

COMMENT DUE DATE: June 21, 2024

Date: June 11, 2024

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

SUBJECT:

Chapter 75. Child Welfare Services

CHAPTER 75. CHILD WELFARE SERVICES

Subchapter 1. General Provisions of Child Welfare Services

PART 7. Interstate Compact on the Placement of Children

OAC 340:75-1-86 [AMENDED]

Subchapter 3. Child Protective Services

Part 1. Purpose, Definitions, and Child Abuse and Neglect Hotline Protocol

OAC 340:75-3-110 [AMENDED]

OAC 340:75-3-120 [AMENDED]

OAC 340:75-3-130 [AMENDED]

PART 2. Investigative Protocols

OAC 340:75-3-200 [AMENDED]

OAC 340:75-3-220 [AMENDED]

Part 3. Child Safety Evaluation Criteria and Procedure

OAC 340:75-3-300 [AMENDED]

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

OAC 340:75-3-400 [AMENDED]

OAC 340:75-3-410 [AMENDED]

OAC 340:75-3-420 [AMENDED]

OAC 340:75-3-450 [AMENDED]

OAC 340:75-3-460 [AMENDED]

Part 5. Investigative Findings and Appeals

OAC 340:75-3-500 [AMENDED]

Subchapter 6. Permanency Planning

Part 5. Permanency Planning Services

OAC 340:75-6-31.4 [AMENDED]

Part 8. Child Welfare Specialist Role

OAC 340:75-6-48 [AMENDED]

Subchapter 7. Foster Home Care

Part 27. Oklahoma Department of Human Services (DHS) Resource Family Partner (RFP) Foster Care Program

OAC 340:75-7-280 [AMENDED]

Subchapter 14. Well-Being
OAC 340:75-14-1 [AMENDED]
Subchapter 15. Adoptions
Part 6. Adoption Process
OAC 340:75-15-41.1 [AMENDED]
OAC 340:75-15-41.2 [AMENDED]
OAC 340:75-15-41.3 [AMENDED]
Part 10. Family Assessment and Preparation Process
OAC 340:75-15-82 [AMENDED]
OAC 340:75-15-84.1 [AMENDED]
OAC 340:75-15-87 [AMENDED]
Subchapter 19. Working with Indian Children
OAC 340:75-19-21 [AMENDED]
OAC 340:75-19-26 [AMENDED]
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(Reference WF 24-B)

SUMMARY:

CHAPTER 75. CHILD WELFARE SERVICES

Subchapter 1. General Provisions of Child Welfare Services

PART 7. Interstate Compact on the Placement of Children

OAC 340:75-1-86 Instructions to Staff (ITS) are amended to update protocol on acceptance of out-of-state home study requests into the state of Oklahoma.

Subchapter 3. Child Protective Services

Part 1. Purpose, Definitions, and Child Abuse and Neglect Hotline Protocol

OAC 340:75-3-110 ITS is amended to clarify when Child Welfare Services (CWS) can screen out a referral received from a presiding judge in a custody or visitation proceeding.

OAC 340:75-3-120 ITS is amended to clarify definitions of safety related terminology, including abandonment, failure to protect, impending danger, medical neglect, mental injury and protective capacity.

OAC 340:75-3-130 ITS is amended to provide guidance and clarification for screening out referrals and documentation of safety alerts.

PART 2. Investigative Protocols

OAC 340:75-3-200 ITS is amended to detail guidance on confidentiality of the reporting party's identity and clarification for seeking professional consultation with respect to a child's medical condition.

OAC 340:75-3-220 ITS is amended to establish time frame requirement for contact with the reporter of a referral during an investigation.

Part 3. Child Safety Evaluation Criteria and Procedure

OAC 340:75-3-300 ITS is amended to include requirement to provide a translator for the family at a child safety meeting when needed, clarify coordination with law enforcement in other states or jurisdictions and clarify protective capacity in evaluation of potential safety planning.

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

OAC 340:75-3-400 ITS is amended to clarify protocol when an alleged perpetrator is a safety plan monitor of the child, and detail examples of human trafficking.

OAC 340:75-3-410 ITS is amended to clarify investigative protocol for reports of abuse or neglect in out-of-home care.

OAC 340:75-3-420 ITS is amended to modify documentation time frame for interviews conducted in an investigation of abuse or neglect allegations in a child care center or home.

OAC 340:75-3-450 ITS is amended to add the requirement for CWS to inquire specifically about Family Care Plans initiated with families by hospitals or medical professionals for infants alleged to have been born substance-exposed or affected.

OAC 340:75-3-460 ITS is amended to include additional guidance on critical incidents, preliminary staffing and consideration of a child maltreatment review from the maltreatment physician in a child death or near-death investigation.

Part 5. Investigative Findings and Appeals

OAC 340:75-3-500 ITS is amended to modify protocol for CWS programs unit review of critical incidents.

Subchapter 6. Permanency Planning

Part 5. Permanency Planning Services

OAC 340:75-6-31.4 ITS is amended to modify protocol for TANF subsidized, IV-E subsidized and state-funded guardianships.

Part 8. Child Welfare Specialist Role

OAC 340:75-6-48 ITS is amended to reflect recent change in practice and remove signature requirement on the Quality Contacts with a Parent form.

Subchapter 7. Foster Home Care

Part 27. Oklahoma Department of Human Services (DHS) Resource Family Partner (RFP) Foster Care Program

OAC 340:75-7-280 ITS is revoked to remove instructions relevant to the Oklahoma Human Services (OKDHS) RFP liaison position and function.

Subchapter 14. Well-Being

OAC 340:75-14-1 ITS is amended to reflect a practice change in protocol for implementation of the Child Behavioral Health Screener.

Subchapter 15. Adoptions

Part 6. Adoption Process

OAC 340:75-15-41.1 ITS is amended to reflect a practice change for adoption criteria staffing.

OAC 340:75-15-41.2 ITS is amended to remove instruction on child quadrant status, consistent with recent changes in practice.

OAC 340:75-15-41.3 ITS is amended to provide updated guidance on adoption criteria staffing, including recommended attendees and documentation process.

Part 10. Family Assessment and Preparation Process

OAC 340:75-15-82 ITS is amended to remove adoption recruitment instruction no longer consistent with current practice.

OAC 340:75-15-84.1 ITS is amended to modify protocol on fingerprinting as part of adoptive home assessment.

OAC 340:75-15-87 ITS is amended to clarify reference requirements for adoptive applicants whose employment involves direct child care or who are self employed.

Subchapter 19. Working with Indian Children

OAC 340:75-19-21 ITS is amended to clarify responsibility to notify tribal IV-E program staff when a child is removed from or returned to a tribal resource home.

OAC 340:75-19-26 ITS is amended to designate tribal IV-E staff as responsible for monitoring compliance of tribal IV-E agreements with OKDHS.

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SUBCHAPTER 1. GENERAL PROVISIONS OF CHILD WELFARE SERVICES

PART 7. INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

340:75-1-86. Interstate Compact on the Placement of Children ■ 1 through 7 & 9 Revised 7-1-13

(a) **Purpose.** The Interstate Compact on the Placement of Children (ICPC) is a means to ensure protection and services to children who are placed across state lines. The ICPC establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.

(b) **Legal base.** The ICPC is an agreement adopted by all state legislatures and is consistent with constitutional law. The legal basis for the compact is found in Article I, Section 10, Clause 3 of the United States Constitution and Section 571 of Title 10 of the Oklahoma Statutes. Oklahoma is one of 50 states, the District of Columbia, and U.S. Virgin Islands that adopted the ICPC and agreed to follow the Articles and Regulations of the ICPC when placing children out-of-state and when children are placed in Oklahoma from another state.

(c) **Sending or requesting agency.** The sending or requesting agency is:

- (1) a party state, officer, or employee thereof;
- (2) a subdivision of a party state, officer, or employee thereof;
- (3) a court of a party state;
- (4) a person, corporation, association, or charitable agency; or
- (5) an entity that sends, brings, or causes to be sent or brought any child to another party state.

(d) **Receiving state.** The receiving state is the state to which a child is sent or brought or caused to be sent or brought, whether:

- (1) by public authorities or private persons or agencies; and
- (2) for placement with state or local public authorities, private agencies, or persons.

(e) **Types of Placements.** ICPC applies to placement of a child:

- (1) preliminary to adoption;
- (2) into foster care, including foster homes, group homes, residential treatment facilities, and child caring institutions for treatment of chronic or long-term conditions;
- (3) with the parent, stepparent, grandparent, adult brother or sister, or adult aunt or uncle when any such relative is not making the placement; and
- (4) adjudicated delinquent and placed in institutions in other states.

