(iv) the availability, accessibility, and suitability of those involved; and

(C) includes how CPS or others monitor and oversee the plan.

(3) Engaging kin in safety planning creates more options for support. The CW specialist:

(A) identifies as many kin as possible to support the family;

- (B) engages those who know the child best; and
 - (C) facilitates a CSM.
- (4) When safety planning, decisions are made at the CSM with the family's input regarding the child's safety including his or her physical and emotional well-being.
- (5) Following guidelines, per OAC 340:75-4-12.1 and OAC 340:75-4-12.1 ITS, the CW specialist:
- (A) assesses the PRFC's reliability, willingness to cooperate, commitment, and alliance to the ~~safety plan~~ Safety Plan;
 - (B) ensures all necessary arrangements for the ~~safety plan~~ Safety Plan are made and agreed to by each participant;
 - (C) contacts, no less than weekly, persons responsible for the ~~safety plan~~ Safety Plan until the safety threats in the family are significantly reduced.
8. ~~Safety plan~~ Plan factors. Questions (1) through (7) of this Instruction are considered when evaluating the relative's, kinship monitor's, or non-perpetrator PRFC's protective capacities for adequately protecting the child from the perpetrator.
- (1) Does the relative, kin, or non-perpetrator PRFC believe that abuse or neglect occurred? If not, has the relative, kin, or non-perpetrator PRFC demonstrated behaviors related to protective capacities? If not, adequate protection may not be provided.
 - (2) Is the non-perpetrator PRFC strongly dependent on the perpetrator for financial and emotional support for the child? If so, it may initially be difficult for the non-perpetrator PRFC to overcome his or her own needs and protect the child.
 - (3) Is the non-perpetrator PRFC a victim of domestic violence or emotional abuse by the perpetrator? If so, the non-perpetrator PRFC may be fearful of the perpetrator and unable to protect the child until services begin.
 - (4) Did the relative, kin, or non-perpetrator PRFC fail to protect the child from abuse or neglect or fail to heed serious warning signs that abuse occurred? If so, the relative, kin or non-perpetrator PRFC may not see a threat to the child when the perpetrator wants unauthorized contact with the child.
 - (5) Does the relative kin, or non-perpetrator PRFC display a willingness to control and manage the safety threats; or is his or her agreement to participate in the ~~safety plan~~ Safety Plan only to avoid the child's removal? When there is no willingness to seek help to alleviate the concerns that led to the abuse or neglect, relying on the relative, kin, or non-perpetrator PRFC is not an adequate ~~safety plan~~ Safety Plan.
 - (6) Is the non-perpetrator PRFC planning to seek action in civil court to change custody? If so, custody change must be evaluated to determine if it will adequately protect the child. It is likely that ~~visitation~~ family time will continue even with a change in custody. An action in civil court does not ensure that all information regarding the abuse or neglect is heard and considered in custody and ~~visitation~~ family time decisions.

(7) Does the relative, kin, or non-perpetrator PRFC have difficulties due to substance use or abuse? If so, these difficulties may prevent the relative, kin, or non-perpetrator PRFC from adequately protecting the child.

9. Assessing ~~safety plan~~ Safety Plan participants.

(1) Prior to engaging individuals as ~~safety plan~~ Safety Plan monitors or caregivers, the CW specialist assesses the individual's:

(A) protective capacities;

(B) willingness to collaborate with OKDHS to ensure the child's safety; and

(C) alignment with the ~~safety plan~~ Safety Plan.

(2) When a ~~safety plan~~ Safety Plan is implemented, checks must be completed on an in-home or out-of-home ~~safety plan~~ Safety Plan or caregiver. The CW specialist:

(A) uses Form 04AF007E, Record Check Documentation, as a guide to review CWS records to determine if the prospective ~~safety plan~~ Safety Plan monitor or any adult residing in the prospective monitor's home has a history of child abuse or neglect;

(B) completes and submits to the OKDHS Office of Background Investigations (OBI) Form 04AD003E, Request for Background Check, requesting a name-based criminal history records search for the prospective ~~safety plan~~ Safety Plan monitor and each adult household member;

(C) determines if the prospective ~~safety plan~~ Safety Plan monitor or caregiver and any adult household member:

(i) is subject to the Oklahoma Sex Offender Registration Act and/or the Mary Rippy Violent Crime Offender Registration Act. Refer to OAC 340:75-7-15 ITS;

(ii) has convictions for specified felony offenses. Refer to OAC 340:75-7-15;

(iii) is or was a party in any court action by searching the Oklahoma State Courts Network including Oklahoma District Court Records; and

(iv) is subject to the Restricted Registry, also called Joshua's List. Refer to OAC 340:110-1-10.1;

(D) does not utilize individuals convicted of the felony offenses of:

(i) physical assault, battery, or a drug-related offense within the preceding five-year period;

(ii) child abuse or neglect;

(iii) domestic abuse;

(iv) a crime against a child including, but not limited to, child pornography or child exploitation; or

(v) a crime involving violence including, but not limited to, rape, sexual assault, or homicide. Homicide includes manslaughter. A crime involving violence means an offense that:

(l) has an element of the use, attempted use, or threatened use of physical force against the person or property of another; or

(II) by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense;

(E) does not utilize an individual who is a registrant on the Restricted Registry;

~~(E)~~(F) conducts a search, no later than the next business day, to see if the ~~IPAP or safety plan~~ Safety Plan monitor is subject to the:

(i) Community Services Worker Registry:
<https://cswrpublic.okdhs.org/cswrpublic/>; or

(ii) Nontechnical Services Worker Registry:
https://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Nurse_Aide_and_Nontechnical_Services_Worker_Registry/#NTSW;

~~(F)~~(G) performs a Juvenile Online Tracking System (JOLTS) check on any child in the prospective home who is 13 through 17 years of age;

~~(G)~~(H) uses Form 04AF004E, House Assessment, as a guide when determining the home's physical safety on an out-of-home ~~safety plan~~ Safety Plan;

~~(H)~~(I) contacts, no later than the next business day, other states in which the ~~safety plan~~ Safety Plan monitor or adult household members resided and, requests CW history for each adult in the household;

~~(I)~~(J) with the district director's approval, preliminarily approves a ~~safety plan~~ Safety Plan monitor for any criminal or CW history found in a person's background search, such as protective order petitions, police reports, or judgements and sentences, only when the criminal or CW history occurred more than five years prior to the assessment date as a monitor and the individual(s) resided in Oklahoma for the past five-consecutive years. The CW specialist begins obtaining copies of all records the next business day after preliminary approval;

~~(J)~~(K) reviews the CW and criminal history of the prospective ~~safety plan~~ Safety Plan monitor and each adult household member with the CW supervisor or district director. The district director may grant exceptions for certain felony convictions but does not grant exceptions for felony convictions, or relevant misdemeanors, or registrants on Restricted Registry, per OAC 340:75-7-15;

~~(K)~~(L) when the ~~safety plan~~ Safety Plan monitor is approved, ensures that each adult household member submits fingerprints to OBI within five-business days of running the name-based criminal history records search through OBI, regardless of the type of background search requested. OBI is notified when the ~~safety plan~~ Safety Plan monitor is denied; and

~~(L)~~(M) documents information obtained regarding the assessment of the ~~safety plan~~ Safety Plan monitor, household members, and other ~~safety plan~~ Safety Plan participants as a Contact in KIDS and files copies of the completed forms in the KK case file associated with the CPS

investigation. Records are not stored in the ~~File-Cabinet~~ document management system (DMS).

(3) When a child is placed in protective or emergency custody, the guidelines in OAC 340:75-7-15 are followed prior to the child's placement in a kinship home.

10. OKDHS authority to execute an emergency custody order. An order issued by the district court placing a child in OKDHS emergency custody is executed and the child is taken into custody by law enforcement or a court employee; however, a child may be removed from a hospital, educational facility, or a child care program by a CW specialist when the criteria in (1) through (5) of this Instruction are met prior to removal.

(1) The CW specialist and supervisor establish that the removal is necessary to protect the child from safety threats resulting in serious abuse or neglect.

(2) The CW specialist prepares and submits Form 04CP008E to the ~~district attorney (DA)~~ who obtains a written emergency custody court order that includes a statement that the child may be removed from the hospital, educational facility, or a child care program by the CW specialist to protect the child from safety threats.

(3) A determination is made by the CW supervisor and district director that the child's removal from the hospital, educational facility, or child care program can occur without disruption to the facility or program; or hostility, risks, or threats to the child or CW specialist.

(4) A copy of the written emergency custody court order is provided by the CW specialist to the hospital, educational facility, or a child care program at the time of the removal.

(5) The CW specialist notifies the PRFC of the removal the same day and immediately provides the PRFC with a copy of the written emergency custody order, when the PRFC is present or as soon as possible. When the notification will place the CW specialist in danger, law enforcement assistance is requested.

(6) Following execution of a court order to remove the child, the child's removal and placement are entered in KIDS as soon as possible, but no later than two-business days after the child was physically placed in OKDHS custody.

11. Preparation for removal. When the decision is made to remove a child from the child's home, the CW specialist makes efforts to reduce the trauma and stress for the child and family by properly preparing all persons involved. Preparing the family as well as the child is crucial when removal occurs.

(1) The CW specialist prepares the family by:

(A) explaining the reasons for the child's removal and placement;

(B) answering questions about court procedures;

(C) making clear the intent is to reunify the child with the family, when appropriate, as soon as the home is safe for the child;

(D) encouraging the parent, once he or she understands and accepts the reasons for the placement, to help explain the reasons for the placement

- to the child. This may comfort and reassure the child that the parent will work with the CW specialist to facilitate the child's return to the home;
- (E) asking the parent to provide in-depth information regarding the child's schedule, routines, likes and dislikes, and medical needs to help the placement provider maintain continuity for the child. The CW specialist:
- (i) completes Form 04MP012E, Receipt and Release of Prescription and Over-the-Counter Medication(s), with the parent when the child takes medication or has medical needs or allergies;
 - (ii) asks the parent to provide a copy of the child's birth certificate or to bring it to the next court appearance. When the parent fails to provide a copy within 20-calendar days, the CW specialist completes Application for Search and Certified Copy of Birth Certificate to obtain a full-certified copy of the child's birth certificate and submits the form to Child Welfare Services Finance and Business Operations (FBO) for a certified copy, per OAC 340:75-13-9. This form is located on the OKDHS InfoNet under Non-OKDHS forms and is available at the Oklahoma State Department of Health Division of Vital Records website:
http://www.ok.gov/health2/documents/VR_BCRequest_interactive.pdf;
 - (iii) asks the parent to complete Form 04MP015E, Important People in the Child's Life, to document and maintain the child's ongoing relationships; and
 - (iv) enters information obtained from Form 04MP015E or other sources into the Family/Kinship Connections screen in KIDS. Form 04MP015E is scanned and saved into KIDS File-Cabinet DMS;
- (F) acknowledging the parent's anger and grief in response to the loss of his or her child, and expecting the parent to be initially resistant;
- (G) encouraging the parent's involvement in all aspects of the planning and placement process;
- (H) encouraging the parent, when appropriate, to make recommendations of potential homes where the child may be placed;
- (I) providing OKDHS Publication No. 99-27, A Parent's Guide to Working with Child Welfare, to the parent; and
- (J) arranging the initial meeting between the parent and the foster parent.
- (2) Adequately preparing the child for the placement serves several important purposes.
- (A) The CW specialist alleviates many of the child's anxieties and reduces the child's stress by providing the child with information regarding the need for placement and by familiarizing the child with aspects of the setting where the child is moving.
 - (B) When the CW specialist does not know the child well, the CW specialist uses the preparation period to better assess the child's strengths and needs. The information is communicated to the placement provider to assist the provider receiving the child and making his or her transition into the new setting easier.

(C) Working with the child during the preparation phase helps the child establish a supportive relationship with the CW specialist.

12. (a) Placement considerations.

(1) The child's functioning including physical, developmental, medical, behavioral health, and educational needs is evaluated regularly and is considered when making the child's placement and service plans.

(2) Placement with the non-offending parent, relatives, or kin is considered and siblings are placed together in the same home when appropriate and possible. Per ITS # 8 of this Section, relative or kinship placements are assessed in terms of the child's safety and long-term needs. Relatives or kin are only considered, when the:

(A) child will be safe with the relative or kin. The family's history is explored extensively with the child's PRFC and the relative or kin considered for placement;

(B) relative or kin:

(i) can provide a home that does not pose an obstacle to reunification plans as demonstrated by the relative's or kin's willingness to work with OKDHS and the family toward reunification;

(ii) is willing to accept placement of a sibling so the siblings are not separated or the relative or kin is willing to facilitate contact between the siblings; and

(iii) could potentially provide long-term care for the child. The CW specialist considers the relative's or kin's abilities and willingness to meet the child's day-to-day, individual needs if the placement becomes long-term.

(3) When a child was seriously abused or neglected, the perpetrator may have been a victim of abuse or neglect within his or her own family. His or her relatives or kin may have been victims of or impacted by abuse or neglect within the family. This kind of family history may place the child in an unsafe situation in the relative's or kin's home.

(b) Placement in foster family care. When an emergency foster family placement is made, the placement is evaluated quickly and arrangements are made to make a more appropriate placement as soon as possible. When it is determined that foster family care is the best placement option for the child, considerations include, but are not limited to, if the:

(1) foster parent has the ability and willingness to meet the child's day-to-day and individual needs, such as providing a stimulating environment and ensuring the child the opportunity to participate in extracurricular activities;

(2) other children placed in the foster family home pose a safety threat to the child considered for placement; and

(3) foster family is able to accept sibling placement or facilitate contact between the siblings.

(c) Initial placement. The placement made at the time of the child's initial removal from the home has a significant impact on the child's safety and ultimately the possibility for successful reunification with the family or alternative permanent plans for the child.

(d) Sibling placement. Every reasonable attempt is made to place siblings together when appropriate and possible. When it is not possible to place siblings together initially, efforts begin the next business day and actively continue to place the siblings in the same home.

(e) Adoption dissolution notification. The CW specialist notifies the adoption specialist and the Post-Adoption Services staff of the child's placement in out-of-home care when the child:

(1) receives adoption assistance; or

(2) is placed in, or returned to, OKDHS custody due to the dissolution of an OKDHS - or other type of adoption.

(f) Placement of medically fragile or disabled infant.

(1) Factors that determine if an infant in OKDHS custody is medically fragile or disabled include:

(A) prematurity;

(B) a history of respiratory distress;

(C) oxygen dependency;

(D) a diagnosis requiring special care beyond routine infant care;

(E) being 6 weeks of age and younger; and

(F) medical conditions or illnesses that may result in increased episodes of illness, prolonged hospitalization, and increased cost for care.

(2) An appropriate placement for an infant who is medically fragile or disabled includes an approved foster or kinship home, health care facility, or shelter that meets the criteria in (A) through (C) of this paragraph. The placement:

(A) provider for the infant has undergone all necessary training required to meet the infant's medical needs;

(B) setting has all of the necessary equipment required to meet the infant's medical needs, the placement provider knows how to use the equipment, and the equipment is in operating condition; and

(C) provider is willing and able to:

(i) follow all medical requirements and orders as given by the infant's physician;

(ii) transport the infant to all medical appointments; and

(iii) keep the infant's CW specialist fully apprised of the infant's condition.

(3) The CW specialist at the time of placement gives the placement provider all medical and other related information about the infant's condition and updates the placement provider concerning any new information as it occurs.

13. Foreign nationals. A child's removal from the home is based on safety considerations without regard to citizenship or immigration status. When the child who is a foreign national is removed from the home, the CW specialist notifies the foreign consul by completing Form 04MP016E, Notice to Foreign Consul of Child Welfare Proceedings, per OAC 340:75-1-31 ITS. A copy of Form 04MP016E is forwarded to OKDHS Legal Services.

- 14. Protective services alert.** A protective services alert is requested by contacting the CPS Programs Unit after diligent, yet unsuccessful efforts were made to locate the family, when:
- (1)** a report indicates the child's safety is or will be at risk;
 - (2)** it appears the family relocated within Oklahoma or to another state; and
 - (3)** the child and family's address and whereabouts are unknown; or
 - (4)** the child was abducted from OKDHS custody; or
 - (5)** the CW specialist is aware of a pregnancy involving a mother or father who is a party to an open permanency planning case and the whereabouts of the mother or father are unknown.
- 15. Child who left Oklahoma.** When a child, for whom emergency custody or a pick-up order was requested, left Oklahoma prior to the order's execution, enforcement of the custody order and recognition of Oklahoma's jurisdiction by the other state must occur to have the child returned. Each situation is treated according to the laws and procedures of the state where the child is located.
- (1)** When the child's location is unknown, the:
 - (A)** CW specialist:
 - (i)** contacts the CPS Programs Unit to issue a protective service alert;
 - (ii)** immediately staffs with the CW supervisor to determine if national search efforts will be initiated;
 - (iii)** when it is decided that a national search will be initiated, completes Form 04MP026E, Abducted Child Report, within one-business day of the staffing with his or her supervisor. An incomplete form delays the report to National Center for Missing and Exploited Children (NCMEC);
 - (iv)** immediately emails completed Form 04MP026E to the CW supervisor for review and approval. Upon approval, the CW supervisor emails Form 04MP026E to the district director to report the missing child; and
 - (v)** follows the National Center Crime Information Center reporting guidance, per OAC 340:75-6-48.3; and
 - (B)** district director reports the missing child to NCMEC.
 - (2)** When the child's location is known, the CW specialist with the information about the allegations and investigation contacts the CPS agency in the county or state where the child is located, and sends a copy of the pick-up or emergency custody order to the CPS agency along with other requested written documentation. Information may be shared with another CPS agency under these circumstances.
 - (3)** Some CPS agencies, based on the information received, will enforce Oklahoma's order by taking the child who is in danger into custody.
 - (4)** When the child is taken into custody, the court of jurisdiction in Oklahoma is notified that based on the information and Oklahoma's order, the child was taken into custody in the other state or jurisdiction. Oklahoma CWS staff secures a court order from the other state or jurisdiction releasing the child to OKDHS custody in order to return him or her to Oklahoma.

(5) When a CPS agency is unwilling or unable to assist, Oklahoma law enforcement is contacted and the Oklahoma court order is faxed to the law enforcement entity where the child is located.

(6) The Oklahoma judge and DA are notified when the CPS agency or law enforcement in the other state or jurisdiction is unwilling or unable to assist. In some circumstances, the judge or DA may contact the court or law enforcement in the other state or jurisdiction for assistance.

PART 4. SPECIALIZED INVESTIGATIVE PROTOCOLS, CHILD DEATH, OR NEAR-DEATH REPORTING PROTOCOLS

340:75-3-450. Drug-endangered child ■ 1 through 7

Issued 7-1-13

(a) **Substance abuse considered during safety determination and family intervention strategy.** Addiction to and misuse of alcohol and controlled dangerous substances, including prescription medication may impact the person responsible for the child's (PRFC's) ability to provide child safety. Substance use alone does not directly determine child abuse or neglect; however, it is a factor considered when safety determinations and intervention strategies are considered.

(b) **Investigation instead of assessment conducted when report alleges child is drug-endangered.** Per Section 1-2-102 of Title 10A of the Oklahoma Statutes, when the Oklahoma Department of Human Services (OKDHS) determines a child meets the definition of a "drug-endangered child," as defined in 10A O.S. § 1-1-105, or a child diagnosed with fetal alcohol syndrome, OKDHS conducts an investigation of the allegation and does not limit the evaluation of the circumstances to an assessment.

(c) **Law enforcement assistance required to initiate investigation of child abuse or neglect alleging methamphetamine production or use.** The OKDHS child abuse or neglect investigation involving allegations of methamphetamine production or use is initiated only with the assistance of law enforcement.

(d) **Records regarding infants born exposed to alcohol or other harmful substances.** Per Section 1-550.3 of Title 63 of the Oklahoma Statutes (63 O.S. § 1-550.3), OKDHS maintains up-to-date records of infants born exposed to alcohol or other harmful substances.

(1) "Harmful substances" means an intoxicating liquor or a controlled dangerous substance.

(2) The records detailed in 63 O.S. § 1-550.3 include data necessary for surveys and scientific research and other data that is necessary and proper to further the recognition, prevention, and treatment of infants born addicted to or prenatally exposed to harmful substances.

(3) OKDHS compiles and evaluates information received from the reports into a report distributed on or before January 1, of each year to the Governor, the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and such other persons as OKDHS deems advisable or necessary.

INSTRUCTIONS TO STAFF 340:75-3-450

Revised 8-12-199-16-21

- 1. Employee safety when production of methamphetamine is alleged. The investigation alleging the production of methamphetamine is initiated only with law enforcement assistance. Each Oklahoma Department of Human Services (~~DHS~~) (OKDHS) employee assigned to the investigation takes precautions to ensure personal safety and the safety of others during the investigation.**
- 2. Drug abuse trends and indicators. Child Welfare Services (CWS) maintains regular contact with law enforcement to stay informed about the most current illegal substance abuse trends and indicators of methamphetamine use and production.**
 - (1) Prescription medication misuse can be a factor in alleged child abuse and neglect cases.**
 - (2) The Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) is available to assist child welfare (CW) specialists in cases involving the drug-endangered child.**
 - (3) The Oklahoma Prescription Monitoring Program (PMP) was enacted into law by the Oklahoma Anti-Drug Diversion Act found at Section 2-309 of Title 63 of the Oklahoma Statutes to reduce prescription fraud, substance abuse, "doctor shopping," and other illegal activity related to pharmaceutical drug diversion.**
 - (i) When allegations of prescription drug abuse or misuse are alleged in a report, the CW specialist contacts law enforcement or the district attorney (DA) to inquire about accessing information through the PMP.**
 - (ii) When the information is obtained, the CW specialist utilizes all pertinent information necessary to assist in a thorough safety evaluation.**
- 3. Common methamphetamine production locations. Outbuildings, vehicles, hotel and motel rooms, apartments, storage sheds, garages, and vacant buildings are common places where methamphetamine is produced.**
- 4. Safety precautions when investigating allegations of production of methamphetamine. When initiating an investigation alleging production of methamphetamine, the CWS specialist:**
 - (1) requests law enforcement accompany the specialist to the home;**
 - (2) remains in the car until law enforcement determines the residence is safe to enter; and**
 - (3) does not enter the residence under any circumstance when there is evidence of a methamphetamine laboratory.**
- 5. Safety precautions for the child exposed to methamphetamine. Each district office follows safety precautions for the child likely exposed to a methamphetamine laboratory.**
 - (1) Each district office develops and maintains agreements with law enforcement to manage decontamination procedures for the exposed child.**
 - (2) An exposed child is immediately taken by law enforcement or the CW specialist for a medical exam.**
- 6. Infant alleged to be born substance exposed or affected.**
 - (1) When an infant is alleged to be born substance-exposed or affected, the CW specialist obtains the infant's test results. Cord blood is the preferred**

testing method. When cord blood is not available, meconium is the preferred testing method.

(2) An infant who tests positive is referred to services to alleviate the effects of the substance on the child's development. Whenever the infant is diagnosed with Neonatal Abstinence Syndrome (NAS), commonly referred to as withdrawal, or Fetal Alcohol Spectrum Disorder (FASD), the CW specialist develops a plan of safe care for the infant and mother or caregiver.

(A) When a referral is received and subsequently screened out and assigned as a plan of safe care, contact is made with the mother or caregiver within five-business days of receiving the referral.