(f) **Exceptions to ICPC.** ICPC does not apply to:

- (1) placement of a child in a hospital, medical facility, or mental health facility for the primary purpose of treating an acute or short-term medical or emotional problem;
- (2) placement of a child in any institution primarily educational in character;
- (3) placement of a child by the parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or child's non-state agency guardian with any such relative or non-state agency guardian in the receiving state;
- (4) visits in another state; ■ 8
- (5) a child's placement with a non-offending, noncustodial biological parent when the court does not:

- (A) have evidence that such parent is unfit;

- (B) seek such evidence; and
 - (C) retain jurisdiction over the child after the court transfers custody;
 - (6) placement of a child in or from another country; and
 - (7) interstate supervision of a parent's treatment and service plan.
- (g) **Oklahoma as the sending agency or state.** For an out-of-state placement request, the child must be under Oklahoma court jurisdiction but is not required to be in Oklahoma Department of Human Services (OKDHS) custody.
- (h) **Home study time requirements.** Home studies requested by other states to assess the safety and suitability of placement are conducted, and a report addressing the extent to which the proposed placement meets the needs of the child is completed.
- (1) The report is provided to the requesting state within 60 calendar days after receipt of the request.
 - (2) When the home study is not completed and provided to the requesting state within 60 calendar days, the specific reasons it is not completed are documented in an email to the Oklahoma ICPC compact administrator.
 - (3) The requesting state must accept the receiving state's home study as meeting the requirements of the receiving state unless, within 14 calendar days of receiving the study, the requesting state determines that making a decision in reliance on the study would be contrary to the welfare of the child.
 - (4) A completed home study does not require the requesting state to place the child.

INSTRUCTIONS TO STAFF 340:75-1-86

Revised ~~6-13-222-2-24~~

1. **General information regarding the Interstate Compact on the Placement of Children (ICPC).**
 - (1) **ICPC intent.** ICPC ensures that the child placed out-of-state has the same protections and services provided in the home state. ICPC also ensures the child's return to the original county of jurisdiction when the:
 - (A) placement is determined contrary to the child's interests; or
 - (B) need for out-of-state services ceases.
 - (2) **Types of placements the ICPC Program Unit does not process or approve.** ~~ICPC Program Unit does not process an ICPC placement request for a person older than 18 years of age from out-of-state.~~
 - (3) **Exceptions.** ~~ICPC Program Unit staff considers exceptions on a case-by-case basis. When requesting an exception, the sending state must provide the ICPC Program Unit with:~~ ICPC Program Unit does not:
 - (A) process a placement request for a person older than 18 years of age from out-of-state; or
 - (B) approve out-of-state placements into a residential treatment center (RTC), child caring institution, or group home facility for a child who has committed homicide or rape, requires a secured facility, or has a missing from care history. The ICPC Program Unit considers exceptions on a case-by-case basis. When requesting an exception, the sending state must provide the ICPC Program Unit with:
 - (A)(i) the child's age when the homicide, rape, or missing from care activity occurred;

- ~~(B)~~(ii) a court order from the sending state finding the child's condition does not pose a danger to others in the facility or to the community if the child is missing from care from the facility;
- ~~(C)~~(iii) the complete juvenile delinquent record;
- ~~(D)~~(iv) a psychological evaluation of the child within the last 90-calendar days;
- ~~(E)~~(v) all discharge summaries from other treatment facilities and detention centers;
- ~~(F)~~(vi) the full disclosure of details regarding the homicide or rape incident;
- ~~(G)~~(vii) the complete history and circumstances of the missing from care activity;
- ~~(H)~~(viii) a summary of the child's history of violence, abuse, or physical aggression; and
- ~~(I)~~(ix) any information ICPC Program Unit staff determines is necessary.

2. Oklahoma as the sending state to place a child that is under the jurisdiction of an Oklahoma court.

(1) Initiating a placement request. The child welfare (CW) specialist:

(A) uses Form 04IC006E (ICPC-107), Out-of-State Placement Request Checklist, when submitting an ICPC request; and

(B) completes KIDS ICPC screen located under the placement icon for foster (paid placement), relative (non-paid placement), parent, adoption, institution care-adjudicated delinquent, group home care, or residential requests.

(i) For foster care, relative, parent, residential, or group home care requests, the permanency planning (PP) specialist, requests his or her supervisor's approval through KIDS. The PP specialist prints Form 04IC002E (ICPC-100A), Interstate Compact on the Placement of Children Request, signs, and saves it to the KIDS document management system (DMS) along with all required documents.

(ii) For adoptive requests, the PP specialist coordinates with the Resource Unit for completion of an adoption ICPC request. The adoption specialist requests ICPC request approval in KIDS. After verifying, all supporting documentation is saved to the KIDS DMS, the resource supervisor approves the request in KIDS.

(iii) Once ICPC Program Unit staff reviews the outgoing adoption request and submits it to the other state, ICPC Program staff opens "Other Workload Request (OWR)" in KIDS to document that a home study was requested in another state. The type of service request is documented as "ICPC Adoption-Sending Out-of-State."

(iv) The OWR is sent to the ICPC liaison who assigns it to the appropriate resource staff.

(2) ICPC approval process and use of placement.

(A) The receiving state's local office completes the home study and sends a recommendation to the ICPC compact administrator in the receiving state.

(B) The receiving state ICPC office determines if placement is approved and sends the completed home study with signed Form 04IC002E (ICPC-100-A) to the sending ICPC Program Unit.

(C) The ICPC Program Unit routes the documents ~~are routed~~ to the PP specialist or adoption specialist who initiated the request.

(D) Oklahoma, as the requesting state, accepts the completed home study unless, within 14-calendar days of receiving the report, it is determined making a decision in reliance on the report is contrary to the child's welfare.

(i) Relative, foster, and parent placements require receipt of an approved home assessment and approved Form 04IC002E (ICPC-100A).

(ii) An adoptive placement requires receipt of an approved home assessment, approved Form 04IC002E (ICPC-100A), and Oklahoma Human Services (OKDHS) approval or authorization.

(iii) The CW specialist, CW supervisor, and court make the final decision regarding the use of an approved ICPC placement.

(iv) The home's approval and permission to place by the receiving state is valid for six months.

(v) When the placement is not utilized within the six-month period, the CW specialist submits a new ICPC request if the CW specialist wants to place the child in the previously-approved ICPC home.

(E) ~~Prior to placement into an approved adoptive ICPC placement, Form 04AN024E, Adoptive Placement Recommendation Worksheet, is completed for the recommended out-of-state family and is submitted to the program field representative responsible for authorization with a copy of: authorization and full disclosure must be completed, per OAC 340:75-15-41.3.~~

~~(i) the home assessment;~~

~~(ii) Form 04AN020E, Adoptive Placement Criteria Staffing Documentation; and~~

~~(iii) Form 04IC002E (ICPC-100A).~~

~~(F) Prior to signing Form 04AN015E, Adoptive Placement Agreement, the prospective adoptive parent is given full disclosure.~~

(3) ICPC status changes. When placement is made in the receiving state in an approved ICPC resource, the CW specialist or adoption specialist prepares Form 04IC003E (ICPC-100-B), Report on Child's Placement Status, indicating the placement's date.

(A) The CW specialist or adoption specialist submits Form 04IC003E (ICPC-100-B) ~~is submitted~~ to the ICPC Program Unit within five-business days of placement or status change.

(B) Supervision of the child's placement begins after the receiving state receives Form 04IC003E (ICPC-100-B) indicating the placement's date.

(C) The CW specialist or adoption specialist completes Form 04IC003E (ICPC-100-B) is prepared for other status changes in the case, such as when the:

- (i) proposed placement request is withdrawn;**
- (ii) child's treatment is completed in the facility;**
- (iii) custody of the child is transferred to a relative or parent;**
- (iv) child reaches the age of majority or is legally emancipated;**
- (v) sending state terminates jurisdiction with concurrence of the receiving state or unilaterally;**
- (vi) adoption is finalized;**
- (vii) non-paid relative placement becomes licensed;**
- (viii) child returns to sending state;**
- (ix) child moves to another state; or**
- (x) approved resource is not used for placement.**

(4) ICPC resources and supportive services for a child in OKDHS custody placed out-of-state in a relative or foster care placement.

(A) OKDHS does not pay out-of-state placement provider training stipends, initial kinship start-up stipends, or for child care services.