(B) When a referral is received and accepted for Child Protective Services (CPS) investigation a plan of safe care is required in addition to following CPS investigation and safety analysis protocols found in Oklahoma Administrative Code (OAC) 340:75-3-200, 340:75-3-220, and 340:75-3-300.

(C) The plan of safe care includes referring the infant to SoonerStart and a medical provider to evaluate the effects of the substance on the child's development. When available, a referral to a pediatric NAS clinic is preferable when available.

(D) The CW specialist ~~inquiries~~ inquires about any plans previously developed by a hospital or medical professional to address the infant's and the mother's or caregiver's health and substance use or abuse treatment needs. Such plans are appropriate for inclusion in the plan of safe care.

(E) The mother or caregiver is referred to substance abuse services that include a substance abuse assessment.

(F) The plan of safe care is documented in a KIDS contact with the purpose of "plan of safe care" and on the Form ~~04MP025E~~ 04MP078E, Family Service Agreement (FSA)/Safety Plan. A completed copy of the Form ~~04MP025E~~ 04MP078E is provided to the family and uploaded into the KIDS File-Cabinet document management system.

(G) Within 60-calendar days of the plan of safe care's assignment, the CW specialist contacts the service providers and parent or caregiver prior to the the plan of safe care's closure to find out the infant's and the mother's or caregiver's progress in services. The information gathered is documented in a KIDS contact with the purpose of "plan of safe care follow up."

(H) As part of the plan of safe care, the CW specialist evaluates if other service referrals are needed for the parent or caregiver and makes those referrals as necessary. Examples may include referrals to receive assistance with housing, transportation or daycare services.

(I) If at any time during the plan of safe care referral, the CW specialist becomes aware of allegations of abuse or neglect or has concerns for the safety of the newborn or children in the home, the CW specialist informs the mother or caregiver that the plan of safe care referral is being upgraded to a CPS investigation. The CW specialist begins a CPS

investigation and safety analysis per OAC 340:75-3-200, 340:75-3-220, and 340:75-3-300.

- (3) The CWS specialist evaluates the impact of the:
 - (A) substance use on the person responsible for the child's (PRFC's) health, safety, and welfare ability to provide care for the infant; and
 - (B) PRFC's drug of choice and how it affects the PRFC's overall functioning, cognitive ability, and safety decisions.
 - (4) The Due to unpredictable behaviors, the PRFC who uses methamphetamines, phencyclidine (PCP), heroin, or cocaine, or any combination of drugs is viewed as unable to provide minimal basic care for the infant or child.
 - (5) When the infant, mother, or caregiver test positive for methamphetamines, PCP, heroin, cocaine, or any combination of drugs and court-ordered placement in ~~DHS~~ OKDHS custody is not requested, the CW:
 - (A) supervisor immediately staffs the decision with the district director for approval and documents the staffing in Contacts;
 - (B) specialist completes Form 04CP010E, Substance Exposed/Affected Newborn Affidavit Staffing, and consults with the ~~district attorney (DA)~~ or assistant DA, outlining the reasons court intervention is not requested and what interventions must be put in place to ensure the infant's safety;
 - (C) specialist enters the case staffing into the appropriate KK indicating that recommendation to "not request court-ordered placement in ~~DHS~~ OKDHS custody" was discussed with the district director and DA;
 - (D) specialist completes Form 04KI003E, Report to District Attorney, within five-judicial days when the infant is in emergency custody or is the subject of an in-home or out-of-home safety plan Safety Plan. Reports with a finding of "Substantiated" or "Unsubstantiated" with no recommended safety intervention are submitted within 30-calendar days to the appropriate DA's office; and
 - (E) specialist maintains the recommendation not to remove the infant, unless new information is obtained and a determination is made that court intervention is the only option to ensure the infant's safety.
 - (6) When other adults reside in the substance-abusing PRFC's home, the same evaluation is conducted on each adult.
7. Records regarding infants born exposed to alcohol or other harmful substances. The Child Protective Services Programs Unit compiles the annual report regarding the number of children born substance-exposed and affected using information collected from KIDS.

340:75-3-460. Child death or near-death review ■ 1 through 11

Revised 9-15-21

(a) **Child death or near-death definitions.** The following words and terms shall have the following meanings, when Oklahoma Human Services OKDHS investigates a child death or near-death or is required to disclose certain information after a child death or near-death that does not meet OKDHS criteria for investigation, per Section 1-6-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-6-105).

(1) **"Abuse"** means harm or threatened harm or failure to protect from harm or threatened harm to the child's health, safety, or welfare by a person responsible for the child (PRFC) including, but not limited to, non-accidental physical or mental injury, sexual abuse, or sexual exploitation. However nothing contained in this Section prohibits any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

(2) **"Near-death"** means a child is in serious or critical condition as verified by a physician, registered nurse, or other licensed health care provider. Verification of the child's medical condition may be provided in person, by phone, email, facsimile, or mail.

(3) **"PRFC"** means, for the purposes of this Statute only:

(A) a PRFC, per 10A O.S. § 1-1-105;

(B) any person who voluntarily accepted the duty of supervising a child; or

(C) any person who was directed or authorized by the PRFC to supervise a child's health, safety, or welfare.

(b) **Child death or near-death investigation protocol.** The child death or near-death investigation requires a multidisciplinary approach. The protocol used during the child death or near-death investigation is the same protocol used in other in-home and out-of-home investigations but includes additional interviews, coordination with law enforcement and medical professionals, and evaluation of case records, per Oklahoma Administrative Code (OAC) 340:75-3-200.

(c) **Child death and near-death investigations subject to program, administrative, or committee review.** The child death or near-death resulting from suspected abuse or neglect investigated by OKDHS is subject to evaluation by program, administrative, or committee review.

(d) **Public disclosure of OKDHS child death and near-death information.** Requests for the release of information concerning the OKDHS-investigated child death and near-death are processed, per OAC 340:75-1-44.

(e) **Death and near-death notice provided to Governor and Legislature.** When OKDHS has reasonable cause to suspect the child death or near-death is the result of abuse or neglect, OKDHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review, per 10A O.S. § 1-6-105. Notice is communicated securely no later than 24 hours after the determination of reasonable suspicion.

(f) **Child maltreatment review.** When a child maltreatment medical review is conducted by a child abuse examiner or a child abuse pediatrician regarding a child death, the child maltreatment medical review is considered prior to closing a child death investigation, per 10 O.S. § 1150.6.

INSTRUCTIONS TO STAFF 340:75-3-460

Revised 9-15-21

1. Child death or near-death investigations are assigned as a Priority I.

(1) **When information indicates the safety of the surviving siblings can be ensured without an immediate investigation, the Oklahoma Department of Human Services (OKDHS) Child Abuse and Neglect Hotline (Hotline)**

- supervisor may assign the report as a Priority II with a response time of no more than two-calendar days for investigation initiation.
- (2) The Hotline supervisor documents the reason the report was not assigned as a Priority I on Form 04KI001E, Referral Information Report.
2. **Child death or near-death investigation consultation.** The Child Protective Services (CPS) Programs Unit provides:
- (1) consultation regarding whether the death or near-death falls within the scope of Child Welfare Services (CWS); and
- (2) direction regarding the unique investigative procedures required in a death or near-death investigation.
3. **Reporting a child death or near-death to CPS Programs Unit.**
- (1) When the abuse or neglect is suspected in connection with the child death or near-death report, the Hotline contacts the CPS Programs Unit by email the:
- (A) same business day; or
- (B) next business day when the death or near-death report is received during OKDHS non-business hours.
- (2) The initial information provided by the Hotline includes the:
- (A) child's name;
- (B) child's date of birth;
- (C) date of death or near-death incident;
- (D) child's race;
- (E) child's gender;
- (F) circumstances of the child's death or near-death;
- (G) KIDS report number;
- (H) assigned district; and
- (I) child's OKDHS custody status, when applicable.
4. **Initial child death or near-death report prepared by the CPS Programs Unit.**
- (1) After Hotline receipt of the death or near-death notice, the CPS Programs Unit prepares an account of known circumstances of the child death or near-death including current and previous OKDHS and child welfare (CW) history.
- (2) The initial report is sent to the:
- (A) the applicable district director and deputy directors;
- (B) OKDHS Legal Services;
- (C) the applicable programs staff;
- (D) OKDHS Office of Communications;
- (E) the State Child Death Review Board;
- (F) the Oklahoma Commission on Children and Youth; and
- (G) Office of Client Advocacy.
5. **Critical incident.** A critical incident may include:
- (1) serious injury, abuse, neglect, or sexual abuse to a child who is in OKDHS custody, participating in a family-centered services case (FCS) or in an open investigation or assessment pertaining to that child's family at the time of the injury, abuse, neglect, or sexual abuse;
- (2) highly publicized allegations of abuse, neglect, or sexual abuse to a child;

- (3) a child death or near-death incident while there was an open CWS FCS case, assessment, investigation, permanency planning case (PP), or Interstate Compact for the Placement of Children (ICPC) case;
 - (4) child sex or labor trafficking involving multiple victims; or
 - (5) serious injury abuse neglect, or sexual abuse to a child reunified with the parent(s) for less than one year or the family has substantial CW history.
6. Preliminary staffing required following the investigation of death, near-death, or critical incident.
- (1) A preliminary staffing may be held within two-business days of the child death, near-death, or other critical incident investigation, when:
 - (A) the child was in OKDHS custody when the event occurred;
 - (B) there was an open CWS FCS, assessment, investigation, PP case, including trial reunification, or ICPC case when the event occurred; or
 - (C) there is recent CW history or history that warrants immediate and extensive review by CWS administrators.
 - (2) The district director sets the date and time for the preliminary staffing.
 - (3) Mandatory participation in the preliminary staffing includes the:
 - (A) applicable deputy directors;
 - (B) applicable district managers; and
 - (C) CPS/Hotline programs administrator.
 - (4) The issues addressed during the preliminary staffing include:
 - (A) the steps taken to address the surviving siblings' safety;
 - (B) a review of CWS involvement including screened-out referrals, assessments, investigations, FCS, PP cases, trial reunification, or ICPC, and related actions;
 - (C) media involvement and what CWS may do to assist the OKDHS Office of Communications; and
 - (D) the steps taken to reduce the impact of secondary trauma to CWS personnel and what supports, when any, are needed.
7. Public inquiries from persons without an official need to know. Media, public, or other inquiry about a specific case by persons without an official need to know is directed to the OKDHS Office of Communications.
- (1) CWS information and investigations are confidential unless otherwise provided by law.
 - (2) All public communications regarding reports under investigation and the investigation itself are issued only by the OKDHS Office of Communications authorized personnel or by a designated CWS programs spokesperson.
8. Final determination in child death or near-death investigation. Upon completion of a child death or near-death investigation, a review is conducted by the CPS Programs Unit, per Oklahoma Administrative Code (OAC) 340:75-3-500.
9. Administrative review of child death or near-death notice of a child known to CWS. Upon receipt of the death or near-death notice of a child known to CWS, the CPS Programs Unit reviews the case and notifies the CWS director who determines if an administrative review occurs, per OKDHS:2-3-2. A child known to CWS is a child, who at any time:
- (1) within six months prior to the child's death or near-death incident:

- (A) was the subject of a CPS assessment or investigation alleging child abuse or neglect;
 - (B) was the subject of a CPS report the CPS Programs Unit determines was improperly screened out;
 - (C) resided in a household that included a member who was the subject of a CPS assessment or investigation alleging child abuse or neglect;
 - (D) was in OKDHS custody or under OKDHS supervision as a child alleged or adjudicated deprived;
 - (E) had an active CW case with OKDHS; or
 - (F) had an active FCS case; or
- (2) during the two years preceding the child's death or near-death incident:
- (A) was the subject of more than five CPS referrals of abuse or neglect or three assessments or investigations alleging child abuse or neglect; or
 - (B) resided in a household that included a household member who was the subject of more than five CPS referrals or three assessments or investigations alleging child abuse or neglect.
10. Program review of child death and near-death investigation. A program review is completed for each child death or near-death investigation conducted by OKDHS by the CPS Programs Unit. The review includes:
- (1) a review of the case record. The district provides the CPS Programs Unit a copy of the complete case that includes:
 - (A) Form 04KI003E, Report to District Attorney, and attachments;
 - (B) law enforcement reports;
 - (C) the medical examiner's Report of Autopsy;
 - (D) medical records pertaining to the death or near-death incident and previous records, when applicable;
 - (E) child maltreatment review, when completed; and
 - (F) all pertinent case information;
 - (2) an assessment of findings compliance with CPS standards, per OAC 340:75-3-120 and OAC 340:75-3-130; and
 - (3) requests for additional information from the CW specialist, when determined necessary by the CPS Programs Unit.
11. Completion of the child death or near-death investigation.
- (1) When a child death occurs, OKDHS must request and obtain, if available, the child maltreatment review from the maltreatment physician. When a review is pending completion, OKDHS does not close the child death investigation until the child maltreatment review is received in order to consider the review as part of the investigation. When a child maltreatment review was not completed, OKDHS documents the request and that a review was not completed.
 - (2) When a child near-death occurs, the CW specialist ~~sends a copy of the entire CPS case record to~~ notifies the CPS Programs Unit by email of investigation closure within 90-calendar days after the child's near-death. The CPS Programs Unit contacts the CW specialist for additional information, as needed.

(3) When a child death occurs, the CW specialist ~~sends a copy of the entire CPS case record to~~ notifies the CPS Programs Unit by email of investigation closure within 30-calendar days after receiving notice from the CPS Programs Unit of receipt of the medical examiner's Report of Autopsy.

(4) When it appears the investigative process will not be completed within the time requirements, an extension for completion of the investigation or an extension to receive related paperwork may be granted, per OAC 340:75-3-510 Instructions to Staff.

12. Child maltreatment medical review.

(1) The assigned CW district staff completes Form 04CP013E, Preliminary Report of Critical Incident Involving a Child Death, in its entirety with all available information and returns to the CPS Programs Unit by emailing *sto.dcfscpsnotifications no later than 10-business days after receiving notice.

(2) The CPS Programs Unit forwards all received forms and corresponding IRs to the designated child abuse examiner or child abuse pediatrician.

(3) The designated child abuse examiner or child abuse pediatrician returns the completed maltreatment medical review to the CPS Program Unit for distribution. The child maltreatment medical review must be considered prior to making a finding and closing the child death investigation by the assigned CW specialist.

SUBCHAPTER 6. PERMANENCY PLANNING

PART 7. FAMILY AND CHILD INDIVIDUALIZED SERVICE PLANNING COMPONENTS

340:75-6-40. Case plan

Revised 7-1-13

The case plan consists of multiple reports that comprise the individualized service plan. ■ 1 & 2 The information contained in the reports document the identified safety threats, the family's functioning, and the behaviors or conditions that require change for the child to remain safely in or return to the home or obtain permanency through adoption or guardianship.

INSTRUCTIONS TO STAFF 340:75-6-40

Revised ~~9-15-209-16-21~~

1. Case plan components. The case plan components are:

(1) Form 04KI005E, Child's Individualized Service Plan (ISP), per Oklahoma Administrative Code (OAC) 340:75-6-40.1;

(2) Form 04KI004E, Placement Provider Information, per OAC 340:75-6-40.2;

(3) Form 04KI030E, Assessment of Child Safety, per OAC 340:75-6-40.3;

(4) Form 04KI012E, Individualized Service Plan (ISP), per OAC 340:75-6-40.4;

(5) Form 04KI009E, Court Report, Form 04KI013E, Individualized Service Plan (ISP) Dispositional Report, or Form 04KI014E, Individualized Service Plan (ISP) Progress Report, per OAC 340:75-6-40.5;

- (6) Form 04KI046E, Connections Worksheet;
 - (7) KIDS Contacts screen information, per OAC 340:75-6-40.6; and
 - (8) ~~visitation~~ family time information, per OAC 340:75-6-30.
- 2. Qualified residential treatment program (QRTP). For a child placed in a QRTP, the assigned specialist must document in the child's case plan:**
- (1) Oklahoma Human Services' reasonable and good faith effort to identify and include all individuals required to be on the child's family and permanency team, per OAC 340:75-14-1;**
 - (2) all current contact information for members of the child's family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team;**
 - (3) evidence that family meetings with the family and permanency team, including meetings related to the required 30-calendar day assessment of the QRTP's appropriateness, are held at a time and place convenient for family;**
 - (4) when reunification is the child's case plan goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency team;**
 - (5) evidence that the required 30-calendar day assessment of the QRTP's appropriateness is determined in conjunction with the family and permanency team;**
 - (6) the family and permanency team's placement preferences related to the required 30-calendar day assessment recognizes children are placed with their siblings unless the court finds that such placement is contrary to the child's best interest; and**
 - (7) when the family and permanency team's and child's placement preferences were not the placement setting recommended by the qualified individual conducting the assessment of the QRTP's appropriateness, the reasons their preferences were not recommended.**

340:75-6-40.1. Child's individualized service plan ■ 1 & 2

Revised 9-15-20

(a) **Child's individualized service plan (ISP) requirements.** Per Section 1-4-704 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-704), each ISP specifically provides for the child's safety per state and federal law, and clearly defines what actions or precautions will or may be necessary to provide for the child's safety and protection. Forms 04KI005E, Child's Individualized Service Plan (ISP); 04KI012E, Individualized Service Plan (ISP); 04KI004E, Placement Provider Information; and 04KI014E, Individualized Service Plan (ISP) Progress Report, are the components of the case plan that comprise the child's ISP. The information contained in at least one of the reports includes:

- (1) the child's history, including identification of the problems or conditions leading to the deprived child adjudication; ■ 3
- (2) identification of the specific services to be provided to the child including, but not limited to: ■ 4
 - (A) educational;

- (B) vocational education;
 - (C) medical; and
 - (D) drug or alcohol use or abuse treatment, or counseling, or other treatment services;
- (3) upon the court's request, the child's most recent available health and educational records including:
- (A) the names and addresses of the child's health and educational providers;
 - (B) the child's grade-level performance;
 - (C) the child's school records;
 - (D) the child's immunization records;
 - (E) the child's known medical problems, including any known communicable diseases;
 - (F) the child's medications; and
 - (G) any other relevant health and education information;
- (4) a schedule of the frequency of services and the means by which delivery of the services is assured or, as necessary, the proposed means by which support services or other assistance is provided to enable the parent or the child to obtain the services;
- (5) the name of the child welfare (CW) specialist assigned to the case;
- (6) a projected date for the completion of the ISP;
- (7) performance criteria that measures the child's progress toward completion of the ISP including, but not limited to, time requirements for achieving objectives and addressing the identified problems;
- (8) the name and business address of the attorney representing the child;
- (9) when the child is placed outside of the home:
- (A) the sequence and time requirements for services to be provided to the child and when the child is placed in foster care, the services to be provided to the foster parent to facilitate the child's return home or to another permanent placement; and
 - (B) a description of the child's placement and explanation of whether the placement is the least restrictive, placement available, and in as close proximity as possible to the child's parent or legal guardian's home when the case plan is reunification, and how the placement is consistent with the child's best interests and special needs;
- (10) a description of the successful adulthood plan for the child 14 years of age or older specifying how the objectives will be met including:
- (A) education, vocational, or employment planning;
 - (B) health care planning and medical coverage;
 - (C) transportation including, when appropriate, assisting the child in obtaining a driver license;
 - (D) money management;
 - (E) planning for housing;
 - (F) social and recreational skills; and
 - (G) establishing and maintaining connections with the child's family and community;
- (11) when the child is in placement due solely or in part to the child's behavioral health or medical health issues, diagnostic and assessment information, specific services

relating to meeting the child's applicable behavioral health and medical care needs, and desired treatment outcomes;

(12) a plan and schedule for regular and frequent visitation for the child and each child's parent or legal guardian and siblings, unless the court has determined that visitation even when supervised would be harmful to the child; and

(13) a plan for ensuring the child's educational stability while the child is in out-of-home placement, including:

(A) assurances the child's placement considers the appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of placement; and

(B) when appropriate, an assurance that the Oklahoma Department of Human Services (DHS) coordinated with appropriate local educational agencies to ensure the child remains in the school in which the child was enrolled at the time of placement; or

(C) when remaining in the school in which the child was enrolled at the time of placement is not in the child's best interests, assurances by DHS and the local educational agencies to provide immediate and appropriate enrollment in a new school with all of the child's educational records provided to the school; and

(14) the permanency plan for the child, the reason for selection of the plan, and a description of the steps taken by DHS to finalize the plan. When the permanency plan is adoption or legal guardianship, DHS describes, at a minimum, child-specific recruitment efforts, such as relative searches conducted and the use of state, regional, and national adoption exchanges to facilitate the child's orderly and timely placement, whether in or outside of the state.

(b) Child's ISP amended when child committed for inpatient behavioral health or substance use or abuse treatment. Per 10A O.S. § 1-4-704, when the child is committed for inpatient behavioral health or substance use or abuse treatment per the Inpatient Mental Health and Substance Abuse Treatment of Minors Act, the ISP is amended as necessary and appropriate including, but not limited to, identification of the treatment and services to be provided to the child upon the child's discharge from inpatient behavioral health or substance use or abuse treatment.

INSTRUCTIONS TO STAFF 340:75-6-40.1

Revised ~~9-15-209-16-21~~

1. Child's individualized service plan (ISP). Form 04KI005E, Child's Individualized Service Plan (ISP) is:

(1) completed within 30-calendar days of the child's initial removal and placement, and updated within 14-calendar days when subsequent changes or a change of placement occurs, excluding a child returning to his or her own home or a shelter. Changes and updates are submitted to the court at dispositional, review, and permanency hearings;

(2) the prevention plan for a pregnant or parenting foster youth who has not attained 18 years of age and is eligible for the Title IV-E Prevention Program, per Oklahoma Administrative Code (OAC) 340:75-1-9 Instructions to Staff (ITS). The ISP documents the:

(A) youth's Title IV-E Prevention Program eligibility;

- (B) foster care prevention strategy for any child born to the youth, per OAC 340:75-6-85.6, 340:75-6-92, 340:75-11-320, and 340:75-11-321;**
- (C) Title IV-E prevention services provided to, or on behalf of, the youth to ensure that he or she is prepared to be a parent. The Title IV-E prevention services are rated and approved by the Title IV-E Prevention Services Clearinghouse and identified in the state's five-year Title IV-E Prevention Program Plan for:**
- (i) mental health;**
- (ii) substance abuse; and**
- (iii) in-home parent skill-based programs; and**
- (D) continued eligibility for a pregnant or parenting foster youth, per OAC 340:75-1-9 ITS, to receive, or on behalf of the youth, Title IV-E prevention services for additional 12-month periods, including for contiguous 12-month periods, per OAC 340:75-6-31, 340:75-6-40, 340:75-6-85.6, and 340:75-6-92. When continued Title IV-E prevention services eligibility is approved, the CW specialist:**
- (i) completes a request for an Oklahoma Children's Services (OCS) extension, per OAC 340:75-1-152.5;**
- (ii) documents continued eligibility in the youth's prevention plan, Form 04KI005E; and**
- (iii) continues to evaluate the child's safety and monitor service provision, per OAC 340:75-6-31 and 340:75-6-48.**
- (2)(3) filed with the court in conjunction with Form 04KI012E, Individualized Service Plan (ISP), attached to:**
- (A) Form 04KI013E, Individualized Service Plan (ISP) Dispositional Report;**
- (B) Form 04KI009E, Court Report; or**
- (C) Form 04KI014E, Individualized Service Plan (ISP) Progress Report when filed with the court.**
- 2. Child's ISP and judicial findings. The information contained in sections entitled Conditions of Removal and Why Out-of-Home Placement is Necessary of Form 04KI005E assists the judge find if continuation of the child living in the home is contrary to the child's health, safety, and welfare and if:**
- (1) reasonable efforts were made to prevent removal; or**
- (2) an emergency existed that required the child's removal.**
- 3. Preventive services documented for child and family.**
- (1) The child welfare (CW) specialist documents each preventive service provided to the family by the Oklahoma Department of Human Services (DHS) (OKDHS) or any other community resource.**
- (2) When the youth is identified as a pregnant or parenting foster youth and Title IV-E prevention services specified in the youth's prevention plan, Form 04KI005E, are necessary, the CW specialist:**
- (A) makes a referral to OCS, per OAC 340:75-1-151;**
- (B) documents eligibility in the youth's prevention plan, Form 04KI005E, per ITS #1(2)(C)(i) through (iii) of this Section; and**
- (C) continues to evaluate the child's safety and monitor service provision,**

per OAC 340:75-6-31 and 340:75-6-48.

4. **Targeted Case Management services.** Each child in **DHS OKDHS** custody receives the services required to meet the child's social services needs, medical needs per ~~Oklahoma Administrative Code (OAC) 340:75-14-3~~, and educational needs per OAC 340:75-6-50. The CW specialist documents the provision of these services to the child by completing Form 04KI005E including:
 - (1) medical and educational services from the picklist in KIDS/Placement/Child's ISP/Child Info./Services tab; and
 - (2) any other service the child needs.

340:75-6-40.5. Court reports ■ 3 through 5, & 7 through 910

Revised 7-1-13

(a) **Review by the court.** Per Section 1-4-807 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-807) each case regarding a child alleged or adjudicated deprived is reviewed by the court:

(1) at a hearing no later than six months from the date of the child's removal from the home and at least once every six months thereafter until permanency is achieved or the court otherwise terminates jurisdiction;

(2) when Oklahoma Department of Human Services (OKDHS) documents a compelling reason why a petition to terminate parental rights to a child is not in the best interests of the child, based upon consideration that the child is presently not capable of functioning in a family setting. The court reevaluates the status of the child every 90 calendar days until there is a final determination the child cannot be placed in a family setting;

(3) per 10A O.S. § 1-4-811, to determine the child's appropriate permanency goal and to order completion of all steps necessary to finalize the permanent plan. A permanency hearing may be held concurrently with a dispositional or review hearing. The permanency hearing is held no later than six months after placing the child in out-of-home placement and every six months thereafter. A child is considered to have entered out-of-home placement on the earlier of the:

(A) adjudication date; or

(B) date that is 60 calendar days after the date the child is removed from the home; and

(4) thirty calendar days after a determination by the court that reasonable efforts to return a child to either parent are not required.

(b) **Purpose of review or permanency hearing reports.** Court reports are a component of the case plan. Progress review reports provided to the court, are based in part on information OKDHS obtains from talking with the family and other key case participants, observing the family, and reviewing progress reports from service providers. The information gathered is reported to the court:

(1) for evaluation of the efficacy of the individualized service plan; and

(2) as a means for recommending changes needed as family service and intervention needs change as families make progress or face setbacks. ■ 1 & 2

(c) **Review hearing report requirements.** OKDHS prepares a written report concerning each child who is the subject of the review per 10A O.S. § 1-4-808 for each review hearing. The report includes, but is not limited to:

- (1) a summary of the child's physical, mental, and emotional condition, the conditions existing in the out-of-home placement where the child was placed, and the child's adjustment thereto;
- (2) a report on the child's progress in school and, if the child has been placed outside the child's home, the visitation exercised by the child's parent or other persons authorized by the court;
- (3) services provided to the child 16 years of age or older to assist in the transition from out-of-home care or other community placement to independent living;
- (4) a description of:
 - (A) each parent's progress toward correcting the conditions that caused the child to be adjudicated deprived;
 - (B) changes that still need to occur and the specific actions each parent must take to make the changes; and
 - (C) services and assistance that were offered to or provided to each parent since the previous hearing and the services that are needed in the future;
- (5) a description of the child's placements by number and type with dates of entry and exit, reasons for the placement or change in placement, and a statement about the success or lack of success of each placement;
- (6) OKDHS efforts to locate the parent and involve the parent in the planning for the child when the parent is not currently communicating with OKDHS;
- (7) compliance by each parent and OKDHS, as applicable, with the court's orders concerning the individualized service plans, previous court orders, and OKDHS recommendations;
- (8) whether the current placement is appropriate for the child, its distance from the child's home, and whether it is the least restrictive, most family-like placement available;
- (9) a proposed timetable for the child's return to the home or other permanent placement;
- (10) specific recommendations providing reasons whether:
 - (A) trial reunification should be approved by the court;
 - (B) trial reunification should be continued to a date certain as specified by the court;
 - (C) the child should remain in or be placed outside of the child's parent or legal guardian's home; or
 - (D) the child should remain in the current placement when the permanency plan is other than reunification with the child's parent or legal guardian; and
- (11) a plan for ensuring the child's educational stability while the child is in out-of-home placement, including:
 - (A) assurances the child's placement considers the appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of placement; and
 - (B) where appropriate, an assurance that OKDHS has coordinated with appropriate local educational agencies to ensure the child remains in the school in which the child was enrolled at the time of placement; or
 - (C) if remaining in the school in which the child was enrolled at the time of placement is not in the best interests of the child, assurances by OKDHS and the

local educational agencies to provide immediate and appropriate enrollment in a new school with all of the child's educational records provided to the school.

(12) Pursuant to 10A O.S. § 1-4-807, all service provider progress and critical incident reports are submitted to the court and delivered to the district attorney, the attorney or attorneys representing the parents, the child's attorney, and when applicable the guardian ad litem and relevant tribe or tribes.

(d) **Social records.** Social records are defined by 10A O.S. § 1-6-101 to mean, *"family social histories, medical reports, psychological and psychiatric evaluations or assessments, educational records, or home studies, even if attached to court reports prepared by the Department. 'Social record' shall not include service provider progress reports or critical incident reports as required pursuant to 10A O.S. § 1-4-807."*

(1) Social records are submitted to the court, but are not filed in the court file unless ordered by the court.

(2) When filed in the court file, the social records are placed in confidential envelopes in the court file by the court clerk and may only be accessed by the person who is the subject of the records, or the attorney for such person, except as provided by 10A O.S. § 1-6-103.

■ 6

INSTRUCTIONS TO STAFF 340:75-6-40.5

Revised 9-15-209-16-21

1. Hearing notice. A foster parent, group home, pre-adoptive parent, or relative providing care for a child in Oklahoma Human Services (OKDHS) custody has a right to receive a hearing notice of all court proceedings for the child. The child welfare (CW) specialist or the pre-adoptive parent's adoption specialist:

(1) provides KIDS-generated Form 04MP030E, Hearing Notification, to the current foster parent, group home representative, pre-adoptive parent, or relative no later than 15-calendar days after the hearing is set;

(2) when the child moves after the notification was provided, prints Form 04MP030E from the Reports icon and provides it to the current foster parent, group home representative, pre-adoptive parent, or relative no later than 10-business days prior to the hearing;

(3) when the hearing date changes, updates the Court Hearing Detail screen and provides Form 04MP030E to the current foster parent, group home representative, pre-adoptive parent, or relative no later than 10-business days prior to the hearing; and

(4) documents in KIDS Contacts screen when, and how Form 04MP030E was delivered.

2. Hearing report forms.

(1) Hearing report forms are prepared and submitted, per Oklahoma Supreme Court order SCAD-2013-07, January 27, 2014, through secure email by the CW specialist within at least five-judicial days prior to any review hearing; at least five-judicial days prior to any other hearing; and at least three-judicial days prior to any permanency hearing, per Section 1-4-810(B)(1) of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-810(B)(1)).

(2) All written reports are sent to the court and all necessary parties including the:

- (A) district attorney (DA);
 - (B) attorney or attorneys representing the parents or group home;
 - (C) child's attorney;
 - (D) parent;
 - (E) guardian ad litem, when applicable; and
 - (F) tribe or tribes, when applicable.
- (3) When the CW specialist is informed that the emailed reports were not received, the CW specialist is to ensure the reports are received through an alternate secure email address or delivers the reports by hand.
- (4) A copy of the hearing report form is provided to and discussed with the child's parent.
- (5) Reports, correspondence, and information provided by other professionals working with the family, including the foster parent, are incorporated into the applicable report to the court.
- (6) All service provider progress reports and critical incident reports are submitted to the court, DA, attorney or attorneys representing the parents, child's attorney, and, when applicable, guardian ad litem and the relevant tribe or tribes.
- (7) Refer to Oklahoma Administrative Code (OAC) 340:75-6-40.5(c) for information statutorily required in review reports.
- (A) Form 04KI011E, Pre-adjudication Court Report, is submitted for any court hearing prior to the child's adjudication.
 - (B) Form 04KI013E, Individualized Service Plan (ISP) Dispositional Report, is submitted for the initial disposition hearing.
 - (C) Form 04KI014E, Individualized Service Plan (ISP) Progress Report, is submitted for review and permanency hearings.
 - (D) A letter or template developed by the CW specialist and saved in the KIDS File Cabinet document management system (DMS), may be submitted to the court when:
 - (i) review or permanency hearings are held according to statutory requirements and a hearing is set to address a specific issue; or
 - (ii) a report is required for a mental health hearing.
3. Permanency hearing reports. Per 10A O.S. § 1-4-811, at the permanency hearing, the court determines or reviews the continued appropriateness of the child's permanency plan and if a change is necessary. The permanency report includes, but is not limited to:
- (1) the date the child's permanency goal is scheduled to be achieved;
 - (2) if the child's current placement continues to be the most suitable for his or her health, safety, and welfare;
 - (3) evidence submitted by the CW specialist for any child remaining placed in a qualified residential treatment program (QRTP) beyond 60-calendar days from the placement's start that:
 - (A) demonstrates ongoing assessment of the child's strengths and needs continues to support the determination that:
 - (i) the child's needs cannot be met through placement in a resource family home;

(ii) placement in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment; and
(iii) QRTP is consistent with short- and long-term goals for the child as specified in the child's permanency plan;

(B) documents the child's specific treatment or service needs for QRTP to meet and the length of time needed for the treatment or services; and
(C) details the efforts made to prepare the child for returning home or placement with a resource family, kin caregiver, guardian, or adoptive parent.

~~(3)~~(4) the successful adulthood plan when the child is 14 years of age and older;

~~(4)~~(5) a recommendation for:

(A) reunification with the parent or child's legal guardian when:

(i) reunification is expected to occur within an established time period;
(ii) reunification is consistent with the child's developmental needs;
and

(iii) the child's health, safety, and welfare can be adequately safeguarded when he or she is returned home;

(B) placement for adoption after termination of parental rights or after a petition is filed to terminate parental rights;

(C) placement with a person who will become the child's permanent guardian and who can adequately and appropriately safeguard the child's health, safety, and welfare; or

(D) a planned permanent living arrangement while the child continues in OKDHS custody, provided there are compelling reasons documented by OKDHS and presented to the court that none of the plans in (A) though (C) of this paragraph are appropriate for the child's health, safety, and welfare.

~~(5)~~(6) if OKDHS made reasonable efforts to finalize the child's permanency plan and a summary of those efforts;

~~(6)~~(7) in the case of an Indian child, if active efforts were made by OKDHS to provide remedial services and rehabilitative programs as required by Section 1912(d) of Title 25 of the United States Code;

~~(7)~~(8) if the child's out-of-home placement continues to be appropriate and in the child's best interests, when the child's permanency plan is to remain in out-of-home care; or

~~(8)~~(9) if reasonable efforts, in accordance with the child's health, safety, or welfare, were made to:

(A) place siblings, who were removed, together in the same foster care, guardianship, or adoptive placement. Guidance on when siblings may be separated is found in OAC 340:75-6-85; and

(B) provide for frequent ~~visitation~~ family time or other ongoing interaction in the case of siblings who were removed and not placed together.

4. OKDHS recommendations. The CW specialist makes a recommendation regarding disposition of the child's case each time Forms 04KI011E, Pre-adjudication Court Report, 04KI013E, Individualized Service Plan (ISP)

Dispositional Report, or 04KI014E, Individualized Service Plan (ISP) Progress Report, are completed. This recommendation includes, but is not limited to:

- (1) the child's custody arrangement;
- (2) the child's residency status; and
- (3) requests for court action or approval.

(A) The recommendation regarding case disposition is:

- (i) made after consultation with the CW supervisor;
- (ii) based on the parent's progress through assessment of behavioral change and family functioning;
- (iii) based on the assessment of current safety threats which are articulated to the court;
- (iv) the child's need for permanency; and
- (v) not based on the court's anticipated response or receptivity.

(B) A concise explanation is provided to support the reasons for the recommendation that includes behavior change and protective capacity language.

(C) Recommendations made by the specialist are done through positive engagement with court partners by:

- (i) following OKDHS dress code including professional business attire;
- (ii) arriving early and being respectful of all participants during the hearing; and
- (iii) being mindful of confidentiality, facial expressions, and body language.

(D) The role and responsibility of the specialist's supervisor and district director is to support the CW specialist, as needed, when making recommendations to the court through;

- (i) regular safety discussions regarding the case;
- (ii) assisting in preparation for court hearings and recommendations;
- (iii) coaching the specialist to maintain confidence while making recommendations to the court;
- (iv) attending court hearings to further support the CW specialist or in the case of adverse rulings; and
- (v) meet with court partners on a regular basis to build positive court relationships.

5. Recommended judicial findings. At each dispositional or review hearing, the court makes findings based on the case's circumstances ~~of the case~~. The recommended findings in KIDS and documentation that is required on Forms 04KI011E, 04KI013E, or 04KI014E for the judicial finding are described in (1) through (5) of this Instruction.

(1) Active A finding whether active efforts are being made to provide remedial services and rehabilitative programs to prevent the breakup of the Indian family finding. The active efforts finding is used requested when the court makes a finding that the Indian Child Welfare Act (ICWA) applies. The CW specialist describes the active efforts made by OKDHS to reunite the child and family including, but not limited to, efforts made to:

- (A) involve and assist the parent with ~~completing the ISP~~ ISP completion;
 - (B) encourage and assist the parent with visiting the child; or
 - (C) encourage and guide the parent's efforts to improve protective capacities and change the behaviors that caused safety threats to the child.
- (2) **Reasonable Whether reasonable efforts were made to finalize the permanency plan finding.** The CW specialist describes efforts to:
- (A) refer to, arrange for, provide, or develop reasonable supportive and rehabilitative services that assist the family in the child's safe reunification;
 - (B) obtain the parent's compliance, when the parent is not complying with the ISP or permanency plan; or
 - (C) finalize the child's permanency plan, including the consideration of in-state and out-of-state placement options.
- (3) **Reasonable Whether reasonable efforts to reunite the child with the family are not required finding.** The CW specialist describes the reasons reasonable efforts are not required to reunite the child with the parent and family based on the statutorily defined reasons, per 10A O.S. § 1-4-809 and OAC 340:75-1-18.4.
- (4) **Successful Whether succesful adulthood (SA) services are appropriate finding.** The CW specialist describes the services provided to the youth, 14 years of age and older who is in out-of-home care that assist in the youth's SA skills development of ~~SA skills~~ needed to successfully transition into adulthood.
- (5) **Whether SA services are not appropriate finding.** When a youth, 14 years of age and older who is in out-of-home care, is not capable of receiving SA services, the CW specialist describes the basis for the determination.
6. **Protecting the placement provider's identification and child's school location when describing the child's situation in the report to the court.** When completing information for the Children's Situation section of the report to the court, the CW specialist does not:
- (1) identify the placement provider by proper name, but refers to the provider by title, such as relative, foster parent, or trial adoptive parent;
 - (2) reveal the placement provider's address, phone number, or district of residence; and
 - (3) provide the name or location of the school the child attends.
7. **Psychological evaluation, drug or alcohol testing, treatment, or referral attachments.** Upon receipt of an attachment related to a psychological evaluation, drug or alcohol testing, treatment, or referral, the CW specialist:
- (1) does not attach to the progress report the entire psychological evaluation, drug or alcohol testing, treatment, or referral that contains the statement: "This information has been disclosed to you from records protected by federal confidentiality rules (42 Code of Federal Regulations (C.F.R.) Part 2). The federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as

otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient";

(2) states in the progress report that the evaluation, testing, or treatment occurred;

(3) attaches a copy of the recommendations page from the psychological evaluation, drug or alcohol testing, treatment, or referral, when applicable;

(4) requests the parent sign a release of information with the provider when the court requires the entire report that complies with 42 C.F.R. Part 2 designating the persons entitled to have the information including, but not limited to:

(A) the court;

(B) the DA;

(C) the child's attorney;

(D) the parent's attorney; and

(E) the tribe, when applicable; and

~~(E)~~(F) OKDHS;

(5) requests the provider supply copies to only the persons designated on the release; and

(6) requests the court's copy be filed under seal so the persons who have statutory access to the legal record, but were not included in the release, may not access the sealed information.

8. Protocol for obtaining information and preparing court report with multiple district assignments.

(1) The CW specialist in the county of jurisdiction emails each assigned CW specialist and CW supervisor, with the exception of facility liaisons, no later than two weeks prior to the court review and includes:

(A) the date of the court review;

(B) notification that the KIDS court report is open; and

(C) a request that each assigned specialist enter all applicable information by a specified date including, but not limited to:

(i) a recommendation regarding the child's permanency;

(ii) services required; and

(iii) ~~visitation~~ family time issues.

(2) When there is not a consensus regarding case-related issues, the CW specialist, not in agreement, consults with his or her supervisor and necessary action is determined by a:

(A) teleconference; or

(B) face-to-face staffing among all assigned CW staff.

(3) Pertinent information entered in the court report is not changed without notification to the CW specialist who entered the information.

9. Court hearing documentation. The CW specialist in the county of jurisdiction enters complete, detailed information in the applicable KIDS Court Hearing screens no later than 15-calendar days after a court hearing is held and enters the order in KIDS File-Cabinet DMS.

- 10. Court hearing documentation and notification protocol for multiple county district assignments. The CW specialist in the county of jurisdiction:**
- (1) emails all assigned CW specialists and CW supervisors no later than one-business day after a court hearing is held and reports:**
 - (A) any major changes regarding ~~visitation~~ family time, custody status, placement decisions, or service provisions; and**
 - (B) the date of the next court hearing; and**
 - (2) provides a copy of the most recent court order to the CW specialist in the district of service or placement within two-business days of receipt.**

PART 11. PERMANENCY PLANNING AND PLACEMENT SERVICES

340:75-6-85. Placement considerations for the child in Oklahoma Department of Human Services (DHS) custody ■ ~~2, 9 & 10~~ through 11

Revised 9-17-18

(a) Legislative intent for the child placed outside the child's home. Per Section 1-1-102 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-102), when a child's placement outside of the home is necessary, per Oklahoma Children's Code, each child is assured care, guidance, and supervision in a permanent home or foster home that serves the child's best interests including, but not limited to, the development of the child's moral, emotional, spiritual, mental, social, educational, and physical well-being. The child is entitled to a permanent home and placement in the least restrictive environment that meets the child's needs. ■ 1

(b) DHS responsibility for the child's out-of-home placement. ■ ~~34~~ DHS has the duty to provide for the care and treatment of each child placed in DHS custody by an order of the court, per 10A O.S. § 1-7-103. DHS:

(1) may place the child in a:

- (A) kinship care home or other foster care home;
- (B) group home, or children's shelter subject to the Child Welfare Services (CWS) director's or designee's approval; or
- (C) any licensed facility established for the care of children when a kinship or foster care home is not available;

(2) gives priority to the child's noncustodial parent unless the placement is not in the child's best interests; and

(3) reviews and assesses the child to determine the type of placement and services consistent with the child's needs in the nearest geographic proximity to the child's home as possible.

(c) DHS authority to determine the child's placement.

(1) DHS has the responsibility to determine if a placement is appropriate for the child in DHS custody and to remove the child from the placement when in the child's best interests, per 10A O.S. § 1-7-103, subject to the provisions of 10A O.S. §§ 1-4-804 and 1-4-805.

(2) A request by a placement provider for immediate removal of the child is examined and assessed to determine if the situation can be resolved to prevent disruption of the child's placement.

(d) Court's authority to approve or disapprove placement. When the court

determines it is in the child's best interests, the court may place the child in DHS legal custody. Per 10A O.S. § 1-4-803, when the child is placed in DHS custody, the court may not direct DHS to place the child in a specific home or placement, but may approve or disapprove a specific placement when it does not conform to statutory requirements and the child's best interests.

(e) Determining the appropriate placement.

(1) Per 10A O.S. § 1-7-106, a placement is made that meets the treatment needs of the child and supports the permanency plans for the child and family.

(2) Per 10A O.S. § 1-4-204, when determining the appropriate placement for the child, DHS considers, but does not limit consideration to, the:

(A) person's ability to provide safety for the child including a willingness to cooperate with any restrictions placed on contact between the child and others and to prevent others from influencing the child in regard to allegations of the case;

(B) person's ability to support DHS efforts to implement the permanency plan for the child;

(C) person's ability to meet the child's physical, emotional, and educational needs, including the child's need to continue in the same school or educational placement;

(D) person who has the closest existing personal relationship with the child, when more than one person requests placement;

(E) person's ability to provide a placement for the child's sibling who is in need of placement or continuation in out-of-home care;

(F) wishes of the parent, the relative, and the child when appropriate;

(G) person's ability to care for the child as long as necessary and to provide a permanent home, when needed; and

(H) child's best interests including placement in a non-family-like setting.

(f) Relative placement preference when not with noncustodial parent. ■ 31 Per 10A O.S. §§ 1-4-204 and 1-7-106, when DHS determines that placement with the noncustodial parent is not in the child's best interests, preference is given to relatives and persons who have a kinship relationship with the child, and who are determined to be suitable, capable, and willing to serve as the child's caretakers.

(1) Per 10A O.S. §§ 1-4-204 and 1-7-106, every effort is made to place the child with a suitable relative.

(2) DHS makes efforts to locate the relative, kinship relation, or resource parent who is best able to meet the child's long-term best interests.

(3) Per 10A O.S. § 1-4-204, DHS reports to the court the diligent efforts made to secure the child's placement.

(4) When applicable to the child, DHS complies with Indian Child Welfare Act (ICWA) placement preferences, per Oklahoma Administrative Code (OAC) 340:75-19-14, and reports to the court the diligent efforts to secure the child's placement. ■ 45

(5) When a child is not placed with a relative who was considered for placement, DHS must advise the court why the relative was denied listing the reasons on Form 04MP056E, Notice to the Court of Relative Denied Placement. The written reasons are made a part of the court record, per 10A O.S. § 1-4-204, and documented in the CWS case record.

(g) Sibling placement. ■ 56 Per 10A O.S. §§ 1-4-204 and 1-7-107, when two or more siblings are removed and placed in foster care, every reasonable attempt is made to place

the siblings together in the same temporary or permanent placement.

(1) When siblings are separated, the siblings are allowed contact or visitation with each other, when safe.