(B) Upon receipt of the approved home study, Form 04IC002E (ICPC-100-A) recommending placement, and a copy of the foster care license or certification, when applicable, ICPC Program Unit staff creates a resource for an ICPC:

- (i) relative placement by selecting Category - Other Services and Type - Kinship/Non-Relative Non-Paid or Kinship/Relative Non-Paid in the KIDS Resource Directory screen; or**
- (ii) foster care placement by selecting Category - Foster Family and Type - Kinship/Relative/CW Foster Family Care, or Kinship/Non-Relative/CW Foster Family Care in the KIDS Resource Directory screen.**

(C) ~~Foster~~ OKDHS makes foster care payments are only made to resources that meet the receiving state's requirements as a foster home. OKDHS pays the foster parent the receiving state's foster care rate. When the receiving state's foster care rate is lower than Oklahoma's rate, the Oklahoma rate is paid. ICPC Program Unit staff:

- (i) sends the foster parent an applicable OKDHS contract for signature. The foster parent returns the signed contract to the ICPC Program Unit;**
- (ii) sends the contract to Foster Care Contracts for processing;**
- (iii) after the contract number is entered in KIDS by Resource Section, enters the receiving state's foster care daily rate in the KIDS Difficulty of Care screen with rate IX, when applicable; and**
- (iv) files a copy of the foster parent's current license or certification, home study, and receiving state's foster care rate, and maintains re-assessments in the resource record, as dictated by the receiving state's policy.**

- (D) The foster parent must maintain compliance with the receiving state's foster care requirements for payment to continue.
- (E) The child receives medical coverage, per Oklahoma Administrative Code (OAC) 340:75-13-75.
- (F) The CW specialist and the worker supervising the case in the receiving state coordinate independent independent living or successful adulthood services are coordinated for eligible youth between the CW specialist and the worker supervising the case in the receiving state, per OAC 340:75-6-110.
- (G) The CW specialist ensures a receiving state agency caseworker makes a face-to-face contact with the child placed in a parent, relative, or foster home at least once every month, as verified through phone calls or email to the assigned supervision worker in the receiving state. The receiving state submits a written report on the content of the contact on a quarterly basis. Refer to OAC 340:75-6-48, ITS # 8, for additional guidance on child contacts for children placed out-of-state.
- (5) ICPC resources and supportive services for a child in OKDHS custody placed out-of-state in an adoptive placement.
- (A) The adoption specialist closes the adoption OWR and creates an adoption resource when the completed approved home study is received. The resource category is Adoption.
- (B) When the child is placed in the adoptive home:
- (i) the adoption specialist opens an adoptive case in KIDS with the case type of Adoption;
 - (ii) the receiving states provides post-placement supervision is provided by the receiving state upon that state's receipt of Form 04IC003E (ICPC 100-B), Report on Child's Placement Status. Quarterly ICPC Program Staff forwards quarterly reports are forwarded to the assigned staff upon receipt; and
 - (iii) the adoption specialist documentation of documents visits and services the receiving state provides to the family are entered into in the Adoption case in KIDS Contacts screen.
- (C) Medical expenses for the child placed out-of-state. A child in permanent OKDHS custody may be eligible for Oklahoma Medicaid when the adoptive family cannot provide medical care.
- (i) The child who is Title IV-E eligible before placement is eligible to receive Medicaid in the receiving state. The majority of states cover children who are not Title IV-E eligible, but coverage is verified prior to placement.
 - (ii) A referral is made to the Interstate Compact on Adoption and Medical Assistance Program Unit (Post-Adoption Services), per OAC 340:75-15-129, for assistance obtaining medical services in the receiving state.
 - (iii) When the receiving state does not provide Medicaid to the child who is not Title IV-E eligible, the adoptive parent is responsible for the child's medical expenses.

(6) Communication between states and case updates. The local office in the receiving state and the CW specialist may communicate about the placement, but all written communication is routed through the ICPC Program Unit. No later than 30-calendar days after a court hearing, the CW specialist submits by email to the ICPC Program Unit the:

(A) court report;

(B) current treatment and service plan; and

(C) court journal entry. ICPC Program Unit staff ~~mails~~ sends this information to the receiving state.

(7) Jurisdiction and placement supervision. The CW specialist does not make a recommendation to the court for a change of custody, guardianship, or adoption by the placement provider in the receiving state or for case dismissal while the child is in the receiving state without the written concurrence of the receiving state's ICPC.

(A) The CW specialist may request concurrence by sending a written request to the ICPC Program Unit.

(B) The Oklahoma court retains jurisdiction over the child sufficient to determine all matters in relation to custody, supervision, care, and disposition of the child that the court had when the child remained in Oklahoma.

(i) ~~Jurisdiction is not dismissed~~ The court does not dismiss jurisdiction until the child is adopted, reaches the age of majority, becomes self-supporting or emancipated, or is discharged with the concurrence of the receiving state ICPC.

(ii) When the court dismisses jurisdiction without concurrence of the receiving state's ICPC, the district director contacts the ICPC Program Unit immediately.

(8) ICPC directive authorizing consent to adoption when the child is placed out-of-state.

(A) When the adoptive parent is ready to proceed with finalization of the adoption, the adoption specialist completes the Form 04AN031E, Consent to Adopt for Child Placed Out-of-State, and sends it as an attachment by email to the ~~Foster Care and Adoptions field manager~~ the Post-Adoption Services Unit.

(B) ~~The form is signed by the director's designee~~ signs and ~~is returned by mail~~ returns the form to the adoption specialist.

(C) ~~The completed form is sent to the receiving state through the ICPC Program Unit.~~ The adoption specialist sends the signed consent with the signed adoption assistance agreements to the adoption attorney or to the receiving state's supervision worker prior to finalization.

(9) Adoption finalization when the child is placed out-of-state.

(A) After the court finalizes the adoption ~~is finalized,~~ the adoption specialist submits all records pertaining to the adoption ~~are submitted to Post-Adoption Services, per OAC 340:75-15-103.~~

(B) The adoption specialist sends Form 0IC003E (ICPC 100-B) and the final adoption decree ~~are sent to the ICPC Program Unit for case closure.~~

3. Oklahoma as the receiving state for a child who is under the jurisdiction of another state. When a home study request is received from a sending state, ICPC Program Unit staff processes the request and sends it to the appropriate designated staff, and sends a copy of the Pre-Resource or OWR request ~~is sent~~ to the designated staff with instructions.
- (1) Parent home study procedures.
- (A) The CW specialist uses Form 04IC016E, Parent Home Study Interstate Compact on the Placement of Children, to assess the safety and suitability of placing a child in the home.
- (B) The CW specialist completes the parent home study ~~is completed~~ and provides a report addressing the extent to which the home meets the child's needs ~~is provided~~ to ICPC within 55-calendar days from the date the CW specialist receives the request from the ICPC Program Unit.
- (C) The ICPC Program Unit provides the parent home study report to the requesting state within 60-calendar days of the initial request.
- (D) The CW specialist emails Form 04IC016E, to the ICPC Program Unit and saves Forms and reports (i) through (vi) in the OWR DMS:
- (i) 04AD003E, Request for Background Check, with results on all household members 18 years of age and older;
- (ii) 04AF010E, Resource Family Financial Assessment;
- (iii) 04AF004E, House Assessment;
- (iv) at least three references, using any combination of Forms:
- (I) 04AF015E, Resource Family Reference Letter for Adult Children;
- (II) 04AF014E, Resource Family Reference Letter for School Personnel;
- (III) 04AF011E, Resource Family Reference Letter for an Employer;
- (IV) 04AF012E, Child's Behavioral Health Reference Letter;
- (V) 04AF013E, Adult Behavioral Health Reference Letter; or
- (VI) 04AF016E, Resource Family Personal Reference Letter;
- (v) reports or collateral contacts from current service providers and therapists or certificates of completion to verify compliance with the treatment plan, when applicable; and
- (vi) 04AF007E, Records Check Documentation.
- (E) ~~Out-of-state~~ OKDHS requires out-of-state CW history ~~is required~~ for any person living in the home who is not a parent when that person has not lived in Oklahoma continuously for the previous five years.
- (i) ~~Out-of-state~~ The assigned specialist may request out-of-state CW history on a parent ~~may be obtained~~ when the assigned specialist has concerns about the parent's CW history.
- (ii) A parent's CW history from another state is often included with the ICPC request; however, the assigned CW specialist may make additional requests for CW records on a parent when concerned.
- (F) Federal Bureau of Investigation (FBI) results are not required for parents; however, when there are concerns about out-of-state criminal history, the assessing staff may request parents be fingerprinted to evaluate any out-of-state criminal history. All persons 18 years of age

and older in a parent's home must be fingerprinted including step-parents.

(G) A separate state name-based criminal background check is not needed for other adult household members who are not parents. As part of the parent's household, an individual's criminal history is assessed by using FBI results.

(2) Relative home study procedures.

(A) OKDHS conducts a relative home study ~~is conducted~~ when the sending state ~~chose~~ chooses not to provide a foster care reimbursement to the family.

(B) The CW specialist uses Form 04AF003E, Resource Family Assessment, to assess the safety and suitability of placing a child in the home.

(C) The CW specialist completes Form 04AF003E ~~is completed~~ and provides a report, addressing the extent to which the home would meet the child's needs, ~~is provided~~ to the ICPC Program Unit within 55-calendar days from receipt of request.

(D) The ICPC Program Unit provides the relative home study report to the requesting state within 60-calendar days of the initial request.

(i) The relative must agree to attend pre-service training before Form 04AF003E is submitted to the ICPC Program Unit.

(ii) ~~Pre-service~~ The relative must complete pre-service training ~~must be completed~~ within 90-calendar days from the child's placement date.