(2) The safety and best interests of each child determine if joint placement, contact, or visitation is allowed.

(3) When the child is a part of a sibling group, it is presumed that placement of the entire sibling group in the same placement is in the best interests of the child and siblings.

(4) Siblings may be separated when the court and DHS find:

(A) one sibling resided in a resource home for six or more months and established a relationship with the resource family;

(B) the siblings never resided in the same resource together;

(C) there is no established relationship between the siblings;

or

(D) it is in the child's best interests to remain in the current placement.

(5) In making a permanent placement, siblings are placed in the same permanent home. When the siblings are separated, they are allowed contact or visitation with other siblings, provided that each child's best interests are the standard for determining if the siblings are placed in the same foster placement or permanent placement, or allowed contact or visitation with other siblings.

(h) Placement in nearest geographic proximity to parent or school.

(1) Per 10A O.S. § 1-4-707, unless the child is placed with relatives or in accordance with federal and state ICWA, the child is placed, when possible, in the parent or legal guardian's county of residence to facilitate family reunification.

(A) When an appropriate placement is not available in the parent or legal guardian's county of residence, the child is placed in an appropriate home in the nearest proximity to the parent or legal guardian's county of residence to facilitate family reunification. The child's placement is not intended to correspond in frequency to the parent or legal guardian's change of residence.

(B) When determining if the child is to be moved, DHS considers the potential harmful effects of disrupting the child's placement and the reason the parent or legal guardian changed residences.

(2) When an appropriate placement is not available in the parent or legal guardian's county of residence, the child is placed in an appropriate home in the nearest proximity to the child's school district to ensure his or her educational consistency.

(i) Child's placement preference. ■ 67 Per 10A O.S. § 1-7-110, when determining placement of a deprived child in foster care, DHS is governed by the child's long-term best interests. The child may express a preference as to placement and the preference may be expressed by the child with or without the parents, foster parents, guardians, or any other parties present. DHS determines if the child's long-term best interests are served by the child's preference, but is not bound by the child's preference and may consider other facts when determining placement.

(j) Former foster parent preferred placement. Per 10A O.S. § 1-9-119, the former foster parent has a right to be considered as a preferred placement option when the foster child who was formerly placed with the foster parent reenters foster care at the same level and type of care, when the placement is consistent with the best interests of the child and

other children in the foster parent's home.

(k) **Multiethnic Placement Act of 1994.** DHS follows the provisions of the Multiethnic Placement Act of 1994 and the Interethnic Provisions of 1996, per OAC 340:75-1-9. ■

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(l) **ICWA and placement.** DHS follows federal ICWA, Section 1915 of Title 25 of the United States Code, Oklahoma ICWA, 10 O.S. § 40.6, and OAC 340:75-19-14.

(m) **Religious consideration in placement decision.** Consideration is given to the parent's wishes regarding religious preference in the selection of a placement provider for the child, per OAC 340:75-6-49.

(n) **Prescribed requirements for placement provider.** Each placement utilized by DHS is approved or licensed by specified procedures and meets prescribed requirements.

(1) The child in DHS custody is not placed in a home prior to the person meeting provider standards, per OAC 340:75-7.

(2) Placement providers must:

(A) provide safety for the child in DHS custody;

(B) have sufficient space in the home to allow the child privacy;

(C) support and participate in the child's permanency plan;

(D) adhere to DHS rules, such as not using physical discipline; and

(E) support the child's preferred religious and cultural choices.

(o) **Certain criminal convictions prohibit placement approval.** Per 10A O.S. § 1-4-705, DHS does not approve potential foster or adoptive parents for placement when the applicant, or any person residing in the potential applicant's home, has a criminal conviction for any of the felony offenses listed in (1) through (5) of this subsection. The felony offenses are:

(1) physical assault, battery, or a drug-related offense within the five-year period preceding the application date;

(2) child abuse or neglect;

(3) domestic abuse;

(4) a crime against a child including, but not limited to, child pornography; or

(5) a crime involving violence including, but not limited to, rape, sexual assault, or homicide, but excluding those crimes specified in (1) of this subsection.

(p) **Placement provider's age.** Per 10A O.S. § 1-4-705, when a prospective placement provider meets the minimum age required, per OAC 340:75-7-12, DHS may not use the age of an otherwise eligible individual as a reason for placement denial.

(q) **Placement providers as essential participants.** ■ 78

(1) As placement providers, 10A O.S. § 1-9-119 and OAC 340:75-7-37 recognize foster parents and group home providers as essential participants in the decisions related to the growth, development, care, protection, and treatment of the child placed in the foster parent's home or in the group home with whom they have established a familial relationship.

(2) Per 10A O.S. §§ 1-4-807 and 1-4-811, a placement provider has the right to be heard in a proceeding concerning the child, although the provider is not considered a party to the proceeding, unless allowed to intervene.

(r) **Foster parent rights.** A statement of foster parent's rights is given to every foster parent annually and found at 10A O.S. § 1-9-119.

(s) **Group home rights.** A statement of group home provider rights is attached to the

group home contract.

(t) **Foster parent eligibility to adopt the child.** Per 10A O.S. § 1-4-812, during any permanency hearing when the court determines the child is to be placed for adoption, the court considers the foster parent eligible to adopt when the foster parent meets established eligibility requirements. When the child has resided with the foster parent for at least one year, the court gives great weight to the foster parent in the adoption consideration unless the child has an existing, loving, emotional bond with a relative, by blood or marriage, who is willing, able, and eligible to adopt the child.

INSTRUCTIONS TO STAFF 340:75-6-85

Revised ~~9-15-209-16-21~~

1. Least restrictive placement.

(1) The Child Welfare Services (CWS) director or designee must approve a child's placement in non-family-like settings that includes group homes and shelters.

(2) For a child 13 years of age or older placed in a qualified residential treatment program (QRTP) for more than 12 consecutive or 18 non-consecutive months, or for more than six consecutive or non-consecutive months for a child 12 years of age or younger, documents maintained in the child's case plan must include the:

(i) evidence and documentation submitted at each status review and permanency hearing conducted, per Oklahoma Administrative Code (OAC) 340:75-6-40.5; and

(ii) signed approval by the CWS director or designee for the child's continued placement in a QRTP.

~~(2)~~(3) The out-of-home placement selected for the child in Oklahoma Human Services (OKDHS) custody is the least restrictive or most home-like setting that meets the child's needs and provides for the child's safety, per ~~Oklahoma Administrative Code (OAC) 340:75-6-85 through 340:75-6-85.2 and 340:75-6-85.4.~~ Every effort is made to place the child with a member of the child's family in a safe and appropriate home. Placements in ~~(4)~~(A) through ~~(5)~~(F) of this subsection paragraph, listed in the least to the most restrictive order, are a:

(A) kinship home that includes a:

(i) relative home; or

(ii) close family relationship;

(B) ~~non-kinship~~ kinship foster home;

(C) therapeutic foster home;

(D) group home;

(E) residential child care facility; or

(F) qualified residential treatment program.

2. When QRTP is considered for placement, and upon authorization of the placement referral by CWS Specialized Placements and Partnerships Unit (SPPU), per OAC 340:75-11-233, 340:75-11-233.1, and 340:75-11-238, the assigned child welfare (CW) specialist:

(1) places the child in the authorized QRTP, per OAC 340:75-11-233.1 and

340:75-11-238;

(2) immediately documents the placement in the child's KIDS Placement screens;

(3) includes in the child's case plan the documentation from the qualified individual who conducts the assessment and makes the determination that QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment consistent with the child's short- and long-term goals, as specified in the permanency plan; and

(4) provides the evidence and documentation submitted at each status review and permanency hearing conducted, per OAC 340:75-6-40.5, for any child remaining in a QRTP placement for longer than 60-calendar days.

- 23. Multiethnic Placement Act of 1994.** When the parent of a child in emergency or temporary OKDHS custody requests a placement that violates the Multiethnic Placement Act of 1994 and Interethnic Provisions of 1996 (MEPA/IEP), the child welfare (CW) specialist advises the parent that MEPA/IEP states that a parent's request for a same race placement is not legal and is not considered by OKDHS. Only requests regarding relative and religious preferences are considered.
- 34. Noncustodial parent and paternity.** In many cases, Child Support Services has established and documented paternity prior to CWS involvement. Refer to OAC 340:75-6-31.5 Instructions to Staff to ensure placement with the noncustodial parent is adequately explored and the CWS case record accurately reflects all available OKDHS records regarding paternity.
- 45. Diligent efforts to secure placement for Indian child.** OKDHS is required to make diligent efforts to place an Indian child, per the Indian Child Welfare Act or tribal placement preferences, by contacting the child's tribe once a month. The CW specialist documents diligent efforts in the KIDS case and provides to the court for the court record. These diligent efforts are considered active efforts to reunite an Indian child with his or her family.
- 56. (a) Judicial findings related to sibling placement.** The Oklahoma Children's Code requires the court at various hearings to determine if OKDHS made reasonable efforts to:
- (1) place siblings, who were removed, together in the same foster home, guardianship, or adoptive placement; and**
 - (2) provide for frequent ~~visitation~~ family time or other ongoing interaction between siblings who were removed and who are not placed together.**
- (b) Reasonable efforts to place siblings together.** Examples of reasonable and ongoing efforts to place siblings together include, but are not limited to:
- (1) conducting family meetings (~~FM~~) (FMs) that address sibling placements and exploring potential relatives who may be appropriate and capable of providing placement for the sibling group. Sibling placement and connections are reviewed at every FM and must include discussion of:**
 - (A) each child's best interests;**
 - (B) exploring relatives who are interested in placement of all siblings;**
 - (C) barriers to joint sibling placement including if joint placement is contrary to each sibling's safety and well-being;**
 - (D) an action plan to resolve identified barriers; and**

- (E) a sibling ~~visitation~~ family time plan. Per OAC 340:75-6-30, Form 04MP047E, Visitation Family Time Plan, is used to prepare the ~~visitation~~ family time plan;
- (2) diligently searching for relatives and important people in the child's life who are appropriate and capable of providing placement and connections for the sibling group, per OAC 340:75-6-85.2;
 - (3) informing and conducting ongoing discussions with the resource specialist or district of placement specialist regarding the need to place siblings together;
 - (4) requesting that placement providers for siblings notify the CW specialist or resource specialist when an opening for a sibling occurs in the placement provider's home; and
 - (5) issuing Form 04CP006E, Letter of Notification to Adult Relatives, to known relatives to seek a placement resource or relative connections for the siblings.
- (c) Sibling separation. Sibling separation may be in the child's best interests, when:
- (1) a sibling physically or emotionally endangers the health and well-being of another sibling and efforts to address the behaviors with counseling or therapy failed;
 - (2) adoption is the permanency plan and the:
 - (A) CW specialist and adoption specialist explained adoption and answered any questions the sibling may have about adoption; and
 - (B) sibling is of the age to consent to adoption and does not want to be adopted;
 - (3) siblings are placed with different relatives and a plan is in place for continued sibling contact;
 - (4) a licensed mental health professional determined and provided a signed letter or report that movement of the sibling from the current caregiver would be detrimental to his or her emotional health, development, and well-being; and
 - (5) efforts to place the siblings together were exhausted and documented in the Relative/Kinship Connections screen, on Form 04KI009E, Court Report, or on Form 04KI014E, Individualized Service Plan (ISP) Progress Report, and in the KIDS Contacts screen.
- (d) Permanency plan of adoption and sibling placement. When the permanency plan is adoption, the CW specialist assesses:
- (1) the length of time the siblings were separated;
 - (2) the efforts made to place the siblings together;
 - (3) the factors that led to the placement's ~~disruption of the placement~~ and if the siblings were previously placed together in out-of-home placement;
 - (4) the day-to-day behavior of each child at home, in school, and at other public gatherings;
 - (5) the type and frequency of contact between the siblings;
 - (6) if the children were in counseling together or separately;
 - (7) the recommendations of any counselor or therapist involved with the

children;

(8) if the children want placement together; and

(9) the review of sibling placement and connections at every criteria staffing or ~~family meeting~~ FM. However, when the plan is for siblings to be adopted separately, the district director reviews the case and attends the criteria staffing. The district director signs Form 04AN020E, Adoptive Placement Criteria Staffing Documentation, denoting participation and agreement as a required participant. Each criteria staffing involving siblings must include discussion of:

(A) whether joint placement is contrary to each child's safety and well-being;

(B) every effort made to avoid permanent sibling separation;

(C) whether each child's best interests were assessed and met; and

(D) a plan to maintain sibling connections, even after permanent separation, it is contrary to each child's best interest.

(e) Inappropriate reasons for sibling separation. Examples of inappropriate reasons for sibling separation include, when:

(1) the children were separated in out-of-home placement and limited or no efforts were made to place the siblings together;

(2) an infant is not placed with older siblings and a relationship with the other siblings is determined not to exist; and

(3) siblings are in separate placements and little or no efforts were made to facilitate contact; therefore, the children do not know one another.

(f) CW specialist responsibilities during sibling separation. Every CW specialist, CW supervisor, district director, and field manager is responsible for ensuring placement of siblings together.

(1) During sibling separation, the CW specialist facilitates contact between the siblings through frequent visits, phone calls, letters, and other ongoing interaction and enlists the current providers in the facilitation and maintenance of the contacts.

(2) The CW specialist and CW supervisor review, at least monthly, each case with separated siblings to ensure:

(A) barriers to joint-sibling placement and connections are discussed, including when joint placement is contrary to each child's safety and well-being;

(B) efforts are made to resolve identified barriers; and

(C) all sibling separation documentation is included in the child's KIDS case.

(3) The CW specialist inquires, during each required monthly visit with the placement provider, about the type and amount of sibling contact facilitated by the provider during the previous month.

(4) The sibling contact facilitated by the placement provider is documented in the KIDS Contacts screen.

(5) When sibling contact did not occur in the previous month, the CW specialist facilitates a sibling visit, phone call, letter, or other interaction within two weeks.

(h) Information provided to placement providers regarding sibling placement.

(1) When siblings are placed separately and the plan is to reunite the siblings in the same placement, the CW specialist informs each sibling's placement provider during the required monthly visit that:

(A) ongoing efforts are being made to place the siblings together;

(B) the move will occur at the first available opportunity;

(C) the provider's home is not considered as a permanent placement, unless sibling reunification can be achieved and all of the siblings' needs can be appropriately met in the provider's home; and

(D) the plan to place siblings together does not negate the foster parent's right to the five-judicial day notice and ability to object to the child's move, when applicable, per Form 04MP014E, Notice of Removal from Out-of-Home Placement.

(2) The CW specialist documents ongoing efforts to place siblings together in KIDS Family/Kinship Connections screen, KIDS Contacts screen, and on Form 04KI009E, Court Report, or Form 04KI014E, Individualized Service Plan (ISP) Progress Report.

67. Child's placement preferences. The child's placement preferences, when the child is of sufficient age and developmental abilities, are recorded on Forms 04KI011E, Individualized Service Plan (ISP) Pre-adjudication Court Report; 04KI013E, Individualized Service Plan (ISP) Dispositional Report; or 04KI014E, Individualized Service Plan (ISP) Progress Report. The child's preferences are not the sole consideration in determining the child's placement and case plan decisions, but the preferences are evaluated regarding the preference reasons or causes, degree of consistency, and implications for the permanency plan.

78. Notification of rights provided to child. A statement of rights is enumerated in OAC 340:75-14-2. A copy of the rights of a child served by OKDHS is provided to:

(1) each child upon entering foster care and annually thereafter; and

(2) foster parents once a child in OKDHS custody enters the foster parents' home and annually thereafter.

89. (a) Notice of hearing provided to placement provider. Notice of the hearing is provided, per OAC 340:75-1-16.1.

(b) Placement provider's right and responsibility to participate. Each placement provider is advised of his or her right to participate in meetings, such as local post-adjudication review board meetings, special staffings, scheduled permanency planning reviews, or FMs.

(c) Previous placement information provided to placement provider. The child's current placement provider may contact and communicate with the child's previous placement provider to share information about the child, when the previous placement provider agrees. CWS informs the placement provider of the number of times the child was moved and the reasons for each move.

(d) Placement provider's role in the ISP development. The CW specialist engages the current placement provider in the child's ISP development and provides a copy of the child's court-approved ISP to the current placement provider.

(e) Foster parent or placement provider professional team member. The CW specialist treats the foster parent and/or placement provider with dignity, respect, consideration, and as a professional member of the CWS team.

(1) A statement of foster parent rights is located in Section 1-9-119 of Title 10A of the Oklahoma Statutes. As a placement provider, a group home provider receives a statement of the group home rights included as an attachment to the group home contract.

(2) The CW specialist cooperates with the foster parent or placement provider to encourage a mutual exchange of information including, but not limited to:

(A) the child's physical and emotional development;

(B) significant connections and behaviors that may affect the child's permanency plan and progress;

(C) school events; and

(D) other concerns.

(f) Relationship between parents and placement providers. The CW specialist helps facilitate the placement provider's role as a team member by encouraging a professional relationship between each parent and placement provider, when appropriate. The CW specialist:

(1) facilitates:

(A) the initial meeting between the parent and placement provider within 10-business days of the child's placement to share information about the child and to begin the process of creating a parent-placement provider relationship, per OAC 340:75-1-29; and

(B) discussion between the parent and placement provider about the prescribed standards for the placement provider, per OAC 340:75-6-85. Parenting methods are also discussed in detail between the participants with an emphasis on OAC 340:75-7-38; and

(2) encourages ongoing communication between the placement provider and parent to effectively facilitate ~~visitation~~ family time, connection with family members, and to meet the child's identified needs.

(g) Placement providers' relationships with the child. Placement providers provide the child's basic needs, such as food, clothing, shelter, nurturing, emotional support, and direction and guidance for the child's growth and development. The relationship may be recorded through photographs, a Life Book, gift exchanges, and contact after the placement is completed.

910. Documenting the child's personal history.

(1) Digital photographs. The CW specialist ensures that each child is photographed with a digital camera a minimum of once every 12 months. The digital photograph is saved in the KIDS ~~File Cabinet~~ document management system no later than five-business days after the photograph is taken.

(2) Life Book. The CW specialist ensures that each child has a Life Book and that it is maintained by the placement provider. A Life Book is available in Outlook in Public Folders/All Public Folders/STO DCFS/Life Book. The CW specialist prints the applicable sections for the child and provides the

sections to the placement provider when a Life Book was not created for the child. The CW specialist ensures the Life Book accompanies the child when he or she changes placement.

4011. Documenting placement episodes. When a child is placed in out-of-home care, the CW specialist documents the placement in the KIDS Placement screens no later than two-business days after placement.

(1) A placement cannot be entered until a child's removal from the person responsible for the child is documented.

(2) When the placement is a kinship, paid or non-paid, or foster family home, Form 04FC011E, Placement Agreement for Out-of-Home Care, and Form 15GR004E, Notice of Grievance Rights - Minors in OKDHS Custody, are completed, provided to the placement provider, and recorded in the KIDS Document Tracking screen.

340:75-6-85.5. Supervision only cases

Revised 9-15-17

(a) The court may order, per Section 1-4-707 of Title 10A of the Oklahoma Statutes, the child placed under the Oklahoma Department of Human Services (DHS) protective supervision:

(1) in the home of the parent or legal guardian with whom the child was residing at the time the events or conditions arose that brought the child within the jurisdiction of the court; or

(2) with the noncustodial parent, when available, upon completion of a home assessment.

(b) In supervision only cases, the court may issue written orders specifying:

(1) when the noncustodial parent assumes custody, reunification services be provided to the parent or legal guardian from whom the child was or is being removed;

(2) services be provided solely to the parent who is assuming physical custody of the child to allow the parent to later obtain legal custody without court supervision;

(3) services be provided to both parents, in which case the court at a subsequent hearing, determines which parent, if either, will have custody of the child;

(4) the alleged father must cooperate with establishing paternity as a condition for the child's continued placement, when the child is ordered into the home of a father whose paternity has not been established;

(5) a person residing in the home, vacate the child's home indefinitely or for a specified period within 48 hours of the order;

(6) that the child's parent or legal guardian prevent a particular person from having contact with the child;

(7) conduct to be followed by any person living in the home that is in the child's best interests;

(8) the order placing the child under DHS supervision in the child's own home remains in effect for a one-year period with extension or reduction of the supervision period in appropriate circumstances; and

(9) when a child cannot be placed in the parent's home, placement of the child in a relative's temporary custody. ■ 1

INSTRUCTIONS TO STAFF 340:75-6-85.5

Revised 9-15-20

1. (a) Case documentation. For supervision only cases, the child welfare (CW) specialist updates the appropriate KIDS screens and documents including Forms:
 - (1) 04KI030E, Assessment of Child Safety;
 - (2) 04KI012E, Individualized Service Plan (ISP); and
 - (3) 04KI014E, Individualized Service Plan (ISP) Progress Report; and
 - (4) 04MP078E, Family Service Agreement (FSA)/Safety Plan, per Oklahoma Administrative Code (OAC) 340:75-1-9 Instructions to Staff (ITS).
- (b) Contact requirements. The type of placement determines the amount of the CW specialist's contact with the child. Refer to ~~Oklahoma Administrative Code (OAC) 340:75-6-48~~ for contact requirements. Visits are made more frequently when case circumstances indicate.
- (c) Protocol when contacts cannot be made with the family. When the CW specialist's attempted contact is not successful, diligent efforts are made to locate the family and to ensure the child's safety. When the CW specialist's attempts to locate the family are unsuccessful, refer to OAC 340:75-6-48, ~~Instructions to Staff (ITS).~~
- (d) Protocol when the family is located. Refer to OAC 340:75-6-48 ITS.
- (e) Protocol for case closure.
 - (1) When child abuse or neglect is not an issue and neither the child nor the child's custodial parent needs intervention by Child Welfare Services (CWS), the CW specialist recommends to the court that Oklahoma Human Services (OKDHS) be relieved of supervision responsibilities and recommends case closure.
 - (2) The CW specialist recommends case closure immediately upon assessing that the child is safe without CWS involvement or a safety plan.
- (f) Emergency protocol when the child is determined unsafe. At any time during CWS involvement when the child is unsafe, CWS may initiate proceedings for emergency custody to protect the child.
- (g) Permanency planning. When the child is under OKDHS supervision but is placed in the custody of an individual other than the parents, legal guardian, or custodian, the CW specialist advocates for the child's permanency. Family meetings are held, per OAC 340:75-6-31.1.
- (h) Parent contact. The CW specialist sees the parent, per OAC 340:75-6-48, and discusses the safety threats, individualized service plan, and what needs to occur for the child to return home or for case closure.

340:75-6-85.6. Voluntary foster care for a child born to a minor parent in Oklahoma Department of Human Services (OKDHS) custody

Revised 7-1-13

Voluntary foster care is available for a child born to a minor parent in Oklahoma Department of Human Services custody when the child can reside safely with the minor parent. ■ 1

INSTRUCTIONS TO STAFF 340:75-6-85.6

Revised ~~7-1-139~~-16-21

1. Voluntary placement of infant or child by minor parent. When a youth in Oklahoma Department of Human Services (OKDHS) custody gives birth to a child, the minor parent is allowed to make the decision regarding the infant's placement. When the minor parent is unable or unwilling to participate in appropriate planning for the child, OKDHS requests legal custody of the infant through the district attorney's office to allow OKDHS to care and plan for the child.

(1) Making the decision to request or not request legal custody of the minor parent's child. If a minor parent in custody requests voluntary placement of his or her child, the child welfare (CW) ~~specialists~~ specialist considers the ~~question~~ questions in subparagraphs (A) through (D) of this paragraph to assess the appropriateness of voluntary placement.

(A) Do safety, protection, and well-being concerns exist?

(B) Is there an available placement provider who will accept the minor parent and child?

(C) Does the placement provider agree to assist the minor parent by teaching and modeling parenting skills and assist the minor parent with independent living skills?

(D) Is the minor parent willing to work an individualized service plan that outlines the steps designed to assist the minor parent care for the child?

(2) Voluntary placement procedures. When voluntary placement of the minor parent's child into voluntary foster care ~~has been~~ is determined appropriate, the CW specialist:

(A) sends a written request to the CW supervisor setting out the plan and length of care expected for the minor parent's child. The CW supervisor approves or denies the request in writing and the CW specialist scans the documents into the KIDS ~~file cabinet~~ document management system of the voluntary foster care case and files the documents in the paper case record;

(B) obtains the minor parent's signature on Form 04FC007E, Authorization from Parent or Guardian for Voluntary Foster Family Home Placement and Medical Care of Child, and provides the minor parent a copy;

(C) opens a voluntary foster care case in KIDS. The minor parent in custody is designated the parent. The placement episode for the child is entered in the voluntary foster care case, not the minor parent's permanency planning case; and

(D) develops an individualized service plan that addresses:

(i) the child's safety and protection without court intervention;

(ii) the placement provider's role and responsibilities;

(iii) appropriate child care plans while the minor parent is attending school, working, or involved in extracurricular activities; and

(iv) measures for ensuring the child's basic needs are met; and

(v) if Title IV-E prevention services are necessary, per Oklahoma

Administrative Code (OAC) 340:75-1-9 Instructions to Staff (ITS), 340:75-6-31, 340:75-6-40.1, and 340:75-6-92. When Title IV-E prevention services are determined necessary, the CW specialist:

(I) makes a referral to Oklahoma Children's Services, per OAC 340:75-1-151;

(II) documents eligibility in the youth's prevention plan, Form 04KI005E, Child's Individualized Service Plan, per OAC 340:75-6-40.1 ITS; and

(III) continues to evaluate the child's safety and monitor service provision, per OAC 340:75-6-31 and 340:75-6-48.

340:75-6-92. Services to the pregnant youth in Oklahoma Department of Human Services (OKDHS) custody ■ 1 through 5

Revised 7-1-13

(a) **Specialized services provided for the pregnant youth.** Specialized services are provided to youth in Oklahoma Department of Human Services (OKDHS) custody who are pregnant.

(b) **Parenting assistance.** When the pregnant youth decides to keep the child, services, including parenting skills training and assistance with accessing community resources are arranged.

(c) **Relinquishment of parental rights.** When a minor parent decides to relinquish her parental rights, the child's attorney is contacted.

(d) **Termination of the pregnancy.** OKDHS does not:

(1) consent to or sign any type of form related to a procedure to terminate the pregnancy of the youth who is in OKDHS custody;

(2) provide payment assistance for a procedure to terminate the youth's pregnancy;
or

(3) prohibit or assist the pregnant youth with an action to terminate the youth's pregnancy when the youth has a method of payment and a resource with which to pursue the procedure.

INSTRUCTIONS TO STAFF OAC 340:75-6-92

Issued 7-4-139-16-21

1. Planning for the pregnant youth in Oklahoma Department of Human Services (OKDHS) custody.

(1) Specialized services provided to the pregnant youth are designed to assist the youth make and implement decisions regarding the youth's pregnancy and are in addition to the permanency planning services the youth receives.

(2) The youth has the same rights as an adult and is legally and socially responsible for her decisions and her child.

(3) When the youth is in emergency or temporary OKDHS custody, the child welfare (CW) specialist, when appropriate, involves the youth's parent, other relatives, and the child's father, who has a right to a relationship and shared parenting responsibilities in the planning and decision-making process.

(4) When the child's father is a minor, the CW specialist also involves the

- minor father's parents in the process.
2. Counseling and medical services for the pregnant youth.
 - (1) Counseling is provided for the pregnant youth for the purpose of examining the available options regarding the pregnancy.
 - (2) A CW specialist with experience or in-service training in pregnancy counseling assists the youth make decisions during the pregnancy.
 - (3) The youth may be referred to a qualified professional in the community for counseling.
 - (4) Prenatal and postpartum care, diagnosis, nutrition, treatment of health problems, and other services are arranged for the pregnant youth.
 3. Parenting assistance provided to the pregnant youth. When the pregnant youth decides to keep the child, services, including parenting skills training parent skill-based services and assistance in with accessing community resources are arranged.
 - (1) ~~Services address the youth's abilities to meet her child's needs and the parent and child relationship~~ ensure that she is prepared to be a parent and directly related to the child's safety, permanency, or well-being or to prevent the child from entering foster care.
 - (2) An assessment is conducted with the youth's cooperation and participation.
 - (3) Needs, performance criteria, services, and achievement dates are included in the treatment and service plan.
 - (4) When Title IV-E prevention services are determined necessary, per Oklahoma Administrative Code (OAC) 340:75-1-9 Instructions to Staff (ITS), 340:75-6-31, 340:75-6-40.1, and 340:75-6-85.6, the CW specialist:
 - (i) makes a referral to Oklahoma Children's Services, per OAC 340:75-1-151;
 - (ii) documents eligibility in the youth's prevention plan, Form 04KI005E, Child's Individualized Service Plan (ISP) per OAC 340:75-6-40.1 ITS; and
 - (iii) continues to evaluate the child's safety and monitor service provision, per OAC 340:75-6-31 and 340:75-6-48.
 4. Living arrangement options for the minor parent and infant. Living arrangement options for the minor parent and infant include:
 - ~~(A)(1) foster home or relative home for both the minor parent and her child that allows the minor parent to complete her education and learn parenting skills while in a nurturing environment; or~~
 - ~~(B)(2) foster home or relative placement for the infant while the minor parent temporarily lives separately; or~~
 - ~~(C) Pauline E. Mayer group home that is an OKDHS residential facility for the minor parent adjudicated deprived that may be accessed after the minor parent 's child is born. The group home provides an opportunity for the minor parent to live with her child, learn parenting and independent living skills, and continue her education or training while assuming full parenting responsibilities.~~
 5. Termination of the pregnancy. When a youth in OKDHS temporary OKDHS custody considers terminating her pregnancy, the youth, parent, or adult

relative when the parent is not available, is included in the discussion.

(1) Pregnancy counseling is provided and documented in the CW case record.

(2) When the youth decides to terminate her pregnancy, the CW specialist consults with the Permanency Planning Program Unit who documents the consultation in KIDS contacts.

(3) OKDHS does not:

(1) consent to or sign any type of form related to a procedure or notification of a procedure to terminate the youth's pregnancy;

(2) provide payment assistance for a procedure to terminate the youth's pregnancy; or

(3) prohibit or assist the pregnant youth with an action to terminate the youth's pregnancy when the youth has a method of payment and a resource with which to pursue the procedure.

SUBCHAPTER 8. THERAPEUTIC FOSTER CARE AND DISABILITIES SERVICES

PART 1. THERAPEUTIC FOSTER CARE

340:75-8-12. Placement responsibilities of therapeutic foster care (TFC) program staff

Revised 9-16-19

TFC contractors receive referrals for the placement of children in Oklahoma Department of Human Services custody or tribal custody in TFC homes from TFC program staff. The TFC program staff is responsible for the referral process of children to TFC contractors. ■ 1

INSTRUCTIONS TO STAFF 340:75-8-12

Revised ~~9-15-209~~ 9-16-21

1. Therapeutic foster care (TFC) placement—coordinator program field representative (PFR) responsibilities. The TFC ~~program staff~~ PFR:

(1) manages the placement referral process for a child requiring TFC placement in the respective Child Welfare Services (CWS) area;

(2) coordinates placement referrals statewide by maintaining frequent contact with TFC contractors through regional placement meetings, phone contact, and email;

(3) forwards recommendation for placement to agencies when complete information is obtained;

(4) tracks placement referrals until the child is placed and keeps the CWS specialist informed of the status of the placement referral by email;

(5) maintains all referral information/placement documentation in the KIDS case file ~~cabinet~~ document management system; and

(6) upon notification of the child's placement from the TFC contractor and CWS specialist:

(A) authorizes the placement;

- (B) enters the name of the TFC contractor who accepted the child for placement; and
- (C) documents placement justification on KIDS Placement Authorization screen.

340:75-8-14. Therapeutic foster care (TFC) program staff responsibilities

Revised 9-17-18

TFC program staff acts as a liaison to each contracted TFC agency. ■ 1

INSTRUCTIONS TO STAFF 340:75-8-14

Revised ~~9-17-18~~ 9-16-21

1. The therapeutic foster care (TFC) ~~program staff~~ liaison and liaison supervisor is are responsible for:

- (1) assisting the TFC contractor in maintaining effective working relationships with ~~CWS~~ Child Welfare Services field staff and in problem resolution;
- (2) providing consultation to the TFC contractor about the Oklahoma ~~Department of Human Services~~ policy and TFC contract requirements;
- (3) ~~completing and submitting the monthly report to the TFC programs supervisor by the tenth business day of the month;~~
- (4) creating new TFC family resources for homes certified by the TFC contractor in the KIDS Resource Directory and updating TFC home resources in KIDS to reflect changes and closures reported by the contracted agency;
- (5)(4) assisting in the ongoing assessment of the TFC contract and in the contract monitoring by participating as a member of the team in the annual on-site contract assessment; and
- (6)(5) reporting contract violations to the ~~programs supervisor~~ TFC liaison supervisor.

SUBCHAPTER 11. CHILD WELFARE COMMUNITY-BASED RESIDENTIAL CARE

PART 17. CONTRACTED COMMUNITY-BASED RESIDENTIAL CARE PROVIDERS

340:75-11-233. Placement of children into more restrictive community-based residential care (CBRC) placements

Revised 9-15-16

(a) Sections 1-1-102 and 1-7-103 of Title 10A of the Oklahoma Statutes require children in Oklahoma Department of Human Services DHS custody be served in the least restrictive setting that meets the treatment needs of each child in the closest geographic proximity as possible to the child's home, per Oklahoma Administrative Code (OAC) 340:75-6-85. ■ 1

(b) CBRC placements are more restrictive placement settings than the child's own home, relative's home, or foster family home. The request and referral for the placement of a child in DHS custody in a CBRC placement is made through the Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU). ■ 2 & 3

(c) Children 13 years of age and younger in DHS custody are not placed in CBRC placements, except when maintaining sibling groups together in placement, maintaining a DHS custody parent and child together in placement, or in CBRC placements that provide services to a younger age population due to the child's treatment needs, when an exception is received.

(d) A child in DHS custody residing in a CBRC placement on his or her 18th birthday may receive voluntary care in his or her CBRC placement after 18 years of age per OAC 340:75-6-110. ■ 3

(e) The child's case assignment remains in the county of jurisdiction. ■ 4

(f) CBRC placements must:

(1) be licensed by DHS, or another approved licensing body, and are either operated by, or under formal contract with DHS; and

(2) provide appropriate treatment interventions for children that improve the child's functioning level, resulting in a successful discharge to a less restrictive placement, such as his or her own home, relative home, foster family home, therapeutic foster care, adoptive home, or successful adulthood. ■ 4

(g) CBRC placements are subject to the availability of funds in the DHS budget. CWS SPPU maintains the waiting list for children requiring CBRC placements when the need for CBRC exceeds the availability of CBRC resources. ■ 2

INSTRUCTIONS TO STAFF 340:75-11-233

Revised ~~9-15-209~~-16-21

1. Assessing a child for placement. The assigned child welfare (CW) specialist and CW supervisor assess each child's treatment needs, per Oklahoma Administrative Code (OAC) 340:75-6-85. When the child's treatment needs can no longer be met in the child's own home, kinship home, relative home, or foster resource family home and the child does not meet the medical necessity criteria for inpatient psychiatric treatment, the assigned CW:

(1) specialist requests treatment for the child in a community-based residential care (CBRC) placement;

(2) specialist makes the placement request on KIDS Placement Recommendation screen after all information on Form 04KI010E, Placement Worksheet, on KIDS was completed;

(3) specialist and CW supervisor ensure Form 04KI010E is complete prior to making the placement request on KIDS or the placement request will be denied by the Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU) and the child will neither be referred nor placed on the placement waiting list;

(4) specialist and CW supervisor ensure the placement packet, per OAC 340:75-11-238 Instructions to Staff # 2(3), is completed on KIDS at the time of the placement request to allow the assigned CW specialist to make a timely placement when the placement is identified and the referral made; and

(5) supervisor approves the placement on KIDS within five-business days of the decision for CBRC placement.

2. Authorization of a placement request. CWS SPPU:

(1) completes the referral and authorizes the placement of a child in

Oklahoma Human Services or tribal custody in a more restrictive CBRC placement.

(A) Exceptions to referral and authorization by CWS SPPU are:

- (i) residential intensive treatment services (ITS), 72-hour short-term crisis stabilization services;
- (ii) non-funded family- style living programs; and
- (iii) funded and non-funded residential maternity services.

(B) Authorization and referral to (A)(i) through (iii) of this subparagraph ~~(A) paragraph~~ are made by the respective CW facility liaison after inquiry from and consultation with the facility or assigned CW specialist; and

(C) When a qualified residential treatment program is considered for a child's placement, CWS SPPU requests a Child and Adolescent Needs and Strengths assessment of the child is made by a qualified individual; and

(2) maintains the waiting list of children for CBRC placements when the need exceeds available resources.

3. Voluntary care. The assigned CW specialist and CW supervisor determine if the youth in CBRC placement is eligible for voluntary care over 18 years of age, and when the eligible youth requests voluntary care, the assigned CW specialist completes requirements, per OAC 340:75-6-110.
4. Case assignment and responsibility. The assigned CW specialist retains assignment of the child's case record and is responsible for the child's permanency plan, per OAC 340:75-6-31 and 340:75-6-85.

340:75-11-233.1. Placement services

Revised 9-15-17

The purpose of Child Welfare Services Specialized Placement and Partnerships Unit is to:

- (1) ensure that children in Oklahoma Department of Human Services (DHS) custody or tribal custody are placed in the least restrictive community-based residential care (CBRC) placement that most appropriately meets their treatment needs;
 - (2) ensure equal access to CBRC placement resources by children in DHS custody or tribal custody statewide; and
 - (3) maintain the waiting list of children in DHS or tribal custody who need CBRC placements when the need for CBRC exceeds the availability of CBRC placements.
- 1 through 98

INSTRUCTIONS TO STAFF 340:75-11-233.1

Revised ~~4-1-219-16-21~~

1. Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU) placement responsibilities. To respond expediently to the volume of placement requests for children, CWS SPPU:
 - (1) completes a daily review of children's cases received via the KIDS Above TFC screen;
 - (2) assesses each placement request and notifies the assigned child welfare (CW) specialist and CW supervisor of receipt of the request by email;

- (3) completes a daily review of the facility bed vacancy reports submitted daily by community-based residential care (CBRC) providers to the SPPUVacancyReport@okdhs.org email inbox;
 - (4) evaluates the individualized treatment needs of children on the CBRC waiting list and identifies each child for referral to the appropriate CBRC placement as openings become available;
 - (A) When a qualified residential treatment program (QRTP) is considered for a child's placement, CWS SPPU:
 - (i) requests that a Child and Adolescent Needs and Strengths (CANS) assessment be completed by a qualified individual;
 - (ii) coordinates with the assigned CW specialist and qualified individual for the CANS assessment's completion; and
 - (iii) utilizes the CANS assessment and written documentation made by the qualified individual to identify the child's appropriate CBRC level.
 - (B) The completed CANS assessment and written documentation made by the qualified individual are provided to the assigned CW specialist upon the referral's authorization of a child's CBRC placement;
 - (5) makes the referral for placement to the CW facility liaison when a CBRC facility is identified and notifies the assigned CW specialist and CW supervisor of the referral, and, when requested, the district director;
 - (6) documents, on KIDS Placement Authorization screen, information used in reaching the placement recommendation and compliance with applicable laws and policies;
 - (7) completes documentation related to the placement episode when notified by the assigned CW specialist that the child is placed; and
 - (8) maintains a working placement case record until the end of the year the child reaches majority.
2. **Psychiatric admission.** Admission of a child to an acute psychiatric facility or a psychiatric residential treatment center (RTC) is made per Oklahoma Administrative Code (OAC) 340:75-16-30.
 - (1) The CWS SPPU provides consultation to the assigned CW specialist and CW supervisor regarding the identification of appropriate placement resources for a child discharged from inpatient psychiatric care.
 - (2) When the child enters inpatient psychiatric care or within five-business days following admission for monitoring purposes per Instructions to Staff (ITS) # 4(5) of this Section, the assigned CW specialist begins discharge planning.
 3. **Dual adjudication placement.** A child who is adjudicated deprived and in need of supervision or delinquent is placed per OAC 340:75-6-46.
 4. **Placement priority for a child in Oklahoma Department of Human Services (DHS) (OKDHS) custody or tribal custody.**
 - (1) The child's treatment needs, placement history, current location, trauma history, and readiness for placement determine placement referral priority.
 - (2) Priority is given on the waiting list when a child is:
 - (A) ready for discharge from an inpatient psychiatric treatment facility; or
 - (B) in a CBRC facility and needs a more or less restrictive level of CBRC

- care.
- (3) CWS SPPU establishes the waiting list according to the:
 - (A) level of care the child requires;
 - (B) child's current location;
 - (C) date of the placement request;
 - (D) child's county of jurisdiction; and
 - (E) child's permanency plan.
 - (4) The assigned CW specialist's supervisor facilitates assignment of the placement request to CWS SPPU by approving the KIDS Placement Recommendation screen that indicates his or her review of Form 04KI010E, Placement Worksheet, for completion and accuracy. Refer to OAC 340:75-11-233 ITS.
 - (5) The assigned CW specialist is responsible for:
 - (A) electronically providing CWS SPPU initial and updated collateral case information needed to justify CBRC placement, including, but not limited to, documentation of previous placement episodes, psychological evaluations, behavioral health diagnoses, hospital letters, facility progress reports, critical incident reports, and discharge summaries. CWS SPPU maintains all information in the working placement case record; and
 - (B) maintaining regular and ongoing contact with CWS SPPU via SPPUGrouphomerequest@okdhs.org email inbox to inform of any changes in the child's location or need for CBRC placement.
 5. Report of vacancies. The CW facility liaison or the provider immediately reports CBRC vacant beds to SPPUVacancyReport@okdhs.org email inbox when a bed becomes vacant or in advance when a planned discharge results in a vacant bed.
 6. Placement procedures. When the assigned CW specialist receives the referral, the assigned CW specialist:
 - (1) immediately contacts the CBRC facility and CW facility liaison where the child is referred;
 - (2) makes arrangements for transportation and ensures the child is placed, per OAC 340:75-11-238, within three- business days from the date of the placement referral to Level D+, per OAC 340:75-7-360, and Level C group homes, per OAC 340:75-11-330, and within two-business days from the date of placement referral to a Level E group home, per OAC 340:75-11-360; and
 - (3) immediately documents the placement in the child's KIDS Placement screens. Authorization of the placement episode by CWS SPPU unlocks the KIDS Enter-Exit screen.
 7. Behavioral health gatekeeping process. The process of admitting a child into an acute psychiatric facility or RTC begins with a phone screening through the Oklahoma Healthcare Authority (OHCA) at 1-800-522-0114, or by taking the child to the nearest psychiatric hospital for a face-to-face screening by a behavioral health professional.
 8. Placement request for a child in inpatient treatment.
 - (1) The assigned CW specialist immediately initiates a placement request on

the KIDS Placement Recommendation screen, for any child in ~~DHS~~ OKDHS or tribal custody who is placed in inpatient psychiatric care whose discharge plan recommends placement in a CBRC facility.

(2) The assigned CW specialist and CW supervisor ensure Form 04KI010E is updated to reflect inpatient treatment history and discharge recommendations.

(3) The assigned CW specialist provides information to CWS SPPU on the child's projected length of stay as authorized by OHCA or as determined by discharge planning by the treating facility.

9. Admission to a psychiatric facility. When a child is admitted to a psychiatric facility from a CBRC placement, the assigned CW specialist initiates a new placement request on the KIDS Placement Recommendation screen within three-business days to reflect inpatient admission.

SUBCHAPTER 14. WELL-BEING

340:75-14-1. Purpose, definitions, and assessment

Revised 9-15-20

(a) Purpose.

(1) A child's well-being is comprised of four basic domains:

- (A) cognitive functioning;
- (B) physical health and development;
- (C) behavioral/emotional functioning; and
- (D) social functioning.

(2) A child's well-being is dependent upon the caretaker's ability to meet the child's physical health, learning and development, behavioral health, and the child's ongoing opportunities to engage in age- or developmentally-appropriate activities following the reasonable and prudent parent standard.

(3) The child welfare (CW) specialist assesses:

- (A) child functioning that includes the specific indicators of child well-being. An assessment of child functioning is the basis for understanding how the caregiver addresses any specific child needs and is a central component of promoting well-being for children who have experienced abuse or neglect; and
- (B) a child's needs in these areas throughout the case process and addresses identified needs as part of case planning activities.

(4) Children and families are meaningfully engaged in all aspects of the service process to build and maintain a trusting, supportive working relationship.

(5) A trauma-informed framework of well-being puts together assessments, interventions, actions, and supports that are intentional and inclusive of a deeper understanding of the four basic domains of a child's well-being through a trauma-informed lens.

(6) Children engaged by the CW system, especially those who were removed from their birth families, have likely experienced traumatic events in their lives, thereby impacting their development and overall well-being.

- (A) A removal leading to the separation of the family, in and of itself, can cause trauma.

(B) Children's relationships, behaviors, and sense of self may all be impacted.

(C) Adverse effects of trauma may be immediate or have a delayed onset.

(D) Not all children who are involved in or witness traumatic events develop traumatic stress responses. Some children are able to adapt and cope with trauma better than others, especially when intervention is early.

(b) **Equal access.** Children engaged by the CW system have the right to fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.

(c) **Definitions.** Per Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) the following words and terms, when used in this Subchapter shall have the following meanings, unless the context clearly indicates otherwise:

(1) **"Age-appropriate" or "developmentally-appropriate"** means:

(A) activities or items that are generally accepted as suitable for children of the same age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and

(B) in the case of a specific child, activities or items that are suitable for that child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the specific child.

(2) **"Behavioral health"** means mental health, substance use or abuse, or co-occurring mental health and substance use or abuse diagnoses, and the continuum of mental health, substance use or abuse, or co-occurring mental health and substance use or abuse treatment.

(3) **"Child behavioral health screener"** means a brief measuring tool designed to screen for the presence of behavioral and trauma-related symptoms that may be negatively impacting child function in children ages birth through 17 years old. It additionally has questions geared to track counseling progress and psychotropic medication management.

(4) **"Child with disability"** means any child who has a physical or mental impairment that substantially limits one or more of the child's major life activities or who is regarded as having such impairment by a competent medical professional.

(5) **"Infant"** means a child 12 months of age and younger.

(6) **"Psychotropic medications"** means medications with well-demonstrated efficacy in the treatment of mental disorders through the modification of behavior, mood, and emotions.