(iii) After training is completed, the CW specialist sends pre-service training verification via KIDS Individual Training Record or training certificates to the ICPC Program Unit.

(E) When the placement provider's income is not sufficient to meet the child's needs because relative requests are unpaid, OKDHS denies the home study ~~is denied~~ and placement is not approved.

(F) The CW specialist completes a full home study as required for foster care resources, per OAC 340:75-7.

(G) The CW specialist e-mails Form 04AF003E to the ICPC Program Unit for review and:

(i) saves other required documents for a resource family assessment to the Pre-Resource DMS, per OAC 340:75-7-18 Instructions to Staff (ITS); and

(ii) sends an email to ICPC Program Unit advising when fingerprint results for all household members 18 years of age and older are available for review in Background Investigations Determination Search (BIDS). Fingerprint results are required prior to final placement approval.

(H) ~~Initial~~ The ICPC Program Unit may give initial placement approval ~~may be given~~ for relative home studies without FBI results when all adult household members have lived in Oklahoma for the past five consecutive years. When FBI results are received, the CW specialist and supervisor sign the signature page to Form 04AF003E, Resource Family

- Assessment, is signed indicating FBI results were received and then final placement approval is given.
- (3) Foster home study procedures. A OKDHS conducts a foster home study ~~is conducted~~ when the sending state chooses to provide a foster care reimbursement. The CW specialist uses Form 04AF003E, Resource Family Assessment, to assess the safety and suitability of placing a child in the home. The CW specialist:
- (A) completes a full home study as required for foster care resources, per OAC 340:75-7-18. The home study is:
 - (i) completed and a report, addressing the extent to which the home would meet the child's needs, is provided to the ICPC Program Unit within 55-calendar days from receipt of request; and
 - (ii) provided by the ICPC Program Unit to the requesting state within 60-calendar days of the initial request; and
 - (B) emails the ICPC Program Unit for review:
 - (i) Form 04AF003E;
 - (ii) other required documents for a resource family assessment saved to the Pre-Resource DMS, per OAC 340:75-7-18 ITS;
 - (iii) verification of pre-service training completion via KIDS Individual Training Record or training certificates; and
 - (iv) notification when fingerprint results for all household members 18 years of age and older are available for review in BIDS. Fingerprint results are required prior to final placement approval.
- (4) Preliminary home study procedures. When a foster home study cannot be completed within 55-calendar days, the CW specialist submits a written summary describing the study's progress ~~must be submitted~~ as the preliminary home study. When the home study is typed and other required documents are missing, a copy of the preliminary study is submitted.
- (5) Adoption home study procedures.
- ~~(A) When a public agency in another state requests an adoptive home study in Oklahoma, the adoption specialist or contractor completes an adoptive home study according to Form 04AF002E, Guidelines for Resource Family Assessment, to assess the safety and suitability of placing a child in the home. The adoption specialist:
 - ~~(i) emails Form 04AF003E to the ICPC Program Unit for review within 55-calendar days of the receipt's request;~~
 - ~~(ii) saves other forms and required documents for a resource family assessment to the Resource DMS, per OAC 340:75-15-87; and~~
 - ~~(iii) emails notification when fingerprint results for all household members 18 years of age and are available for review in BIDS. Fingerprint results are required prior to final placement approval.~~~~
 - ~~(B) When a home is already an Oklahoma open foster home, then the assigned specialist completes an adoption addendum, or annual update, when applicable, is completed. The adoption addendum, or annual update, when applicable, thoroughly addresses the specific children~~

listed in the ICPC request and the family's ability to meet their individual needs.

(A) OKDHS only accepts an adoption home study for assessment and assignment as the assessing and supervising agency when the child(ren) subject to the ICPC is:

(i) initially placed into Oklahoma under ICPC relative or ICPC foster approval with the identified resource; and

(ii) in placement with the identified resource for a minimum of 90-calendar days prior to the ICPC adoption request being sent.

(B) OKDHS does not accept direct ICPC Adoption only requests for assessments; however, a sending agency may contract with a private child placing agency or individual for the purpose of requesting a home study and placement supervision for a direct adoption ICPC request, if desired.

(C) When a public agency in another state requests an adoptive home study in Oklahoma, the CWS ICPC Program Unit ensures the request meets requirements for assignment by ensuring that:

(i) the child is legally free for adoption;

(ii) the sending agency has the authority to plan for the child's adoptive placement;

(iii) the identified placement provider has provided care for the child under ICPC relative or ICPC foster approval, if OKDHS is the agency identified to provide the ICPC adoption home study and placement supervision; or

(iv) the sending agency has contracts with a licensed child-placing agency, or an individual authorized to conduct home studies and provide post-placement supervision, if the sending state is requesting to make a direct adoptive placement.

(D) When a prospective ICPC adoptive home is already an open Oklahoma resource home, CWS ICPC Programs Unit sends an assignment by way of a pre-resource or OWR to the assigned resource specialist assigned to the resource home, and requests completion of an adoption addendum and annual update, when applicable.

(i) In situations when the family was originally approved by way of a Regulation 7 Expedited Home Study, a full Resource Family Assessment, per OAC 340:75-18, is required.

(ii) The specific action required for each individual incoming ICPC adoption request is included with the instructions attached to each request when the assignment is sent from the CWS ICPC Programs Unit.

(iii) When the assigned resource specialist completes the required actions associated with the incoming ICPC adoption request, the assigned staff:

(l) emails Form 04AF003E to the ICPC Program Unit for review within 55-calendar days of the receipt's request;

(II) saves other forms and required documents for a resource family assessment to the Resource DMS; and

(III) emails notification when fingerprint results for all household members 18 years of age are available for review in BIDS. Fingerprint results are required prior to final placement approval.

(6) Opening ICPC resources for placement providers for children under another state's jurisdiction.

(A) KIDS resources are not created for parent placements.

(B) ICPC Program Unit staff creates a resource for an ICPC:

(i) relative placement by selecting Category - Other Services and Type – ICPC/Relative in the KIDS Resource Directory screen. A request for a relative home study is a non-paid placement request and the relative does not receive foster care payment;

(ii) foster placement by selecting Category – Other Services and Type – ICPC/Foster in the KIDS Resource Directory screen. A request for a foster home study is a paid placement request and the sending state may pay the placement provider a foster care payment upon approval; or

(iii) adoptive placement by selecting Category - Other Services and Type - ICPC/Adoption in the KIDS Resource Directory screen. ICPC program staff does not create ICPC adoption resources and ICPC adoption KK for incoming children who upgrade to adoption status from foster or relative placements. The assigned specialist continues to manage the ICPC case from the original ICPC Relative or ICPC Foster resources and ICPC KK's.

(7) Sending state financially responsible for the child's care. The sending state agency, guardian, or person is financially responsible for the child's care. The prospective placement provider in Oklahoma is not entitled to OKDHS training stipends, foster care child care services, foster care payments, contingency funds, mileage reimbursement, OKDHS-contracted services, or clothing vouchers. An ICPC approved resource family caring for an out-of-state child may be eligible for child care subsidy through OKDHS, per OAC 340:40-3-1.

(8) Placement of an out-of-state child with parent, relative, or foster parent in Oklahoma. ICPC Program Unit staff forwards Form 04IC003E (ICPC-100-B), verifying the child's placement to the county of placement and a CW specialist is assigned to the case.

(A) ICPC Program Unit staff:

(i) opens an ICPC case in KIDS using the oldest child's last name and provider's address and selects case Type – ICPC; and

(ii) enters the child's placement using the placement provider's resource. When the child is placed with a parent, the KIDS Living Arrangement and Demographics screens are completed.