(7) **"Reasonable and prudent parent standard"** means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time encouraging the emotional and developmental growth of the child. This standard is used by the child's caregiver when determining whether to allow a child to participate in extracurricular, enrichment, cultural, and social activities. For purposes of this definition, the term "caregiver" means a foster parent with whom a child in foster care was placed, a representative of a group home

where a child was placed, or a designated official for a residential child care facility where a child in foster care was placed.

(8) **"Trauma"** means what happens to a child that results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(9) **"Successful adulthood program"** means a program specifically designed to assist a child in Oklahoma Department of Human Services (DHS) custody or tribal custody in developing and enhancing the skills and abilities necessary for successful adult living, per 10A O.S. § 1-9-107.

(10) **"Youth"** means a child 13 through 17 years of age.

(d) **Child functioning.**

(1) **Description.** Child functioning is concerned with describing the child's general behavior, emotions, temperament, development, academic status, physical capacity, and health status. It addresses how a child functions from day-to-day and their current status rather than focusing on a specific point in time. An assessment of child functioning must take into account the child's age and/or any special needs or developmental delays.

(2) **Child functioning indicators.**

(A) **Emotion/trauma.** The degree to which, an adequate pattern of appropriate self-management of emotions is displayed, consistent with the child's age, ability, and developmental level.

(B) **Behavior.** The degree to which, an appropriate coping and adapting behavior is displayed, consistent with the child's age, ability, and developmental level.

(C) **Developmental/early learning.** Consistent with age and ability expectations, the child is achieving milestones based on his or her age and developmental capacities.

(D) **Academic status.** The child, according to age and ability, is:

(i) actively engaged in instructional activities and reading at grade level or an Individualized Education Program (IEP) expectation level; and

(ii) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program.

(E) **Positive peer/adult relationships.** The child, according to age and ability, demonstrates adequate positive social relationships.

(F) **Family relationships.** The child demonstrates age and developmentally-appropriate patterns of forming relationships with family members.

(G) **Physical health.** The child is achieving and maintaining positive health status that includes physical, dental, audio and visual assessments and services. When the child has a serious or chronic health condition, he or she is achieving the best attainable health status given the diagnosis and prognosis.

(H) **Cultural identity.** Important cultural factors, such as race; class; ethnicity; religion; gender, gender identity, and sexual orientation; and other forms of culture are appropriately considered in the child's life. ■ 23

(I) **Substance awareness.** The assessment of substance awareness is multi-dimensional. The assessment:

(i) includes the child/youth's awareness of alcohol and drugs, and his or her own use; and

(ii) for children who have experienced the negative impacts of parent/caregiver substance use or abuse within their home, includes their awareness of alcohol and drugs and treatment/recovery for their parent/legal guardian(s), as age appropriate.

(J) **Preparation for adult living skills development.** The child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing, and other capacities necessary for functioning upon adulthood; and includes access to age-appropriate, medically-accurate information about reproductive health care, pregnancy prevention, and the prevention and treatment of sexually-transmitted infections at 12 years of age and older.

(e) **Screenings and functional assessments.** Screening and functional assessment tools are used to inform decisions about appropriateness of evidence-informed services.

■ 2 All children, birth through 17 years of age, engaged with Child Welfare Services have access to screening and functional assessments for the early and ongoing identification of well-being needs, per 10A O.S. § 1-4-208. ■ 1

INSTRUCTIONS TO STAFF 340:75-14-1

Revised 9-15-209-16-21

1. (a) Child Behavioral Health Screener (CBHS).

(1) CBHS is the standardized screening and functional assessment tool utilized by the child welfare (CW) specialist for all children involved in court intervention and family-centered services cases (FCS), regardless of placement in out-of-home care or in the child's own home for the early and ongoing identification of well-being needs.

(2) The CBHS format assists the CW specialist ~~gather~~ gather in gathering and ~~document~~ documenting information on a child's development and the presence of behavioral and trauma-related symptoms that may be negatively impacting child function.

(3) The information is used in data-driven decision-making and case planning efforts.

(b) Using CBHS.

(1) The CW specialist:

(A) using age-specific Forms 04TA001E through 04TA011E, Child Behavioral Health Screener and Form 04TA013E, Child Behavioral Health Screener Self-Report, administers the initial CBHS for a child, birth through 17 years of age, to the:

(i) person responsible for the child (PRFC) who remains in his or her own home or is placed in trial reunification ~~and in trial reunification~~ for 30-calendar days or longer;

(ii) placement provider, or out-of-home ~~safety plan~~ Safety Plan monitor, for a child who is in out-of-home placement ~~and in placement~~ for 30-calendar days or longer. Placements in medical or psychiatric

facilities, and out-of-state Interstate Compact for the Placement of Children (ICPC) are excluded; or

(iii) youth placed in shelter and residential placement settings for 30-calendar days or longer.

(B) completes the screening process monthly during the required face-to-face child visit with the PRFC, placement provider, or youth placed in shelters and residential placement settings to identify and monitor changes in the child's symptoms and progress in services;

(C) continues to follow Oklahoma Administrative Code (OAC) 340:75-6-48 Instructions to Staff (ITS) # 1-3, on contacts with child, parents, placement providers, and service providers, and is still required to gather and document information obtained during the contact on Forms 04MP007E, Face-to-Face Contact Guide, and 04MP008E, Contact Guide Addendum for Face-to-Face Visit with Youth - Age 16 to 18; and

(D) scores the CBHS responses per instructions provided on the forms and reviews the CBHS results with the PRFC, placement provider, or youth including any referral recommendations.

(c) Scoring CBHS. The "Caseworker Use Only" section on Forms 04TA001E – 04TA012E is provided for scoring and guidance for referral.

(1) The CW specialist completes and submits Form 04TA012E, Referral for Children's Services, to an appropriate evidence-based/evidence-informed behavioral health service provider or SoonerStart as indicated by the CBHS score.

(2) When a referral is made, the CW specialist documents in KIDS using the purpose, "Referral for Services," selects the child and includes the service provider's contact information noting that a referral was made based on CBHS results. The CW specialist:

(A) uploads Form 04TA0012E to the KIDS ~~File Cabinet~~ document management system; and

(B) ensures contact is made with the service provider to obtain treatment status/progression and recommendation regarding whether services are continued, terminated, or additional services are necessary.

(3) The CW specialist utilizes the age-specific CBHS to document a child's development, the presence of behavioral and trauma-related symptoms, behavioral health progress, and psychotropic medication management.

(A) CBHS is entered in the KIDS Client tab, Medical, and Screen. The CBHS is entered in KIDS:

(i) as quickly as possible after the CBHS is completed; and

(ii) no later than the fourth day of the following month.

(B) Detailed instruction for entering the CBHS is available in the KIDS How - To entitled, "OK-TASCC Screeners."

2. Child and adolescent needs and strengths (CANS) assessment.

(1) CANS assessment is a standardized evidence-based functional assessment tool completed by a qualified, trained professional or licensed clinician to assess the strengths and needs of a child placed in foster care to determine the most effective and appropriate level of care for the child in

the least restrictive environment and be consistent with the child's short- and long-term goals, as specified in the child's permanency plan.

(2) When a qualified residential treatment program (QRTP) is considered for a child's placement, a CANS assessment is completed by a qualified individual within 30-calendar days of the child's placement in a QRTP, per OAC 340:75-11-233 and 340:75-11-233.1 ITS. The CW specialist:

(A) requests a QRTP placement, per OAC 340:75-11-233 ITS;

(B) assembles a family and permanency team for the child to facilitate completion of the CANS assessment. The team consists of:

(i) all of the child's appropriate biological family members, relatives, and fictive kin;

(ii) all of the appropriate professionals who are a resource to the child's family; and

(iii) when a child attains 14 years of age and at the child's option, no more than two members selected by the child who are not a foster parent of, or caseworker for, the child.

(C) documents in the child's case plan:

(i) the reasonable and good faith efforts to identify and include all the individuals required to be on the child's family and permanency team as described in (B) of this paragraph;

(ii) all current contact information for members of the child's family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team;

(iii) evidence that meetings of the family and permanency team are held at a time and place convenient for family;

(iv) when reunification is the child's case plan goal, evidence demonstrating the parent from whom the child was removed provided input on the members of the family and permanency team;

(v) evidence the CANS assessment is determined in conjunction with the family and permanency team;

(vi) the family and permanency team's placement preference recognizes a child is placed with his or her siblings unless there is a finding by the court that such placement is contrary to the child's best interest; and

(vii) when the family and permanency team's and child's placement preferences were not the placement setting recommended by the qualified individual conducting the assessment of the QRTP's appropriateness, the reasons their preferences were not recommended.

(D) obtains the completed CANS assessment and written documentation made by the qualified individual to provide to the court, per OAC 340:75-6-85.

23. Gender identification and sexual orientation.

(a) When a youth discloses self-identification as lesbian, gay, bisexual, transgendered, or questioning (LGBTQ), the CW specialist:

- (1) **assesses and ensures the child's safety;**
 - (2) **assesses and ensures the child's well-being needs are met;**
 - (3) **examines personal biases related to self-identification;**
 - (4) **affirms the child's self-identification; and**
 - (5) **keeps the child's self-identification confidential.**
- (b) **Specific information about LGBTQ Supports is found at:**
- (1) **Oklahoma Department of Human Services Child Welfare Services Guidebook** <https://cwtraining.oucpm.org/wp-content/uploads/2019/05/LGBTQ-Guidebook-Sept-2018-May-29-2019.pdf>;
and
 - (2) **Online Training** <https://www.okdhslearning.org/login/index.php>.

340:75-14-3. Medical services for the child in Oklahoma Department of Human Services (DHS) custody ■ 4 through 7 &15

Revised 9-15-20

(a) **Definitions.** The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

(1) **"Consent"** means obtaining approval from a person for the procedure after providing an explanation of the necessity for the procedure involved, any known risks involved and, when appropriate, any alternative course of care.

(A) **"Informed consent"** means voluntary written consent from a person who received full, accurate, and sufficient information and explanation about a child's medical condition, medication, and treatment to enable the person to make a knowledgeable decision without being subjected to any deceit or coercion.

(B) **"Separate and specific consent"** means a licensed physician, psychiatrist, or other medical professional recommended a treatment or medication and requires an additional consent form provided by the professional be signed to authorize the treatment to occur or medication to be administered.

(C) **"Sufficient explanation"** means information provided and explained in plain language by the prescribing physician or physician's representative to the consent-giver including, but not limited to, the:

- (i) medical care and treatment or the medication;
- (ii) reason for prescribing the treatment or medication and the medication's purpose or intended results;
- (iii) side effects, risks, and contraindications including the effects of stopping the medication;
- (iv) method for administering the treatment or medication and dosage range, when applicable;
- (v) potential drug interactions;
- (vi) alternative treatments;
- (vii) behavioral health or other services used to complement the use of the psychotropic medication, when applicable; and
- (viii) other treatment interventions considered by the physician that may include, but are not limited to, medical, mental health, behavioral, counseling, or other services.

(2) **"DHS custody"** means a child is in the voluntary, emergency, temporary, or permanent custody of DHS.

(3) **"Medical" care** or **"treatment"** means, per Section 1-3-102 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-3-102) medical care or treatment that is either extraordinary or routine and ordinary.

(A) Extraordinary medical care and treatment includes, but is not limited to:

- (i) surgery;
- (ii) general anesthesia;
- (iii) blood transfusions; or
- (iv) invasive or experimental procedures

(B) Routine and ordinary medical care and treatment does not include any type of extraordinary care or treatment and includes, but is not limited to:

- (i) any necessary medical and dental examinations and treatments;
- (ii) medical screenings;
- (iii) clinical laboratory tests;
- (iv) blood testing;
- (v) preventative care;
- (vi) health assessments;
- (vii) physical examinations;
- (viii) immunizations;
- (ix) contagious or infectious disease screenings;
- (x) tests and care required for treatment of illness and injury including x-rays, stitches, and casts; or
- (xi) the provision of psychotropic medication.

(4) **"Placement provider"** means the person, foster parent, or administrator of a facility providing out-of-home care for a child in DHS custody.

(5) **"Psychotropic medications"** means medications with well-demonstrated efficacy in the treatment of mental disorders through the modification of behavior, mood, and emotions.

(b) **Medical services for the child in DHS custody in out-of-home care.** ■ 1 through 11 DHS is required to provide medical care necessary to preserve the child's health, per Oklahoma Children's Code provisions, 10A O.S. § 1-7-103. The child in DHS custody receives:

(1) Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) screening according to the schedule of frequency or at a minimum, an annual physical exam. In addition, DHS provides, within 21-calendar days of entering custody, a standardized assessment for each child placed in DHS emergency custody, to evaluate the physical, developmental, medical, mental health, and educational needs, including health problems requiring immediate treatment, diagnosis of infections and communicable diseases, and an evaluation of injuries or other signs of abuse or neglect. ■ 1 & 3

(2) a yearly behavioral health or developmental screening, and when recommended a behavioral health or developmental assessment, within 60-calendar days of the screening; ■ 2 & 3

- (3) a yearly dental exam when the child is over 3 years of age. A child under 3 years of age receives dental services as needed;
- (4) an initiation of immunizations that are kept current;
- (5) a visual and hearing evaluation exam and corrective lenses or hearing aids, when indicated;
- (6) outpatient or inpatient behavioral mental health treatment, when appropriate;
- (7) physician's services when the child is sick. This service is not considered a physical exam;
- (8) contagious or infectious disease screenings, including Human Immunodeficiency Virus (HIV) exams or testing, are provided as needed or upon request by a placement provider in a manner consistent with the Centers for Disease Control guidelines for time and testing frequency, per Oklahoma Administrative Code 340:75-1-113; and
- (9) follow-up and referral services as recommended by a qualified professional.

(c) Consent for medical services. ■ 8 through 13

(1) DHS authority to consent to routine and ordinary medical care and treatment. ■ 9

(A) DHS may consent to routine and ordinary medical care and treatment when the child is in DHS custody. DHS makes reasonable attempts, per 10A O.S. § 1-3-102, when the child is in voluntary, emergency, or temporary custody to:

- (i) notify the child's parent or legal guardian of the provision of routine and ordinary medical care and treatment; and
- (ii) keep the parent or legal guardian involved in the care.

(B) DHS may authorize the placement provider, in writing, through the placement provider agreement, to consent to routine and ordinary medical care and treatment needed for the child upon the advice of a licensed physician, including psychotropic medication. ■ 14

(2) Consent for extraordinary medical care. ■ 13

(A) DHS employees are not authorized to consent to extraordinary medical care and treatment for any child in DHS voluntary, emergency, temporary, or permanent custody.

(B) When the child is in DHS voluntary, emergency, or temporary custody, consent for the child's extraordinary medical care and treatment is obtained from the parent or legal guardian, unless the:

- (i) parent is unavailable to provide consent;
- (ii) parent refuses to consent; or
- (iii) care and treatment is related to the suspected abuse or neglect.

(C) Court authority is required for extraordinary medical care and treatment when the:

- (i) child is in DHS permanent custody;
- (ii) parent is unavailable to provide consent;
- (iii) parent refuses to provide consent; or
- (iv) care and treatment is related to the suspected abuse or neglect.

(D) When the recommended extraordinary medical care and treatment is not the result of a life-threatening emergency requiring immediate medical intervention, the court, per 10A O.S. § 1-3-102:

- (i) holds a hearing, upon the application of the district attorney and notice to all parties; and
 - (ii) may authorize the recommended extraordinary care and treatment.
- (E) DHS does not, in any circumstance, consent to a child's abortion, sterilization, termination of life support, or to a Do Not Resuscitate order. The court may authorize the withdrawal of life-sustaining medical treatment or the denial of the administration of cardiopulmonary resuscitation on behalf of the child in DHS custody, upon the written recommendation of a licensed physician, after notice to the parties, and a hearing. ■ 12
- (3) **Medical consent for child in protective custody.**
- (A) Per 10A O.S. § 1-3-102, when the child taken into protective custody without a court order, requires emergency medical care prior to the emergency custody hearing, a peace officer, court employee, or the court may authorize treatment as necessary to safeguard the health and life of the child when the:
- (i) treatment is related to the suspected abuse and neglect;
 - (ii) parent or guardian is unavailable to consent to the treatment recommended by a physician; or
 - (iii) parent or guardian refuses to consent to the treatment recommended by a physician.
- (B) Before a peace officer, court employee, or the court authorizes treatment based on the unavailability of the parent or legal guardian, law enforcement exercises diligence in locating the parent or guardian, when known.
- (4) **Consent for medical care for the child in his or her own home.** The parent of the child in DHS custody placed in his or her own home consents to routine and ordinary medical care and treatment and extraordinary medical care and treatment needed by the child. In the event of parental refusal, DHS may consent to routine and ordinary medical care and treatment needed by a child in DHS custody, per OAC 340:75-14-3(c)(1). In the event of parental refusal to consent to extraordinary medical care and treatment needed by a child in DHS custody, DHS complies with procedures, per OAC 340:75-14-3(c)(2).
- (5) **Consent for extraordinary medical care for the child who traveled out-of-state.** When the child is out-of-state and requires extraordinary medical care and treatment, the judge may authorize the physician or medical facility to provide the extraordinary medical care via a verbal or written order.
- (6) **Experimental medical procedures.** Medical procedures that are experimental may not be compensable through SoonerCare (Medicaid) and are considered to be extraordinary medical care and treatment that must be authorized by the parent or court order.

INSTRUCTIONS TO STAFF 340:75-14-3

Revised 9-15-209-16-21

1. (a) **Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) schedule.** The purpose of the EPSDT is to prevent and identify conditions that may interfere with the child or young adult's natural growth and development.
 - (1) **The schedule of frequency for EPSDT provides:**
 - (A) **six-health screenings during the child's first year of life;**

- (B) two screenings in the child's second year of life;
 - (C) one screening yearly for the child 2 through 5 years of age; and
 - (D) one screening every other year for the child 6 through 20 years of age.
- (2) The eligible child may receive dental screening services once every 12 months.
 - (3) More frequent screening services are allowed when a medical condition is suspected.
2. Documentation of medical services. The child welfare (CW) specialist and placement provider ensure the continuity of medical services and records while the child is in out-of-home care.
 - (1) The records obtained by the CW specialist or placement provider are made:
 - (A) a part of the child's paper case record and Life Book;
 - (B) a part of the electronic case by scanning into the KIDS File Cabinet document management system (DMS); and
 - (C) available to the parent, any subsequent placement provider, and those leaving care for successful adulthood.
 - (2) The CW specialist updates the:
 - (A) appropriate KIDS screens no later than 30-calendar days after the child's appointment for medical, dental, or behavioral health services;
 - (B) child's immunization and ~~prescriptions~~ prescription records and KIDS Service Log; and
 - (C) KIDS Adoption and Foster Care Analysis and Reporting System (AFCARS) screens when the child receives a specific diagnosis by the physician or therapist.
 3. Initial health and developmental screening. The CW specialist ensures, in coordination with the placement provider and parent, when applicable, that the child in out-of-home care receives needed routine and specialized medical care, including medical, dental, visual, and behavioral health services in a timely manner. The CW specialist schedules and ensures the initial health and developmental screening for the child is completed no more than 21-calendar days after the removal.
 4. SoonerStart. When the child is younger than 3 years of age, the CW specialist:
 - (1) refers the child to SoonerStart via Form 04MP053E, Child Welfare Services (CWS) SoonerStart Referral for Child in Oklahoma Department of Human Services (~~DHS~~) (OKDHS) Custody, no later than 15-business days, excluding shelter days, after the child's removal;
 - (2) notifies the parent and placement provider of the SoonerStart referral;
 - (3) informs the placement provider that cooperation is required with SoonerStart in the provision of any service recommended for the child;
 - (4) updates the KIDS Contacts screen with purpose type – SoonerStart Referral;
 - (5) notifies SoonerStart of any change in the child's placement by providing a copy of Form 04KI025E, Change in Placement Notification, within two-business days when the screening, evaluation, or both, were not completed by SoonerStart;

- (6) discusses the information provided by SoonerStart with the parent, within 15-business days of receipt;
 - (7) documents SoonerStart information in KIDS Medical screen;
 - (8) includes SoonerStart information in KIDS Family and Child Strengths and Needs Assessment screens;
 - (9) files SoonerStart information in the child's paper case record; and
 - (10) completes Form 04AF022E, Report of Violation of Rules in a DHS OKDHS Resource Home, when notified by SoonerStart of the placement provider's lack of cooperation or follow through with recommendations, and forwards to the resource specialist.
5. Human Immunodeficiency Virus (HIV)-related services. Per Oklahoma Administrative Code (OAC) 340:75-1-113, when requested by a placement provider, the ~~Oklahoma Department of Human Services (DHS)~~ OKDHS provides examinations or HIV tests on the child based on the Centers for Disease Control guidelines for time and testing frequency.
 6. Healthcare for child placed in the parent's home. The child in DHS OKDHS custody living in the parent's home may continue to be eligible to receive financial assistance from the Oklahoma Health Care Authority for necessary medical services. The parent has the primary responsibility to provide and arrange for the child's medical care when the child is in DHS OKDHS emergency or temporary custody but is living with the parent. Refer to OAC 340:75-13-62 for medical coverage when the child resides with the parent.
 7. Unavailable local medical care. When the child in out-of-home placement needs medical care outside of the district of the child's residence, the attending physician makes the recommendation and referral. When the attending physician recommends treatment the physician cannot provide, but does not make the referral, the CW specialist makes the appointment.
 8. Notification of injury or medical treatment.
 - (1) When the CW specialist is notified or aware of a child's injury other than minor, normal, childhood scrapes, bumps, and bruises, the CW specialist:
 - (A) completes the KIDS Injury screen in the child's KK case within two-business days of the injury or injury notification; and
 - (B) documents the details of the injury in the KIDS Contacts screen of the child's case.
 - (2) Form 04KI081E, Notice of Injury, is printed by the CW specialist from the KIDS Report screen when the child in DHS OKDHS custody requires medical treatment as a result of an accidental or non-accidental injury to advise the parties of the:
 - (A) nature of the injury;
 - (B) date of occurrence; and
 - (C) medical care provided or planned to meet the child's needs.
 - (3) A medical examination or consultation with a medical professional is required, when:
 - (A) a child 5 years of age and younger, or a child with a perceived or diagnosed physical or developmental disability, has any unexplained injury that is not consistent with normal childhood play or development;

- (B) a child 5 years of age and younger, or a child with a perceived or diagnosed physical or developmental disability, has a broken bone or fracture;
 - (C) there is an implausibly explained or unexplained bruise or injury to the head, face, ears, neck, stomach, or genitals; or
 - (D) a non-ambulatory child has a bruise, burn, or fracture.
- (4) When medical attention for accidental or non-accidental injury is sought or required for the child in ~~DHS~~ OKDHS custody, as described above, ~~DHS~~ OKDHS sends Form 04KI081E to notify the:
- (A) court of jurisdiction;
 - (B) child's parents;
 - (C) each parent's attorney;
 - (D) child's attorney;
 - (E) district attorney;
 - (F) court-appointed special advocate, when applicable; and
 - (G) tribe, when applicable.
- (5) All injuries, other than normal minor childhood scrapes, bumps, and bruises, are reported to CW staff by the placement provider.
- (6) When the injury appears to be the result of abuse or neglect, a referral is made to the ~~DHS Child~~ OKDHS Abuse and Neglect Hotline (Hotline).
- (7) An observed injury to the head, face, ears, neck, stomach, or genitals or a burn or fracture to a child 5 years of age and younger or to a child with a perceived or diagnosed developmental disability, is reported to the Hotline unless the CW specialist and CW supervisor consult with the assigned district director or field manager. The district director or field manager documents a contact explaining why a report to the Hotline was unnecessary.
- (8) The district director or field manager is required to review all information to make an informed safety decision and determine if a referral to the Hotline is necessary.
- (9) Refer to OAC 340:75-3-410 Instructions to Staff for guidance regarding joint review of resource home referrals.
9. Consent for routine and ordinary medical care and treatment when child is in out-of-home care.
- (1) Consent.
 - (A) ~~DHS~~ OKDHS provides written authorization to the placement provider of a child in ~~DHS~~ OKDHS custody to consent to routine and ordinary medical care and treatment, including psychotropic medication and medical marijuana, upon the advice of a licensed physician through Form 04FC011E, Placement Agreement for Out-of-Home Care.
 - (B) When the treating professional requires that his or her form be signed as a separate and specific consent to authorize recommended treatment or medication, such consent form may only be signed by the child's:
 - (i) parent whose parental rights are intact;
 - (ii) legal guardian; or
 - (iii) a district director after:

- (I) a reasonable attempt to locate the parent or legal guardian failed; and
 - (II) consideration of a sufficient explanation by a physician regarding the risks involved in the proposed treatment or medication.
 - (2) **DHS OKDHS** makes reasonable attempts, when the child is in voluntary, emergency, or temporary custody to:
 - (A) notify the child's parent or legal guardian of the provision of routine and ordinary medical care and treatment; and
 - (B) keep the parent or legal guardian involved in the care.
 - (3) The placement provider notifies the CW specialist immediately when the child receives any routine and ordinary care and the CW specialist documents the treatment in KIDS and notifies the parent or legal guardian.
- 10.(a) Transporting the child's medication. The CW specialist ensures the child's medication is transported with the child when the child is moved from one placement to another.
- (1) When transporting a child with prescription medication from one placement to another, the CW specialist takes two copies of Form 04MP012E, Receipt and Release of Prescription and Over-the-Counter Medication(s) (OTC).
 - (2) The CW specialist completes two copies of Form 04MP012E Section I, Receipt of Prescription and Over-the-Counter Medication(s) (OTC), with the parent or placement provider prior to the child's removal from his or her own home or out-of-home placement.
 - (3) The CW specialist provides a copy of completed Form 04MP012E to the parent or placement provider, scans a copy into the KIDS ~~File Cabinet~~ DMS, and the copy is filed in the paper case record. Form 04MP012E is not required when the child is discharged from a hospital setting.
 - (4) When the child is discharged from a hospital setting, the CW specialist obtains the appropriate medication or prescriptions to be filled and provides a copy of the discharge summary to the parent or placement provider. The hospital discharge summary is scanned into the KIDS ~~File Cabinet~~ DMS and the original is filed in the paper case record.
- (b) Medication not transported. When the CW specialist is provided medication in any of the ways described in (1)(A) through (E) of paragraph (1) of this subsection and/or when a child in OKDHS custody is prescribed medical marijuana, the CW specialist leaves the medication with the parent or placement provider and documents the action on Form 04MP012E in Section II, Medication(s) Not Transported. The CW specialist:
- (1) does not transport medication when the medication is supplied to the CW specialist:
 - (A) in plastic sacks or any other container that is not the original prescription bottle or packaging;
 - (B) with multiple types or dosage strengths of medication in a single prescription bottle;
 - (C) with an expired date;

(D) with more medication than the amount indicated on the prescription label or OTC package information, such as combining two containers of medication; or

(E) with the altered prescription labels or OTC packaging;

(2) does not transport medical marijuana when it has been prescribed to a child in OKDHS custody;

~~(2)~~(3) provides a copy of completed Form 04MP012E to the parent or placement provider;

~~(3)~~(4) contacts the prescribing physician immediately when the prescribed medication was not transported, and requests the physician call in a new prescription to a local pharmacy; and

~~(4)~~(5) picks up the new medication prior to placing the child in the new location.

(c) Releasing medications. Form 04MP012E, Section III, Release of Prescription and Over-the-Counter Medication(s), is completed with the parent or new placement provider when releasing medication.

(d) Psychotropic medications. When the CW specialist transports the child, who was prescribed psychotropic medication, from acute or residential inpatient treatment, the CW specialist:

(1) inquires if the discharging physician monitors the medication; and

(2) when the discharging physician does not monitor the medication, he or she arranges for the child to be assessed by another physician as soon as possible so the child's continued need for medication can be determined or monitored.

(d) Medication disposal.

(1) A person responsible for medication disposal is designated by each district director and signs Section III of Form 04MP012E, when medication prescribed to the child in ~~DHS~~ OKDHS custody requires disposal. Prior to requesting disposal of the medication, the CW specialist verifies the medication:

(A) is no longer prescribed for the child;

(B) cannot be properly administered;

(C) has expired; or

(D) is not accepted by the child's placement.

(2) Expired or discontinued medication is safely disposed of in compliance with Environmental Protection Agency recommendations and applicable federal, state, and local requirements, per <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>.

(3) Scheduled medication is disposed of in compliance with Oklahoma Bureau of Narcotics and Dangerous Drugs and Oklahoma State Bureau of Investigation requirements at http://www.ok.gov/obndd/Prescription_Monitoring_Program/index.html.

(e) Medication Storage. Medication is stored to ensure safety for all children. All medications, prescribed, and OTC, medications and medical marijuana, are stored in a secure location that is locked or has limited access to maximize safety. The storage of medication in each home environment is assessed for

safety according to the physical and mental development of the children in the home. Guidelines for medication storage are found at <https://www.cdc.gov/medicationsafety/> and may include a medication lock box to keep medications out of reach and sight of children.

11. Reasonable attempts to secure the parent or legal guardian's consent for medical care for the child in ~~DHS~~ OKDHS custody placed in his or her own home. When a parent or legal guardian refuses to consent to routine and ordinary medical care and treatment and extraordinary medical care and treatment, the CW specialist meets with the parent or legal guardian and discusses the concerns about the prescribed treatment and the reason for refusal. To address expressed concerns about the treatment, the CW specialist facilitates communication between the parent or legal guardian and the prescribing physician. When the parent or legal guardian continues to refuse consent, the CW specialist, following consultation with the CW supervisor, notifies the court.

12. Extraordinary medical care.

(1) When a CW specialist is responsible for a child in ~~DHS~~ OKDHS custody and extraordinary medical care was recommended that includes abortion, medical marijuana, sterilization, termination of life support, or a Do Not Resuscitate order, Permanency Planning Programs staff and OKDHS Legal Services (LS) must be consulted.

(2) OKDHS keeps the court and OKDHS LS informed when a child that comes into OKDHS custody has a medical marijuana license.

13. Reasonable attempts to secure the parent or legal guardian's consent for extraordinary medical care.

(1) The CW specialist makes reasonable attempts to secure parental consent for extraordinary medical services provided to the child in ~~DHS~~ OKDHS voluntary, emergency, or temporary custody. A reasonable attempt includes attempts to contact the parent or legal guardian by phone to advise of necessary medical services for the child.

(A) When the parent or legal guardian cannot be reached by phone, the CW specialist attempts personal contact at any known address for the parent or legal guardian. Attempts to locate the parent or legal guardian include contacts with relatives or other persons knowledgeable about the family and documenting the attempts in a KIDS Contacts.

(B) When services are provided at a medical facility or by a medical practitioner, the parent is required to contact the facility or practitioner directly. The CW specialist facilitates contact, when needed.

(2) A child in ~~DHS~~ OKDHS voluntary, emergency, or temporary custody in need of extraordinary medical care and treatment requires court authorization when the:

(A) parent is unavailable to provide consent;

(B) parent refuses to provide consent; or

(C) needed care and treatment is related to the suspected abuse or neglect of the child.

(3) A child in ~~DHS~~ OKDHS permanent custody always requires court authorization when in need of extraordinary medical care and treatment.

14. Psychotropic medication.

(a) Administration of psychotropic medication. Each child in care receives individualized, medical and behavioral health care planning, including the administration of psychotropic medication, when necessary.

(1) Psychotropic medication decisions are based upon adequate information that includes:

(A) a psychiatric history and assessment;

(B) a medication history;

(C) a medical history, including known drug allergies; and

(D) consideration of the individual's complete current medication regimen, including non-psychoactive medications, such as antibiotics.

(2) Psychotropic medication is integrated as part of a comprehensive treatment plan including:

(A) appropriate behavior planning;

(B) symptom and behavior monitoring; and

(C) communication between the prescribing clinician, the child, parents, legal guardians, or placement providers, CW specialists, therapists, pediatricians, and other relevant members of the child's treatment team.

(b) Consent for psychotropic medication for children in ~~DHS~~ OKDHS custody. Psychotropic medication is recognized as routine and ordinary medical care and can be authorized by the CW specialist or placement provider, when authorized through Form 04FC011E.

(1) When a child in ~~DHS~~ OKDHS custody is prescribed a psychotropic medication, the CW specialist ensures the medication is documented in KIDS.

(2) When the child is in ~~DHS~~ OKDHS voluntary, emergency, or temporary custody, the parent or legal guardian is notified.

(3) When a child is prescribed a psychotropic medication, the CW specialist ensures it is properly monitored.

(c) Emergency medical care and treatment or administration of psychotropic medication. Emergency medical care and treatment or psychotropic medications may be provided or administered in advance of parental or ~~DHS~~ OKDHS authorization when the child's attending physician determines an emergency exists. The CW specialist notifies the parent or legal guardian as soon as possible after receiving notification of the emergency and documents details in KIDS Contacts.

(d) Use of psychotropic medication for chemical restraint. The use of psychotropic medication as a means of control, punishment, or discipline of the child in ~~DHS~~ OKDHS custody for staff convenience or for chemical restraint is strictly prohibited.

(e) Monitoring the child prescribed psychotropic medication.

(1) The child taking psychotropic medication is seen by the prescribing physician as directed by the child's primary physician.

(2) The child in an acute setting displaying unsafe behavior, experiencing significant medication side-effects, not responding to a medication trial, or in an active phase of medication trial is seen as directed by the prescribing physician.

(3) Monitoring the use of psychotropic medication provided to the child in DHS OKDHS custody is a joint responsibility among the prescribing physician, caregiver, CW specialist, and CW supervisor. The CW specialist and the placement provider have joint responsibility to:

(A) ensure the prescribing physician's directions and intent for the medication are implemented;

(B) contact the prescribing physician immediately when the child's condition becomes unstable; and

(C) arrange for medical evaluations and required laboratory tests to monitor therapeutic levels of the medication or to monitor potential organ system damage from the medication. Laboratory tests are performed according to the prescribing physician's directions.

15. Medical and behavioral health professional consultation with Child Welfare Services (CWS) nurses and behavioral health consultants.

(1) CWS nurses are available for consultation and to assist CWS staff with:

(A) understanding medical concerns;

(B) medication reviews;

(C) medical chart reviews;

(D) parent and resource parent education on medical issues;

(E) home visits; and

(F) hospital visits.

(2) CWS behavioral health consultants are available for consultation and to assist CWS staff with:

(A) understanding behavioral health concerns, including factors that contribute to a child's and/or family's difficulties in functioning;

(B) referrals and linkage to behavioral health services and resources;

(C) education on behavioral health, substance use or abuse, and evidence-based practices;

(D) family meetings; and

(E) placement stabilization.

SUBCHAPTER 15. ADOPTIONS

PART 14. POST-ADOPTION SERVICES

340:75-15-124. Post-adoption services

Revised 9-17-18

Post-adoption services are an essential component of the adoption program. The Oklahoma Department of Human Services (DHS) provides post-adoption services to assist the adoptive family, maintain the child in the home, and support adult adoptees and birth family members coping with the lifelong impact of adoption. DHS post-adoption services include: ■ 1

- (1) **Adoption assistance.** DHS administers federal and state adoption assistance programs to assist with the adoption of children with special needs, per Oklahoma Administrative Code (OAC) 340:75-15-7 and 340:75-15-128.
- (2) **Comprehensive Home-Based Services (CHBS).** DHS provides CHBS for adoptive families through Oklahoma Children's Services, per OAC 340:75-1-151.
- (3) **Medicaid (SoonerCare) services.** Children who are approved for adoption assistance may be eligible for services within the scope of the Medicaid (SoonerCare) program. The adoptive family is responsible for any medical services provided to the child that are not within the scope of the Medicaid (SoonerCare) program.
- (4) **Respite vouchers.** Adoptive families may request respite vouchers. ■ 2
- (5) **Information disclosure after finalization.**
- (A) **Adoptee and birth family.** DHS provides upon request, a copy of Form 04AN347E, Medical and Social History Report for Adoption, and any additional medical and social history information in its possession to:
- (i) the adoptive parent or legal guardian of the minor adopted child;
 - (ii) an adoptee 18 years of age and older; or
 - (iii) an individual 18 years of age and older, whose biological parents' parental rights were terminated and who was never adopted.
- (B) **Direct descendant.** DHS provides medical information, only upon request, to:
- (i) an adult direct descendant of a deceased adopted person;
 - (ii) an adult direct descendant of a deceased person whose biological parents' parental rights were terminated and who was never adopted;
 - (iii) the parent or guardian of a minor direct descendant of a deceased adopted person; or
 - (iv) the parent or guardian of a minor direct descendant of a deceased person whose biological parents' rights were terminated and who was never adopted.
- (C) **Genetic information.** DHS provides upon request, a copy of supplemental genetic information about an adopted person, or about a person, whose parental rights were terminated that became available after the issuance of the final decree of adoption, or the termination order to a biological parent or biological relative of:
- (i) an adopted person; and
 - (ii) a person whose biological parents' rights were terminated and was never adopted.
- (D) **Post-finalization.** Additional information received about an adopted child, the adopted child's biological parents, or the adopted child's genetic history is submitted to DHS after the adoption is finalized and retained in the adoption record as long as the records are maintained. A copy is filed with the clerk of the court that issued the decree of adoption and made a part of the court's permanent record. ■ 3
- (E) **Tribal information.** DHS may not provide identifying information directly to an adult adoptee to establish tribal rights or membership, but will provide identifying information to the tribe, the court, or Secretary of the Interior for purposes of establishing Native American heritage. ■ 4
- (F) **Inheritance.** Termination of parental rights does not terminate the child's right to inherit from the biological parent. DHS assists biological parents with locating

heirs and acts as an intermediary, upon request.

(6) **Mutual-Consent Voluntary Registry.** The Mutual-Consent Voluntary Registry allows adult adoptees and persons separated from birth family members to receive assistance locating birth family members, when parental rights were terminated, per OAC 340:75-15-132. ■ 5

(7) **Confidential Intermediary Search Program.** A person may request the services of a confidential intermediary to search for members of his or her birth family, per OAC 340:75-15-133.

INSTRUCTIONS TO STAFF 340:75-15-124

Revised ~~9-17-189~~-16-21

1. Post-adoption services.

(1) When an adoptive family requests post-adoption services, such as Comprehensive Home-Based Services (CHBS), a case is opened and Form ~~04K1015E~~, an Oklahoma Children's Services referral is requested in Adoption Post-Placement Service Plan (APPSP), which is developed with the family.

(A) When the family adopted through the Oklahoma Department of Human Services (DHS), the KIDS number assigned at the time of adoptive placement is utilized.

(B) The original case record is not released from the Adoption Services due to confidentiality requirements.

(2) Information regarding the child's background and medical history may be obtained upon request from the Post-Adoption Services.

(3) The Post-Adoption Services manages the review and claims processing of the adoption assistance case.

2. **Respite.** Respite services are available for a family once a year for up to \$75.00 per child for up to three children. Each additional child is \$25 up to a maximum amount of \$300 for the family, when funding is available. The family is provided a respite application upon request. When the application is received, a voucher is issued and sent by Finance to the caregiver for completion. Respite vouchers are not used for a family with a child in foster care.

3. **Disclosure Updates.** When an adoption specialist receives social, medical, psychological, or educational information on a child after finalization and final case review, the following occurs:

(1) the adoption specialist scans the de-identified, when applicable, document and saves the new information into the child's Permanency Planning case as "Adoption Disclosure Packet" ~~under the Client tab in the File Cabinet.~~ The adoption specialist labels the description as "Child's Name/Adoption Disclosure after Finalization";

(2) the adoption specialist notifies Post-Adoption Services by email of the late disclosure information ~~saved to the KIDS File Cabinet~~ uploaded to the document management system (DMS);

(3) the post-adoption specialist completes a new Form 04AN006E, Affidavit of Information Disclosure for Adoption, and provides the new information to the family via certified mail;

- (4) any disclosure information identified or received 45-calendar days after adoption finalization is submitted to Post-Adoption Services to give to the adoptive family.
- (5) after the adoptive family returns signed Form 04AN006E, the post-adoption specialist scans the new form and new information into the Post-Adoption Services case under the General tab as "Adoption Disclosure" and the description is "Adoption Disclosure After Finalization"; and
- (6) when the family fails to return a signed copy of Form 04AN006E, the unsigned copy is uploaded into the case's Post-Adoption File Cabinet DMS with the certified mail receipt.
4. **Native American heritage information.** Requests to Post-Adoption Services for Native American heritage information from federally-recognized tribes must be on tribal letterhead.
5. **Disclosure of medical and social history.** An eligible person may request his or her non-identifying medical and social history on Form 04CI002E, Oklahoma Mutual Consent Voluntary Registry Registration Affidavit.

SUBCHAPTER 19. WORKING WITH INDIAN CHILDREN

340:75-19-6. Tribal intervention in state court proceedings and tribal inspection of Oklahoma Department of Human Services (DHS) records without a court order

Revised 9-15-16

- (a) **Tribal right to intervene in state court proceeding.** The Indian child's tribe has the right to intervene at any point in a state court proceeding involving the foster care placement or termination of parental rights to the Indian child per Section 1911 of Title 25 of the United States Code (25 U.S.C. §. 1911). Upon intervening, the tribe becomes a party to the state court proceeding.
- (b) **Tribal inspection of the Indian child's DHS records without a court order.**
- (1) Per Section 1-6-103 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-6-103), DHS records pertaining to a child may be inspected, and their contents disclosed, without a court order to a federally recognized Indian tribe, upon showing of proper credentials and pursuant to the tribal representative's lawful duties when the child who is the subject of the record is a member or is eligible to become a member of the tribe; and is the biological child of a member of an Indian tribe pursuant to the provisions of the Federal Indian Child Welfare Act and the Oklahoma Indian Child Welfare Act; provided such Indian tribe in the course of the tribe's official duties is:
- (A) investigating a report of known or suspected child abuse or neglect or crimes against children or for the purpose of determining whether to place a child in protective custody;
- (B) providing services to or for the benefit of a child including, but not limited to, protective, emergency, social and medical services; or
- (C) the tribe, the tribal court, or the tribal child welfare program asserting jurisdiction or intervention in any case in which the child is the subject of the proceedings or is a party to the proceedings pursuant to the authority provided in the Oklahoma Indian Child Welfare Act.

(2) The records provided to Indian tribes include all case records, reports, and documents per 10A O.S. § 1-6-101. ■ 1

(c) **Disclosure of DHS records to federally recognized Indian tribe to consider persons as tribal placement resources.** Per 10A O.S. § 1-6-102, DHS is authorized to disclose DHS records in a reasonable amount of time to a federally recognized Indian tribe pertaining to any individual who applied to provide tribal foster care, adoptive, or guardianship placement; provided, the tribe is required to maintain the confidentiality of the records. ■ 2

INSTRUCTIONS TO STAFF 340:75-19-6

Revised ~~9-15-16~~ 9-15-21

1. **Tribal inspection of the Indian child's Oklahoma ~~Department of Human Services (DHS)~~ OKDHS records without a court order. The child welfare (CW) specialist:**
 - (1) **provides reports regarding the Indian child filed with the court to the Indian child welfare (ICW) worker;**
 - (2) **discloses only information related to the specific child involved in the CW-related investigation or case;**
 - (3) **staffs each request for disclosure of Child Welfare Services (CWS) records with the CW supervisor; and**
 - (4) **consults with ~~DHS~~ OKDHS Legal Services when there is a question regarding the tribe's request for CWS records.**
2. **Disclosure of ~~DHS~~ OKDHS records to federally recognized Indian tribe to assist the tribe consider persons as tribal placement resources.**
 - (1) **The tribe requesting a ~~DHS Child~~ an OKDHS Abuse and Neglect Information System (CANIS) search submits a request Form 04TB005E, Release of Child Welfare Services History to Tribes, to the CWS ~~Indian child welfare tribal IV-E~~ program staff ~~or designee~~ for release of CWS history, including any prior resource home information for the person requesting authorization as a tribal foster, adoptive, or guardianship parent.**
 - (2) **The release form that includes a confidentiality statement, is signed by the prospective foster, adoptive, or guardianship applicant and tribal staff member.**
 - (3) **When approval is granted for disclosure, the tribal representative may access the case file in the applicable district office.**

340:75-19-7. Transfer of proceeding to tribal court

Revised 9-15-16

(a) A parent, Indian custodian, or tribe may request transfer of a state court proceeding for foster care placement or termination of parental rights of an Indian child to tribal court. Whenever a parent, Indian custodian, or tribe seeks to transfer the case, it is presumptively in the Indian child's best interest to transfer the case to the Indian tribe's jurisdiction. When a proper request for transfer is made, jurisdiction is transferred by the state court to the tribal court unless:

- (1) either parent objects to such transfer;
- (2) the court finds good cause to deny transfer of the case; or
- (3) the tribal court declines the transfer. ■ 1 & 2

- (b) In determining if good cause exists, recommendations to the court do not include:
- (1) whether the case is at an advanced stage;
 - (2) whether transfer would result in a change in the child's placement;
 - (3) the Indian child's contacts with the tribe or reservation;
 - (4) the tribal court's prospective placement for the Indian child; or
 - (5) the socio-economic conditions and any perceived inadequacy of tribal or Bureau of Indian Affairs social services or judicial systems.

INSTRUCTIONS TO STAFF 340:75-19-7

Revised ~~9-15-16~~9-16-21

- 1. When the court authorizes a transfer of the state court case to tribal court, the child welfare (CW) specialist:**
 - (1) requests the state court schedule review hearings to continue in state court until the tribal court accepts the case;**
 - (2) continues to provide services to the child and family until there is official documentation that the case was accepted by the tribal court;**
 - ~~(3) notifies CWS tribal program staff of the transfer request. Following official documentation that the case was accepted by the tribal court, Oklahoma Department of Human Services tribal program staff transfer the case to Tribal Foster Care status in KIDS;~~**
 - ~~(4) contacts the Indian child welfare (ICW) worker at least once a month until the case is officially transferred to and accepted by the tribal court;~~**
 - ~~(5)(4) coordinates with the ICW worker to ensure all information needed to provide care for the child that was not available to the tribe before is provided given to the ICW worker at the time of transfer ~~when the information was not available to the tribe before;~~ and~~**
 - (5) notifies CWS tribal program staff of the transfer request. Following official documentation that the case was accepted by the tribal court, Oklahoma Human Services tribal program staff transfer the case to Tribal Foster Care status in KIDS; and**
 - (6) provides a complete copy of the case file of the Indian child to the tribe.**
- ~~2. Refer to Oklahoma Administrative Code 340:75-19-5 Instructions to Staff # 1 for direction when an objection is anticipated to a request to transfer the case to tribal court.~~**

340:75-19-8. Identification of an Indian child ■ 1

Revised 9-15-16

- (a) The Oklahoma Indian Child Welfare Act (OICWA) per Section 40.3(C) of Title 10 of the Oklahoma Statutes (10 O.S. § 40.3(C) 1-3) requires the state court to seek a determination of the child's Indian status when the:
- (1) court is informed by an interested party, an officer of the court, a tribe, an Indian organization, or a public or private agency that the child is Indian;
 - (2) child who is the subject of the proceeding gives the court reason to believe he or she is an Indian child; or
 - (3) court has reason to believe the child's residence or domicile is within a predominantly Indian community.