(B) The assigned CW specialist:

(i) provides quarterly progress reports to the ICPC Program Unit using Form 04IC004E (ICPC-108), Progress Report for ICPC Cases;

- (ii) visits the child monthly and documents the visits in the KIDS Contacts screen;
 - (iii) refers the family for services, as needed;
 - (iv) ensures placement providers approved as ICPC relative, foster care, or adoption resources maintain compliance with OKDHS resource requirements; and
 - (v) notifies the ICPC Program Unit immediately of:
 - (I) placement disruptions;
 - (II) child abuse or neglect referrals; and
 - (III) policy violations involving ICPC placement providers.
- (9) Placement of an out-of-state child with adoptive parent.
- ~~(A) ICPC Program Unit staff forwards the ICPC/Adoption Resource, ICPC Adoption case, and Form 04IC003E (ICPC 100-B) to the designated ICPC liaison when an out-of-state child is placed directly into an ICPC adoptive placement with an Oklahoma-approved resource.~~
- ~~(i) The ICPC liaison then assigns the ICPC/Adoption Resource and ICPC Adoption case to the appropriate resource field staff where the family resides.~~
 - ~~(ii) The assigned resource field staff:

 - ~~(I) visits the child monthly and documents the visit in the KIDS Contacts screen;~~
 - ~~(II) provides quarterly reports using Form 04IC004E (ICPC-108);~~
 - ~~(III) refers the family for services, as needed;~~
 - ~~(IV) ensures placement provider maintains compliance with OKDHS resource requirements; and~~
 - ~~(V) notifies the ICPC Program Unit immediately about placement disruptions, child abuse or neglect referrals, and policy violations involving ICPC placement providers.~~~~
- ~~(B) ICPC Program Unit staff forwards the ICPC/Adoption Resource, ICPC Adoption case, and Form 04IC003E (ICPC 100-B) to the designated ICPC liaison when an out-of-state child already placed in an approved ICPC foster or relative resource is subsequently upgraded to an ICPC adoption placement with an Oklahoma-approved resource. The ICPC liaison sends the ICPC adoptive resource to the resource supervisor assigned to the current ICPC foster or ICPC relative resource. The ICPC liaison advises the assigned resource supervisor that the existing ICPC foster or relative resource may be closed.~~
- ~~(i) When the out-of-state child's adoption is finalizing in the sending state, primary on the ICPC Adoption KK is assigned by the ICPC liaison directly to the PP supervisor with the existing ICPC KK. PP staff closes the original ICPC KK when the primary is received on the ICPC Adoption KK.~~
 - ~~(ii) When the out-of-state child's adoption is finalizing in Oklahoma, the ICPC liaison advises the resource supervisor where the family resides for an adoption specialist assignment to assist with the adoption process. In this instance, the primary on the ICPC Adoption~~

~~KK is assigned to the designated adoption specialist and, the secondary on the ICPC Adoption KK goes to the existing PP staff who continues to complete monthly visits with the child and family. PP staff closes the original ICPC KK when the secondary is received on the ICPC Adoption KK.~~

(A) ICPC Program Unit staff does not create ICPC Adoption Resources and ICPC Adoption cases for incoming placements that subsequently upgrade from foster or adoption approvals with the same ICPC family that will be adopting the child(ren).

(B) When a child's status changes from foster or relative to adoption, the CWS ICPC Program Unit sends notice to the assigned staff and ICPC field liaison to notify them of the change, and the ICPC field liaison or assigned CW specialist visiting the children assists with coordinating finalization efforts with the sending state, if necessary.

(C) The assigned field staff must continue to complete ongoing worker visits to the child(ren) placed in the approved ICPC adoptive placement until ICPC case closure.

(10) Permanency for the child. After a minimum of six months of placement supervision, the CW specialist may recommend the sending state seek permanency for the child.

(A) Recommendations may include transfer of custody to the placement provider through guardianship, adoption, or return of custody to a biological parent.

(B) Recommendations are discussed with, and approved by, the CW supervisor.

(C) Recommendations are not final until approved by the ICPC Program Unit.

(D) The ICPC case remains open until Form 04IC003E (ICPC-100-B) is received from the sending state terminating the case or closure notification is received from the ICPC Program Unit.

(E) When a child turns 18 years of age while in an approved ICPC placement, the child remains in the sending state's custody with verification from the sending state, and continues to attend high school or is working on his or her General Educational Development (GED). The assigned worker continues to provide supervision until the child graduates, receives his or her GED, or exits custody, whichever occurs first. Staff assigned to provide supervision to a child placed through ICPC who is 18 years of age or older follows contact policy, per OAC 340:6-48 ITS # 8.

~~**(11) Closure of ICPC adoption. Adoptive placements made through ICPC are closed when the adoption is finalized or the child is returned to the sending state and the sending state submits Form 04IC003E (ICPC 100-B) to the ICPC Program Unit. Closure of incoming ICPC KK or ICPC Resource. The ICPC Program Unit approves case closures for placements made through ICPC when permanency is established, or the child is returned to the sending state, and the sending state submits Form 04IC003E to the CWS ICPC Program Unit.**~~

(A) When assigned field staff have entered all documentation into KIDS, CWS ICPC Program Unit staff are responsible for end-dating the placement and closing the ICPC KK for any incoming ICPC placement, when applicable.

- (B) CWS ICPC Program Unit staff advises any assigned resource staff of the need to close the ICPC placement resource, when applicable, that is associated with the Form 04IC003E closure notice from a sending state.**
- (12) Non-public agency requests and independent adoptions.**
- (A) When Oklahoma is the receiving state for a child who is in the custody of a person or non-public agency, the person or non-public agency arranges an assessment and placement supervision by a licensed child-placing agency or a person qualified by training or experience.**
- (B) OKDHS may not complete a home assessment for private or independent adoptive home assessments. ~~The Foster Care and Adoptions field administrator~~ CWS Deputy Director of Placement Programs approves any exceptions.**
- (C) Home assessments completed by OKDHS may not be used for private or independent adoptions.**
- 4. Foster parent movement out-of-state.**
- (1) When a foster parent requests to move to another state with the child in foster care as an intact family and the move is per the child's case plan, the CW specialist:**
- (A) submits, 45-calendar days prior to the planned move, an ICPC foster request for placement, ~~per OAC 340:75-1-86 ITS # 5;~~**
- (B) prepares the ICPC request immediately and sends to the ICPC Program Unit for prompt handling, when the decision to relocate to another state is not made until 45-calendar days or fewer before the intended move;**
- (C) obtains and attaches a memorandum approved by the district director to the ICPC request, per OAC 340:75-6-86 ITS;**
- (D) notifies the court and placement provider about the move; and**
- (E) obtains the placement provider's signature on Form ~~04MP001E, Consent for Release of Information,~~ 04AF049E Consent for Release of Information to Community Partners that permits the CW specialist to attach the home study, annual update(s), and re-assessment(s) or reassessment(s) to the ICPC request.**
- (2) ~~Approval~~ OKDHS does not give approval for the foster family to relocate with the child in OKDHS custody ~~is not given~~ until ICPC Program Unit staff ~~has reviewed~~ reviews and ~~approved~~ approves the request to be submitted to the receiving state.**
- (3) The foster family must comply with the receiving state's requirements for licensing or certification as a foster care provider. The receiving state determines the ability of the placement to meet the child's needs under the circumstances of the proposed relocation.**
- (4) The foster parent continues to receive the foster care payment after the move, provided the foster parent is cooperating with the certification or licensing process in the receiving state. When the foster parent fails to cooperate with the certification or licensing process by receipt of the denied Form 04IC002E (ICPC-100A), Interstate Compact on the Placement of**

Children Request, payment is stopped. The placement becomes an illegal placement and the child must return to Oklahoma.

(5) Once the family is licensed in the receiving state, Oklahoma reimburses the family according to the receiving state's foster care rate unless Oklahoma's rates are higher.

5. ICPC placement supervision of Oklahoma facilities. OKDHS staff is not required to supervise ICPC placements into an Oklahoma residential treatment center (RTC), child caring institution, or group home. Supervision requirements and progress report submission is agreed upon by the child's sending state and RTC.

6. (a) ICPC Regulation No. 7 for Expedited Placement Decision. The intent of ICPC Regulation No. 7 is to:

(1) expedite receiving state's ICPC approval or denial for the placement of the child with a:

- (A) parent;**
- (B) stepparent;**
- (C) grandparent;**
- (D) adult uncle or aunt;**
- (E) adult brother or sister; or**
- (F) the child's guardian;**

(2) protect the child's safety while minimizing the potential trauma to the child caused by interim or multiple placements while ICPC approval to place with the parent, relative, or guardian is sought through a more comprehensive home study process; and

(3) provide the sending state court or sending agency with expedited approval or denial. An expedited denial underscores the urgency for the sending state to explore alternative placement resources.

(b) ICPC Regulation No. 7 not applicable. ICPC Regulation No. 7 does not apply when the:

(1) child is placed in violation of the ICPC in the receiving state, unless the receiving state compact administrator approves a visit in writing and the sending state court enters a subsequent order authorizing the visit with a fixed return date per ICPC Regulation No. 9;

(2) intention of the sending state is for licensed or approved foster care or adoption. In the event the intended placement is already licensed or approved in the receiving state at the time of the request, such licensing or approval would not preclude application of this regulation; or

(3) court:

(A) authorizes placement of the child with a parent from whom the child was not removed;

(B) has no evidence the parent is unfit;

(C) does not seek any evidence from the receiving state that the parent is either fit or unfit; and

(D) the court relinquishes jurisdiction over the child immediately upon placement with the parent.

(c) Criteria required before requesting ICPC Regulation No. 7. An ICPC Regulation No. 7 request must meet at least one of the criteria in subparagraphs (A) through (D) of paragraph (4) when the:

- (1) child is under the jurisdiction of a court as a result of action taken by a child welfare agency;**
- (2) court has the authority to determine custody and approve placement of the child;**
- (3) child is no longer in the home of the parent from whom the child was removed; and**
- (4) child is being considered for placement in another state with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian.**

(A) The child has an unexpected dependency due to the sudden or recent incarceration, incapacitation, or death of the parent or guardian. Incapacitation means the parent or guardian is unable to care for the child due to a medical, mental, or physical condition.

(B) The child considered for placement is four years of age and younger including older siblings considered for placement with the same proposed placement resource.

(C) The court finds the child or any child in the sibling group sought to be placed has a substantial relationship with the proposed placement resource. Substantial relationship means the proposed placement has a familial or mentoring role with the child, spent more than cursory time with the child, and established more than a minimal bond with the child.

(D) The child is currently in an emergency placement.

(d) Provisional approval or denial. Upon request of the sending agency and with agreement of the receiving state, a provisional determination may be made. The receiving state may, but is not required to, provide provisional approval or denial for the child to be placed with a parent, relative, or guardian including a request for an approved placement when the receiving state has a separate licensing process available to relatives that includes a waiver of a non-safety issue.

(1) Upon receipt of the documentation set forth in subsection (e), the receiving state expedites the provisional determination of the appropriateness of the proposed placement by completing (A) through (E) of this paragraph.

(A) The receiving state's caseworker performs a physical walk-through of the prospective placement's home to assess the residence for risks and appropriateness for the child's placement.

(B) A search of the receiving state's child protective services database for prior history of abuse or neglect regarding the prospective placement and adult household members is conducted as required by the receiving state for emergency placement of a child in the receiving state's custody.

(C) A local criminal background check of the prospective resource placement and adult household members is conducted.

- (D) Other determinations as agreed upon by the sending and receiving state compact administrators are undertaken.
- (E) A provisional written report to the receiving state compact administrator as to the appropriateness of the proposed placement is provided.
- (2) OKDHS makes a request on Oklahoma's behalf as the sending agency for a determination for provisional approval or denial. The request includes the ICPC Regulation 7 Order for Expedited Placement Decision, which is an order from the court.
- (3) The receiving state compact administrator completes a determination for a request for provisional approval or denial within seven-calendar days of receipt of the completed request packet, unless the receiving state is unable to meet the time requirement due to situations, such as staff shortages, budget cuts, or furloughs.
- (A) The receiving state compact administrator communicates the provisional approval or denial to the sending state compact administrator in writing.
- (B) The communication does not include the signed Form 04IC002E (ICPC-100A), Interstate Compact on the Placement of Children Request, until the final decision is made, per subsection (g).
- (4) Provisional placement, when approved, continues pending the receiving state's final approval or denial of the placement or until the receiving state requires the child's return to the sending state pursuant to ITS # 6.
- (5) A provisional denial means the receiving state may not approve a provisional placement pending a more comprehensive home study or assessment process due to issues that need resolution.
- (6) When provisional approval is given for placement with a parent from whom the child was not removed, the court in the sending state may direct its agency to request concurrence from the sending and receiving state compact administrators to place the child with the parent and relinquish jurisdiction over the child after final approval is given.
- (A) When concurrence is not given, the sending agency retains jurisdiction over the child as otherwise provided, per Article V of the ICPC.
- (B) When the child is placed in Oklahoma under provisional approval, OKDHS provides supervision of the child and placement consistent with OAC 340:75-6-48 ITS.
- (e) Steps taken by sending agency before the sending court enters ICPC Regulation No. 7 Order of Compliance.
- (1) To consider a placement resource for a receiving state's ICPC expedited placement decision, the sending agency, prior to submitting a request for an ICPC expedited placement decision, takes minimum steps that include:
- (A) consulting with ICPC Program Unit staff to ensure no barriers exist to requesting an expedited placement decision;
- (B) verifying with the proposed placement there are no known barriers to approval through completing Form 04IC015E, ICPC Regulation 7

Statement by Child Welfare Specialist Regarding Prospective Placement Resource;

(C) verifying with the proposed placement they can care for the child(ren) without foster care payments;

(D) completing an ICPC request through KIDS; and

(E) saving all required forms into KIDS DMS using Form 04IC006E, ICPC Checklist.

(2) The sending agency submits to the sending state court a statement that:

(A) based upon current information known to the sending agency, the sending agency is unaware of any fact that would prohibit the child from being placed with the prospective placement resource; and

(B) the sending agency completed and sent all required paperwork to the ICPC Program Unit.

(f) Court orders required from the sending state. The sending state court enters an order consistent with the ICPC Regulation 7 Order for Expedited Placement Decision subject to any additions or deletions required by federal law or the sending state's law. The order sets forth:

(1) the factual basis for a finding that ICPC Regulation No. 7 applies to the child in question; and

(2) if the request includes a request for a provisional approval of the prospective placement and a factual basis for the request.

(g) Time requirements and methods for processing the ICPC expedited placement decision.

(1) Expedited transmissions.

(A) Documentation, requests for information, or decisions may be transmitted by:

(i) overnight mail;

(ii) facsimile transmission; or

(iii) any other recognized method for expedited communication, including electronic transmission, when acceptable.

(B) The receiving state must recognize and give effect to any such expedited transmission of Form 04IC002E (ICPC 100A) or supporting documentation provided it is legible and appears to be a complete representation of the original. However, the receiving state may request and is entitled to receive originals or duly certified copies when the receiving state considers originals or certified copies necessary for a legally sufficient record under the receiving state's laws.

(C) Any state compact administrator may waive any requirement for the form of transmission of original documents in the event he or she is confident in the authenticity of the forms and documents provided.

(2) Sending state court orders to the sending state agency. The local CW specialist:

(A) obtains the Regulation 7 Order for Expedited Placement Decision from the court within-two business days of the hearing or consideration of the request; and

- (B) sends the Regulation 7 Order for Expedited Placement Decision to the sending ICPC Program Unit within three-business days.
- (3) Sending state ICPC Program Unit sends ICPC request to receiving state ICPC office.
- (A) Within two-business days after receipt of a complete ICPC Regulation No. 7 request, the sending state compact administrator transmits the complete request for the assessment and any provisional placement to the receiving state compact administrator.
- (B) The request includes a copy of the Regulation 7 order issued in the sending state.
- (4) Receiving state ICPC office renders an expedited placement decision. The receiving state compact administrator makes his or her determination no later than 20-business days from the date he or she receives the forms and materials, per Article III(d) of the ICPC. The receiving state compact administrator sends completed Form 04IC002E (ICPC-100A) to the sending state compact administrator by expedited transmission.
- (5) Receiving state ICPC office sends request packet to receiving local office. The receiving state compact administrator sends the request packet to the local office within two-business days of receipt of the completed packet from the sending state compact administrator.
- (6) Receiving state local office returns completed home study to the deputy compact administrator's office. The receiving state's local office completes and returns the home study within 15-business days of receipt of the packet from the receiving state compact administrator.
- (7) Time requirement for receiving state ICPC compact administrator to return completed home study to sending state.
- (A) Upon completion of the decision process under the time requirements in this regulation, the receiving state compact administrator provides a written report and Form 04IC002E (ICPC-100A) approving or denying the placement.
- (B) The determination is transmitted to the sending state compact administrator:
- (i) as soon as possible, but no later than three-business days after receipt of the packet from the receiving state's local office; and
 - (ii) no more than 20-business days from the initial date the receiving state compact administrator receives the complete documentation and forms from the sending state compact administrator.
- (h) Recourse when sending or receiving state determines documentation is insufficient.
- (1) When the sending state compact administrator determines the ICPC request documentation is substantially insufficient, he or she specifies to the sending office what additional information is needed and requests it.
- (2) When the receiving state compact administrator determines the ICPC request documentation is substantially insufficient, he or she specifies what additional information is needed and requests it from the sending state

compact administrator. Until the requested information is received, the receiving state is not required to continue with the assessment process.

(3) When the receiving state compact administrator determines the ICPC request documentation is lacking needed information, but is otherwise sufficient, he or she specifies what additional information is needed and requests the information from the sending state compact administrator. When a provisional placement is pursued, the provisional placement evaluation process continues while the requested information is located and provided.

(4) Failure of the compact administrator in either the sending state or the receiving state to request additional documentation or information within two-business days of receipt of the ICPC request and accompanying documentation raises a presumption the sending agency has met its requirements under the ICPC Regulation No. 7.

(i) Failure of receiving state ICPC office or local office to comply with ICPC Regulation No. 7.

(1) When the receiving state compact administrator receives the ICPC Regulation No. 7 request and determines it is not possible to meet the time requirements for the ICPC Regulation No. 7 request, whether or not a provisional request is made, he or she:

(A) notifies the sending state compact administrator as soon as practical; and

(B) sets forth the receiving state's intentions in completing the request, including an estimated time for completion or consideration of the request as a regular ICPC request.

(2) When the receiving state compact administrator or the local receiving state office fails to complete action for the expedited placement request, per ICPC Regulation No. 7, within the time period allowed, the receiving state is deemed to be out of compliance with the regulation and the ICPC. When there appears to be a lack of compliance, the sending state court seeking the expedited placement decision:

(A) may inform an appropriate court in the receiving state;

(B) provides the court in the receiving state with copies of relevant documentation and court orders entered in the case; and

(C) requests assistance with the ICPC Regulation No. 7 compliance.