(b) The court seeks verification of the Indian status of the child from the Indian tribe. The determination of membership by the Indian tribe is conclusive.

INSTRUCTIONS TO STAFF 340:75-19-8

Revised ~~9-15-16~~9-16-21

1. The child welfare (CW) specialist, in an attempt to determine the applicability of the Federal and State Indian Child Welfare Act:

(1) inquires at the earliest opportunity about the possible Indian status of each child receiving CW services. Sources of potential information include, but are not limited to:

(A) the reporting party;

(B) Oklahoma Department of Human Services (DHS) (OKDHS) records;

(C) the DHS OKDHS Information Management System ~~system~~ (IMS);

(D) the child's parents and extended family;

(E) tribe(s); and

(F) the Bureau of Indian Affairs (BIA);

(2) when the tribe is known or suspected, notifies the appropriate Indian child welfare program of the ~~DHS~~ OKDHS involvement with an Indian child at the earliest opportunity;

(3) submits Form 04TB002E, Letter to Verify Tribal Membership or Eligibility and Extended Family, by certified mail, return receipt requested, to the tribe or the BIA when the tribe is unknown or uncertain;

(4) when a response is not received within six weeks of the original request, submits a second Form 04TB002E by certified mail, return receipt requested, marked "second request"; and

(5) provides the response from the tribe or the BIA to the court for filing that indicates whether the child is a tribal member or eligible for tribal membership.

340:75-19-13. Qualified expert witness testimony in the case requiring Indian Child Welfare Act compliance ■ 1

Revised 9-15-16

(a) Per Section 1912 of Title 25 of the United States Code (25 U.S.C. § 1912) no foster care placement or termination of parental rights may be ordered without the testimony of a qualified expert witness that the continued custody of the Indian child by the parent or Indian custodian is likely to result in serious emotional or physical damage or harm to the child.

(b) A qualified expert witness has specific knowledge of the Indian tribe's culture and customs. Persons with the following characteristics, in descending order, meet the requirements for a qualified expert witness, a:

(1) member of the Indian child's tribe recognized by the tribal community as knowledgeable in tribal customs as they pertain to family organizations and child rearing practices;

(2) member of another tribe recognized to be a qualified expert witness by the Indian child's tribe based on his or her knowledge of the delivery of child and family services to Indians and the Indian child's tribe;

- (3) layperson recognized by the Indian child's tribe as having substantial experience in the delivery of child and family services to Indians, and knowledge of prevailing social and cultural standards and childrearing practices within the Indian child's tribe; and
- (4) professional person with substantial education and experience in the area of his or her specialty who can demonstrate knowledge of the prevailing social and cultural standards and childrearing practices within the Indian child's tribe.
- (c) The court or any party may request the assistance of the Indian child's tribe or the Bureau of Indian Affairs agency serving the child's tribe in locating persons qualified to serve as an expert witness.

INSTRUCTIONS TO STAFF 340:75-19-13

Revised ~~9-15-16~~ 9-16-21

1. Qualified expert witness testimony in the case requiring Indian Child Welfare Act compliance.

(1) The court or district attorney ascertains the characteristics and knowledge of the proposed qualified expert witness to determine if that particular person qualifies as an expert witness in that specific case. Qualifications of the qualified expert witness differ depending upon the evidence and testimony presented in person, ~~or via telephone telecommunications, or through other virtual means~~ upon approval by the court of the telephonic testimony per Section 1-4-503 of Title 10A O.S. ~~§~~ of the Oklahoma Statutes (~~10A O.S. § 1-4-503~~) required for the specific case.

(2) Indian child welfare (ICW) workers serve as qualified expert witnesses. The child welfare (CW) specialist staffs the case with the ICW worker to determine if the ICW worker is available to provide testimony in person or via telephone. The CW specialist notifies the district attorney that the ICW worker:

(A) is available to provide testimony in-person or telephonic testimony via telecommunications, or other virtual means at the appointed date and time; or

(B) is not available to provide qualified expert testimony and that an alternate qualified expert witness is needed; and

(C) wants to approve the alternate qualified expert witness.

(3) The CW specialist:

(A) ~~may be asked to serve as a qualified expert witness or~~ assist the district attorney in identifying persons who qualify as a qualified expert witness;

(B) ~~may qualify as a qualified expert witness when the specialist meets the described characteristics; and~~

~~(C) staffs the case with the Indian child welfare ICW worker when the Indian child welfare worker is asked to provide qualified expert witness testimony; and~~

(C) may not serve as the qualified expert witness.

(4) When the qualified expert witness is the ~~DHS CW specialist or the tribal ICW worker~~, the court or district attorney determines if a conflict of interest

exists prior to the testimony being given.

340:75-19-14. Placement preferences for the Indian child ■ 42 through 54

Revised 9-15-16

(a) **Statutory authority for placement preferences for the Indian child.** The Federal and State Indian Child Welfare Acts (ICWA) per Section 1915 (a) and (b) of Title 25 of the United States Code (25 U.S.C. § 1915 (a) and (b)) and Section 40.6 of Title 10 of the Oklahoma Statutes (10 O.S. § 40.6) establish an order of placement preferences for foster care, pre-adoptive, and adoptive placement for Indian children. The placement preferences are in order of most preferable to least preferable. The order of placement preferences for foster and pre-adoptive placements differs from the order of placement preferences for adoptive placements. The court, when appropriate, considers the preferences of the extended family or siblings, the Indian child, or parent.

(b) **Foster care or pre-adoptive placement preferences for the Indian child.** ■ 1 The Indian child in foster care or pre-adoptive placements is placed:

- (1) in the least restrictive, most family-like setting;
- (2) in reasonable proximity to the child's home, extended family, or siblings;
- (3) where the child's special needs, when any, may be met; and
- (4) in the following descending order of preference, absent good cause to the contrary, with:

- (A) a member of the Indian child's extended family;
- (B) a foster home licensed, approved, or specified by the Indian child's tribe whether on or off the reservation, Indian country, or tribal land;
- (C) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
- (D) an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.

(c) **Adoptive placement preferences for the Indian child.** ■ 1 The Indian child in an adoptive placement is placed in the following descending order of preference, absent good cause to the contrary, with:

- (1) a member of the child's extended family;
- (2) other members of the Indian child's tribe; or
- (3) other Indian families.

(d) **Tribal authority to establish tribe-specific placement preferences.** Per 25 U.S.C. § 1915 (c) of the Federal Indian Child Welfare Act (FICWA), the child's tribe may establish a different order of preference by resolution and the Oklahoma Department of Human Services (DHS) follows the tribe's order when the placement is the least restrictive setting appropriate to the child's needs. ■-5

(e) **Utilization of the child's tribe to secure placement.** Per 10 O.S. § 40.6, in the placement of the Indian child, DHS must utilize, to the maximum extent possible, the services of the child's Indian tribe in securing placement consistent with the provisions of the Oklahoma Indian Child Welfare Act.

(f) **Good cause to modify placement preference.** The state court must find, by clear and convincing evidence, that good cause exists to deviate from the placement preferences. The determination must be based on one of the following considerations, the:

- (1) request of the parents, when both parents attest they reviewed the placement options that comply with the order of preference;
- (2) request of the child, when the child is able to understand and comprehend the decision being made;
- (3) extraordinary physical or emotional needs of the child, such as specialized treatment services that may be unavailable in the community where families who meet the criteria live, as established by testimony of a qualified expert witness; provided that extraordinary physical or emotional needs of the child does not include ordinary bonding or attachment that may have occurred as a result of a placement or the fact that the child has, for an extended amount of time, been in another placement that does not comply with FICWA; or
- (4) unavailability of a placement after a showing by the applicable agency and a determination by the court that active efforts were made to find placements meeting the preference criteria, but none were located.

(g) **Indian child's placement records.** A record of each placement of an Indian child is maintained by DHS, evidencing the efforts to comply with the order of preference specified in 25 U.S.C. § 1915, and is made available at any time upon request of the Secretary of the Interior or the Indian child's tribe.

INSTRUCTIONS TO STAFF 340:75-19-14

Revised ~~9-15-16~~9-16-21

1. Placement preferences for the Indian child and good cause hearing. Placement of the Indian child is made in accordance with the placement preference of the child's Indian tribe, when possible. The child welfare (CW) specialist consults with the Indian child's tribe to determine the tribe's specific order of placement preference. To access the placement preference order specified by the tribe, refer to the tribal/state agreement for the tribe or contact Oklahoma Human Services (OKDHS) tribal program unit.

(1) When a placement is not available with extended family, alternate placement is sought utilizing the placement preferences in descending order.

(2) Placement in a different order than is specified by the preferences or placement in a resource not listed in the preferences must be authorized by the court of jurisdiction.

(A) A good cause finding by the court is necessary for the Indian child who is not placed within the first order of preference, the child's extended family.

(B) ~~The child welfare (CW) specialist:~~

(i) requests a good cause hearing when a placement is not available within the first order of preference and for each other placement that is not a preferred placement in the descending order of preference specified by the Indian Child Welfare Act (ICWA) or by tribal resolution; and

(ii) continues to seek placement within the listed order of preference.

(C) Evidence is presented at a good cause hearing setting forth the reasons for deviation from the placement preference order. Information

for a good cause finding includes:

- (i) efforts to locate extended family, including contacts with parents and other relatives to identify extended family and the names of persons contacted;
- (ii) contacts made with the tribe for assistance locating a placement, including dates of contact, and the name of the Indian child welfare (ICW) worker;
- (iii) requests to the tribe to locate and identify extended family; and
- (iv) efforts to utilize the tribe's order of placement preference.

(D) When the tribe is in agreement:

- (i) with placement outside of the ICWA specified preference;
- (ii) with a different order of placement preference; and
- (iii) when there are no available, appropriate placement resources, the CW specialist:
 - (I) attempts to secure the tribe's agreement concerning placement in writing to assist the court with a good cause finding; and
 - (II) documents in the child's KIDS case and the court report the tribe's agreement concerning placement and the name of the ICW worker with whom the placement issue was discussed.

~~(E) The CW specialist documents the efforts required in (C)(i), (ii), and (iii) in KIDS Contacts and Court Reports screens.~~

~~(3) A placement is not considered unavailable when the placement conforms to the prevailing social and cultural standards of the Indian community in which the Indian child's parent or extended family resides or with which the Indian child's parent or extended family members maintain social and cultural ties.~~

~~(4) When a placement is not available in a specific category of preference, the CW specialist documents:~~

- ~~(A) the reasons for the placement is not available and the active efforts made to locate or identify a placement resource; and~~
- ~~(B) each contact made with the child's tribe for assistance with locating a placement in the Contacts screen and Court Report screen in the child's KIDS case record.~~

~~(5)(4) When no placement is available within the placement preferences, it may be necessary to place outside of the preferences, such as with non-Indian, non-relative foster parents.~~

~~(5) A placement may be considered available/appropriate outside of placement preferences when the placement conforms to the prevailing social and cultural standards of the Indian community in which the Indian child's parent or extended family resides or with which the Indian child's parent or extended family members maintain social and cultural ties.~~

2. Oklahoma Department of Human Services (DHS) (OKDHS) placement authority for Indian child in DHS OKDHS custody. Although DHS OKDHS is required to utilize the tribe's services to assist with the Indian child's placement of the Indian child, DHS OKDHS retains responsibility and authority for placement of the child in DHS OKDHS custody.

- (1) When the tribe recommends a placement not consistent with the case plan goal or does not meet the specific needs of the Indian child, the CW specialist declines to place the child in the home recommended by the tribe.
 - (2) The CW specialist explains to the Indian child's tribe the reasons for declining placement, and documents the reasons in the child's KIDS case record in the:
 - (A) Contacts screen; and
 - (B) Court Report screens.
 - (3) The CW specialist requests that the tribe assist with locating other possible placement resources for the Indian child consistent with the placement preferences.
3. **Delayed knowledge of child's Indian status.** When the Indian child is not placed in accordance with the preference order set forth in the State and Federal ICWA because it was not known that the child was Indian, the CW specialist seeks a placement that complies with the placement preferences as quickly as possible after discovery of the child's Indian status.
 4. **Continued active efforts required to place child within ICWA preferences.** When the Indian child is not placed in accordance with the federal and state ICWA because of a lack of resources, the CW specialist, in cooperation with the child's tribe, continues to search for a placement that falls in descending preference order. The requirement to meet the placement preferences continues throughout the case. When a placement is located within a higher order of preference, the child is moved into that placement unless the court finds good cause to deviate from the preference order.
 - ~~5. **Tribe-specific placement preferences.** The CW specialist consults with the Indian child's tribe to determine the tribe's specific order of placement preference. To access the order of placement preferences specified by the tribe, refer to the Indian child's tribe's resources.~~

340:75-19-20. Special procedures for placement of the Indian child in Oklahoma Department of Human Services (DHS) custody in a tribal-certified foster home or residential placement ■ 1 through 4

Revised 9-15-16

(a) **Placement of the Indian child in DHS custody in tribal-certified foster home.** The Indian child in DHS custody may be placed in a tribal-certified foster home with permission of the applicable tribal child welfare program.

(b) **Placement of the Indian child in DHS custody in residential placement.** Section 1915 of Title 25 of the United States Code provides as a last placement preference for the Indian child in foster care or pre-adoptive placement who is in DHS custody, placement in an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.

INSTRUCTIONS TO STAFF 340:75-19-20

Revised ~~9-15-16~~9-16-21

1. Placement of the Indian child in a tribal-certified foster home.

- (1) The child's eligibility for services when placed in a tribal-certified foster

home is the same as if the child were placed in an Oklahoma Department of Human Service (~~DHS~~) (OKDHS) foster home.

(2) ~~DHS~~ OKDHS does not place the Indian child in a tribal-certified foster home without the tribe's permission ~~of the tribe~~ and provides the tribe a copy of Form 04FC011E, Placement Agreement for Out-of-Home Care.

(3) When locating an appropriate placement for the child, the child welfare (CW) specialist:

(A) has primary responsibility for the provision of services for the Indian child in ~~DHS~~ OKDHS custody per Oklahoma Administrative Code (OAC) 340:75-6;

(B) coordinates placement efforts with the child's tribe.

(i) The first order of placement preference is the child's extended family.

(ii) When extended family is not available for placement, the CW specialist inquires about available tribal-certified foster homes.

(iii) Decisions regarding placement of the child in ~~DHS~~ OKDHS custody is a joint effort between the child's tribe and the CW specialist; however, ~~DHS~~ OKDHS bears the responsibility for the child's placement;

(C) staffs the child's placement needs with the Indian child welfare (ICW) worker to locate an appropriate placement;

~~(D) contacts the tribal-certified foster home assigned Child Welfare Services (CWS) tribal program staff to review the identified tribal foster home file to determine if the tribal-certified foster home meets the Indian child's needs;~~

~~(E) before placing a DHS an OKDHS custody child in a tribal-certified foster home, checks the DHS OKDHS Child Abuse and Neglect Information System or KIDS and the Information Management System for information regarding the tribal foster family contacts the Child Welfare Services (CWS) tribal IV-E program unit via *CWS.tribalfostercare to determine if the tribal home is open and available for placement;~~

(E) requests to review the identified tribal foster home file to determine if the tribal-certified foster home meets the Indian child's needs;

(F) when a proposed placement cannot meet the child's needs, such as, but not limited to, reunification, the CW specialist discusses the reason with the ICW worker and documents the reason for declining the placement in the KIDS case. The CW specialist asks the ICW worker to assist with locating another placement; and

(G) when the proposed placement can meet the child's needs, places the child in the tribal-certified foster home and provides the same information to the tribal-certified foster home as is required to be provided to a ~~DHS~~ an OKDHS foster family per OAC 340:75-6-40.2. When the proposed placement is located in a different district, the CW specialist assigned to the child:

~~(i) contacts the CWS tribal program staff assigned to the identified tribal-certified foster home prior to the placement of the child into the~~

~~tribal-certified foster home and inquires whether there are concerns regarding the tribal-certified foster home considered for placement of the child in DHS custody;~~

~~(ii)(i) arranges for the provision of services for the tribal-certified foster home;~~

~~(iii)(ii) continues to visit the child as required per OAC 340:75-6-48; and~~

~~(iv)(iii) coordinates and communicates with the ICW worker to ensure the tribal-certified foster home and child receive needed services.~~

2. Removal of Indian child in ~~DHS~~ OKDHS custody from the tribal-certified foster home. When the state court orders removal of or ~~DHS~~ OKDHS decides it is in the best interests to remove the child in ~~DHS~~ OKDHS custody from the tribal-certified foster home, the ICW worker, ~~DHS~~ OKDHS tribal program staff, and the foster parents are notified immediately. Refer to OAC 340:75-6-86 for required notifications associated with the change in the child's placement.

- (1) The tribe assists with the removal of the child in ~~DHS~~ OKDHS custody placed in a tribal-certified foster home on tribal land.

- (2) The child's removal is coordinated between the ICW worker and the CW specialist.

- (3) Conflicts between the tribe and ~~DHS~~ OKDHS are referred to the CW supervisor, who may refer the issue to the ~~Child Welfare Services (CWS)~~ tribal program manager or staff designee.

3. Placement of the Indian child in ~~DHS~~ OKDHS custody in residential placement.

- (1) Before an Indian child in ~~DHS~~ OKDHS custody is placed into residential placement, all other preferable placement options are explored and documented. Placement in a residential facility is considered when:

- (A) other preferable placements are unavailable;

- (B) the residential placement has a program suitable to the child's needs; and

- (C) the facility entered into a placement agreement with ~~DHS~~ OKDHS.

- (2) Unless a good cause finding is made by the court, the CW specialist continues to seek a placement of a higher preference and moves the child when a higher preference placement is appropriate and available to meet the child's needs.

4. Procedures for placement of the Indian child in ~~DHS~~ OKDHS custody into residential placement. The CW specialist searches the KIDS system to determine if the proposed residential placement is a resource.

- (1) Resource on KIDS. When the resource is on the KIDS system, the CW specialist updates information in the child's KIDS case record to ensure Form 04KI010E, Placement Worksheet, is accurate and complete.

- (A) The CW specialist makes the request for placement on the Placement Recommendation screen and documents the attempts to comply with the placement preferences of the Indian Child Welfare Act on the Placement Recommendation screen.

- (B) The CW supervisor reviews the placement request and Form 04KI010E for accuracy and completion of information about the Indian child and approves the placement request.

~~(C) DHS tribal program staff checks the Resource Unit Inbox daily for placement requests. The CW specialist contacts the DHS tribal program staff by telephone or email to advise of the request.~~

(2) Resource not on KIDS. When the resource is not on the KIDS system, the CW specialist contacts ~~DHS~~ OKDHS tribal program staff. ~~DHS~~ OKDHS tribal program staff contacts the facility to discuss the facility's willingness to enter into a placement agreement and the terms of the placement agreement.

(3) Approval of resource. The child may be placed in a residential facility when:

(A) there is an approved placement agreement with the facility;

(B) the facility is listed as a tribal residential resource; and

(C) the placement request is approved by ~~DHS~~ OKDHS tribal program staff.

340:75-19-21. Reports of abuse or neglect of the child in Oklahoma Department of Human Services (OKDHS) or tribal custody placed in tribal foster resource care

Revised 7-1-13

(a) **Reports of abuse or neglect in a tribal foster care resource.** The report of abuse or neglect of either the Oklahoma Department of Human Services (OKDHS) or tribal custody child placed in a tribal foster home is processed in accordance with OAC 340:75-3-410. ■ 1 & 2 through 3

(b) **Tribal decisions regarding the child in tribal custody.** Tribes make decisions regarding the removal from or the return to the tribal foster home for the child in tribal custody.

(c) **OKDHS decisions regarding the child in OKDHS custody.** OKDHS makes each decision regarding the removal from or return to the tribal foster home for the child in OKDHS custody.

INSTRUCTIONS TO STAFF 340:75-19-21

Revised ~~8-15-179-16-21~~

1. ~~Tribal foster or adoptive home child abuse or neglect investigations.~~ Refer to Oklahoma Administrative Code (OAC) 340:75-3-410 (c) regarding the protocol for addressing Child Protective Services (CPS) reports of child abuse or neglect in tribal foster or tribal adoptive homes.

2. The child welfare (CW) specialist notifies the tribe immediately of the report of abuse or neglect of the child in a tribal-certified foster resource home and requests the tribe's participation in the investigation. The CW specialist notifies the tribe and the Oklahoma Department of Human Services (OKDHS) tribal program staff when the child in OKDHS custody is removed from or returned to the tribal resource home.

3. OKDHS tribal program staff participates in 10-day staffings and enters approvals in KIDS for the tribal resource worker and the tribal permanency worker in tribal custody cases.

340:75-19-30. Voluntary foster care for the youth in tribal custody after 18 years of age

Revised 9-15-16

(a) The tribe may continue to provide foster care services on a voluntary basis to a youth in tribal custody who turns 18 years of age prior to completing his or her:

- (1) high school education; or
- (2) General Educational Development (GED).

(b) The youth:

(1) remains eligible for voluntary foster care until he or she completes high school or GED requirements or reaches his or her 21st birthday. When the youth stops pursuing an education, the youth is no longer eligible for voluntary foster care; and ■ 1

(2) agrees to:

- (A) participate in the development of an successful adulthood plan outlining the steps to achieve self-sufficiency;
- (B) participate in successful adulthood services and activities; and
- (C) abide by the successful adulthood plan.

INSTRUCTIONS TO STAFF 340:75-19-30

Revised ~~9-15-16~~ 9-16-21

1. Request for voluntary foster care for the child in tribal custody.

(1) ~~The Oklahoma Department of Human Services (DHS)~~ (OKDHS) Child Welfare Services (CWS) tribal IV-E program staff:

(A) reviews Form 04IL001E, Voluntary Placement Request, completed per Oklahoma Administrative Code 340:75-6-110, Instructions to Staff # 9 submitted by the tribe and youth requesting voluntary foster care;

(B) consults ~~DHS OKDHS~~ and ~~Child Welfare Services CWS~~ tribal program staff, when needed; and

(C) approves the request for voluntary foster care.

(2) ~~One month~~ Three months prior to the youth's 18th birthday, the Indian child welfare (~~ICW~~) worker provides ~~DHS CWS~~ tribal IV-E program staff:

(A) a memo requesting voluntary foster care for the youth and a recommended time for the care; and

(B) a written request from the youth requesting voluntary foster care.

(3) ~~The ICW worker assists the youth with applying for Title XIX medical benefits as soon as possible after the youth's 18th birthday~~ A youth aging out of foster care is certified for Medicaid without an application or required review. Changes in address or other demographics are reported by the youth to the Oklahoma Health Care Authority.