6. Removal of a child.

(1) When the receiving state compact administrator, after approval and placement of the child, determines the placement no longer meets the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional, and physical development, he or she may request the sending state compact administrator arrange for the immediate return of the child or make alternative placement, per Article V (a) of the ICPC.

(2) The receiving state compact administrator may withdraw the removal request when the sending state arranges services to resolve the reason for

the requested removal and the receiving and sending state compact administrators agree to the plan.

(3) When an agreement is not reached, the sending state expedites the child's return to the sending state within five-business days unless otherwise agreed in writing between the sending and receiving state compact administrators.

7. **Missing from care.** Children from Oklahoma who are missing from care, regardless of adjudication, and are found in another state are subject to the Interstate Compact on Juveniles (ICJ) administered by the Office of Juvenile Affairs (OJA). Children in OKDHS custody who are placed out-of-state through ICPC and are missing from care from the ICPC placement are returned to Oklahoma through ICJ, Sections 2-9-101 through 2-9-116 of Title 10 of the Oklahoma Statutes. All efforts for the child's return are coordinated between the CW specialist, OJA, and the holding state. Refer to OAC 340:75-6-48.3 for guidance regarding children in OKDHS custody or supervision who are missing from care. All ICJ forms are located on the national ICJ website: <https://www.juvenilecompact.org/forms>.

(1) **The CW specialist:**

- (A) completes and faxes or emails ICJ Form IX Absconder Report, to the OJA deputy compact administrator (DCA) within 24 hours of notification from the holding state that the child was located;
 - (B) obtains a pick-up order (PUO) from the judge, or completes a Missing Person's Report (MPR) with law enforcement;
 - (C) requests law enforcement officials place the PUO or MPR onto the National Crime Information Center database; and
 - (D) when the child is willing to return to Oklahoma voluntarily, collaborates with the holding state to take the child before a judge in the holding state to sign ICJ Form III, Consent for Voluntary Return of Out-of-State Juvenile.
- (2) The out-of-state judge informs the child of his or her rights and signs ICJ Juvenile Rights Form III, Interstate Compact for Juvenile Rights Form for Consent for Voluntary Return of Out-of-State Juvenile. The out-of-state judge has the child sign ICJ Form III as well.
- (3) The CW specialist immediately faxes or emails signed Forms ICJ Form III and ICJ Juvenile Rights Form III to OJA DCA.
- (4) The child's return must occur within five-business days of the child signing ICJ Form III.
- (5) When the child does not voluntarily consent to return, the CW specialist:
- (A) requests the assistant district attorney complete ICJ Form A, Petition for Requisition to Return a Runaway Juvenile, for submission to the court of jurisdiction; and
 - (B) submits Forms ICJ Form A and a completed ICJ Form I, Requisition for Runaway Juvenile, to the Oklahoma judge with jurisdiction over the child for a judicial signature. A copy of each original form is faxed, or emailed, to the OJA DCA, robert.hendryx@oja.ok.gov.

(6) Copies The CW specialist faxes or emails copies of the PUO and court journal entry verifying the child is in OKDHS custody ~~are faxed, or emailed,~~ to the OJA DCA.

(7) Travel arrangements are coordinated with the OJA DCA for the child's return to Oklahoma.

8. Out-of-state visits.

(1) A visit is an out-of-state stay of 30-calendar days or less with definite beginning and ending dates. When an out-of-state stay does not, from the outset, have an expressed termination date, when the child has no current placement or a placement to return to at the visit's termination, or when the duration of the out-of-state stay is unclear from the circumstances, the out-of-state stay is considered a placement or proposed placement and is not considered a visit.

(2) Out-of-state visits may exceed 30-calendar days only when the visit begins and ends within the period of a child's school vacation.

(3) Visits and placements are distinguished on the basis of purpose, duration, and the intention of the person or agency with responsibility for planning the child's placement.

(4) Out-of-state visits are arranged by the CW specialist and do not require ICPC approval, unless there is a pending ICPC request. When there is a pending ICPC request, ICPC Program Unit staff must approve the visit.

(5) The visit's purpose is to provide the child with a social or cultural experience of short duration, such as a stay in a camp or with a friend or relative who has not assumed legal responsibility for the child's care.

(6) Pre-placement visits with an adoptive placement do not occur until the adoptive placement is authorized and disclosure occurs. An exception may be made when the potential adoptive placement is a relative and the visit is arranged through the CW specialist as a visit with a relative and not as an adoptive pre-placement visit.

(7) The visiting child does not receive supervision or services while out-of-state.

(A) Prior to approving an out-of-state visit, the CW specialist obtains:

(i) criminal background and child abuse and neglect results from the family's state of residence for all household members 18 years of age and older; and

(ii) three positive references regarding the proposed caregiver.

(B) The receiving state ICPC approves out-of-state visits when an ICPC home study is in progress.

(i) The visit must have beginning and ending dates corresponding to the child's vacation time or holiday from school.

(ii) Permission or approval for visits is obtained by sending a written request to the ICPC Program Unit. The CW specialist's request includes the:

(I) visit's beginning and ending dates;

(II) name and address of the person the child will visit;

(III) reason the visit is necessary;

- (IV) criminal background and child abuse and neglect results on all household members 18 years of age and older;
- (V) three positive references on the proposed caregiver; and
- (VI) details of the child's transportation to the receiving state.

9. Travel arrangements for CW personnel and a child in OKDHS custody.

~~(1) ICPC Program Unit staff makes interstate travel arrangements for CW personnel and a child in OKDHS custody:~~

- ~~(A) when the decision is to place the child in an approved ICPC placement;~~
- ~~(B) when the child was taken from Oklahoma without permission and requires a return to Oklahoma;~~
- ~~(C) as ordered by an Oklahoma court;~~
- ~~(D) who requests approval to attend the funeral of a close family member;~~
- ~~(E) when visiting a relative, per OAC 340:75-1-86 ITS # 8;~~
- ~~(F) when the child is placed out-of-state and will be reunified with a parent in Oklahoma; and~~
- ~~(G) when the out-of-state placement disrupts and the child requires a return to Oklahoma.~~

~~(2) The CW specialist emails the ICPC Program Unit the:~~

- ~~(A) child's name, date of birth, and KK number;~~
- ~~(B) name and date of birth of the person accompanying the child;~~
- ~~(C) departure city, destination, and requested dates of travel;~~
- ~~(D) items requested for reimbursement; and~~
- ~~(E) Form 10AD002E, Travel Authorization.~~

~~(3) All travel expenses for adoptive placements, pre-placement visits, and finalizations are negotiated between OKDHS and the family prior to submitting the travel request to the ICPC Program Unit.~~

(1) ICPC Program Unit staff makes interstate travel arrangements for CW personnel and a child in OKDHS custody when:

- (A) the decision is to place the child in an approved ICPC placement;
- (B) the child is placed out-of-state and will be reunified with a parent in Oklahoma;
- (C) the out-of-state placement disrupts and the child requires a return to Oklahoma; and
- (D) visiting a relative, per OAC 340:75-1-86 ITS # 8.

(2) CWS regional deputy directors or assistant regional deputy directors authorize interstate travel arrangements for CW personnel and a child in OKDHS custody when:

- (A) the child was taken from Oklahoma without permission and requires a return to Oklahoma;
- (B) ordered by an Oklahoma court;
- (C) the child requests approval to attend the funeral of a close family member;
- (D) the child is to be reunited with a parent living out-of-state, when ICPC is not involved;

(E) there is to be an out-of-state visit, per OAC 340:75-1-86 ITS # 8, and there is not a pending ICPC; and
(F) OKSA authorizes travel.

(3) The CW specialist submits a request for travel arrangements using the OKDHS Travel Reservation Request Power App, which routes the request to the required authorized approvers prior to SSD Travel receiving the request to begin the process of coordinating the travel event.

(4) OKDHS and the family negotiate all travel expenses for ICPC placements prior to travel occurring. The ICPC Program Unit is responsible for authorizing all expenses associated with ICPC travel.

10. ICPC record-keeping. Copies of all ICPC information, including ICPC transmittals, are maintained in the child's or the resource's permanent case record in the local office when the child is received into or sent from Oklahoma, and scanned into the DMS under the ICPC section.

SUBCHAPTER 3. CHILD PROTECTIVE SERVICES

PART 1. PURPOSE, DEFINITIONS, AND CHILD ABUSE AND NEGLECT HOTLINE PROTOCOL

340:75-3-110. Child protective services (CPS) relationship to other entities involved in child abuse and neglect investigations and deprived cases ■ 9

Revised 9-17-18

(a) **Other entities' responsibilities for, or regarding child abuse or neglect investigations.**

(1) **Office of Client Advocacy (OCA).**

(A) The Oklahoma Department of Human Services (DHS), OCA, per Section 1-9-112 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-9-112), is responsible for investigations of allegations of child abuse:

(i) or neglect of the child placed in a DHS facility, or in a public or private residential facility including, but not limited to, jails or detention centers, hospitals, psychiatric facilities and treatment programs, day treatment programs, and licensed or unlicensed residential child care facilities; and

(ii) neglect, sexual abuse, or sexual exploitation by a community services worker, per 56 O.S. § 1025.1.

(B) Reports of suspected abuse or neglect of a child are made to the DHS Child Abuse and Neglect Hotline (Hotline) as prescribed in Oklahoma Administrative Code (OAC) 340:2-3-33.

(C) OCA does not investigate allegations of abuse or neglect of the child in foster homes, specialized community homes, therapeutic foster homes, or kinship home placements.

(2) **Child Care Services (CCS).** DHS CCS is responsible for implementing the Oklahoma Child Care Facilities Licensing Act, per 10 O.S. §§ 401 through 441 designed to ensure child safety. CCS has concurrent responsibilities with CPS in investigations of alleged physical abuse, sexual abuse, or serious neglect in child care centers and homes. Whenever possible, investigations are conducted jointly by CCS

and CPS. This does not include violations of CCS licensing requirements that are referred to CCS.

(3) **Office of Juvenile Affairs (OJA).** OJA investigates allegations of child abuse or neglect in facilities operated per the Oklahoma Juvenile Code.

(b) **CPS and inter-agency relationships.** CPS functions as a component of the multi-faceted system established to protect children from abuse and neglect that includes law enforcement, the court system, other social services agencies and organizations. CPS is a component of the child welfare (CW) services continuum that includes preventive and protective services, voluntary family-centered services, foster care and placement services, and adoption services.

(c) **CPS role.** CPS evaluates reports of child abuse or neglect, assesses child safety and the risk of future maltreatment and the need for protective services, and provides and coordinates services.

(d) **Law enforcement role.** Law enforcement investigates a report of child abuse or neglect as a crime.

(1) Reports that require joint involvement by CPS and law enforcement are conducted as CPS investigations rather than assessments.

(2) Law enforcement identifies and arrests the offender, gathers court-admissible evidence, and protects the integrity of the evidence so the offender can be prosecuted in criminal court.

(3) Law enforcement may:

(A) provide protection to the child, other family members, and the CW specialist during crisis intervention; ■ 1

(B) place the child into protective custody and authorize immediate medical or behavioral health treatment, when necessary, to protect the child's health, safety, or welfare, per 10A O.S. § 1-4-201; and

(C) release the child to a person designated by the parent when the person responsible for the child (PRFC) was arrested on a charge or warrant for a crime other than child endangerment or child abuse or neglect, per 10A O.S. § 1-4-201.

(e) **Child Welfare Services (CWS) joint response with law enforcement.** ■ 2 When law enforcement takes a child into protective custody due to abuse or neglect allegations, CWS is contacted in accordance with the joint response protocol developed, per 10A O.S. § 1-4-201. When possible, CWS responds to the scene where the child's protective custody was assumed.

(1) CWS conducts a safety evaluation at the scene to determine if the child faces a safety threat and, when so, if the child can be protected through placement with relatives or others instead of a DHS foster care placement.

(2) When a determination is made at the scene that the child cannot safely remain in the home, law enforcement and CWS coordinate transportation of the child to a location where DHS believes the child can be protected. DHS utilizes a shelter when other placement options are unavailable or inappropriate.

(3) When CWS is unable to respond to the scene where a child was placed in protective custody, the child is taken by law enforcement to the law enforcement office, the local CWS office, or other location as agreed to by the team. ■ 3 & 4

(4) A child taken into protective custody by law enforcement is not by virtue of a standing order, considered to be in DHS emergency custody upon the child's admission to a shelter. A child cannot be placed in DHS emergency custody until:

(A) CWS has completed a safety evaluation and concluded the child faces an imminent safety threat; and

(B) the court has issued a child-specific emergency custody order.

(f) Restoration of custody to the parent, legal guardian, or custodian when child is in protective custody. When the safety evaluation conducted by CWS 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. ■ 3 Specific county procedures are followed when a child is released from protective custody by the court.

(g) DHS relationship with law enforcement and Oklahoma State Bureau of Investigation (OSBI).

(1) DHS coordinates the child abuse and neglect investigation with law enforcement, when appropriate. DHS does not relinquish investigative responsibility when law enforcement requests that DHS not interview certain persons or delay the DHS investigation. Instead, DHS develops a plan with law enforcement to ensure the DHS child safety responsibilities are fulfilled without interfering with the criminal investigation. ■ 2

(2) The DHS Director or designee has the authority to request a criminal investigation by OSBI or another law enforcement agency, per 10A O.S. § 1-2-105, when it is reasonably believed that criminally injurious conduct including, but not limited to, physical or sexual abuse of a child occurred. ■ 4

(h) District attorney's (DA) role in deprived matters. It is the DA's responsibility to determine if the information obtained during the CPS investigation warrants filing a petition alleging the child to be deprived. ■ 5

(i) The DA's role in criminal prosecutions. DHS makes recommendations to the DA regarding deprived proceedings but not for criminal prosecution. The DA has the responsibility to decide if criminal charges are filed against the alleged perpetrator of child abuse and neglect. The CPS investigation recommendation is limited to the action necessary for child safety.

(j) Child's attorney's role. In deprived proceedings, the attorney appointed for the child is independent of and not selected by the DA, the child's parent, legal guardian, or custodian, per 10A O.S. § 1-4-306. In criminal actions brought under Title 21 of the Oklahoma Statutes, the child victim may be appointed an attorney, per 21 O.S. § 843.7.

(1) The child's attorney represents the child's expressed interests unless the child is very young, unable to express an interest, or incapable of judgment and meaningful communication. When the child is unable to express an interest or lacks judgment, the attorney formulates and presents a position that serves the best interests of the child using objective criteria outlined in 10A O.S. § 1-4-306, rather than relying solely on the attorney's life experience or instinct.

(2) The child's attorney meets with the child as soon as possible after appointment and, except for good cause, prior to any hearing in the deprived proceeding. DHS provides the child's attorney access to reports, records, information relevant to the case, and the child's parent, legal guardian, or custodian's examination reports. Per

Oklahoma Administrative Code 340:75-6-48.1, the attorney is advised of the child's location and the best way to contact the child. ■ 6

(k) **Guardian ad litem's role.** Per 10A O.S. § 1-4-306, the court appoints, after a deprived petition is filed and upon the request of the child, child's attorney, DHS, or another party to the deprived action, a guardian ad litem or court-appointed special advocate (CASA) to objectively advocate for, and investigate matters concerning the child's best interests. The guardian ad litem or CASA makes reports and recommendations to the court and conducts interviews with parents, legal guardian, custodian, foster parents, providers, CW specialists, and others with case knowledge. ■ 7

(l) **Judge's role in deprived matters.** Per 10A O.S. § 1-4-102, the judge may, upon application by the DA, issue a court order to place the child in emergency custody when the child is in need of immediate protection due to an imminent safety threat. After a deprived petition is filed, the judge hears the evidence presented during the adjudication hearing and decides if the child is adjudicated a deprived child. When the child is adjudicated deprived, the judge decides if the child is placed in the custody of the PRFC, a relative, DHS, or another agency, and may order the PRFC and child to participate in a court-ordered individualized service plan.

(m) **Judge's role in child custody or visitation proceedings.** When a judge, during a proceeding concerning child custody or visitation, determines there is evidence of abuse or neglect of the child, 10A O.S. § 1-4-102 requires the court to refer the allegations to DHS for an assessment or investigation. The referring court may also enter an order to have the child taken into emergency custody when evidence indicates the child is in surroundings that endanger his or her health, safety, or welfare. ■ 8

INSTRUCTIONS TO STAFF 340:75-3-110

Revised 11-1-18 2-2-24

1. **Law enforcement notification.** Child Welfare Services (CWS) notifies law enforcement as soon as possible when the child welfare (CW) specialist determines:
 - (1) a child, the CW specialist, or other person needs immediate protection to prevent physical harm;
 - (2) a child is found in a situation dangerous to the child's health, safety, or welfare;
 - (3) a child's health or condition warrants medical or behavioral health evaluation, examination, or treatment and the person responsible for the child's (PRFC) health, safety, or welfare is unavailable or unwilling to obtain the needed care;
 - (4) the act of abuse or neglect caused serious injury to the child;
 - (5) sexual abuse appears likely to have occurred based on initial interviews or on the basis of the sexual abuse report when there are allegations of physical trauma resulting from sexual abuse; or
 - (6) a child who was placed in protective custody has a sibling in imminent danger.
2. (a) **Coordinating investigations with law enforcement.** When efforts to coordinate the investigation with law enforcement are unsuccessful, the CW specialist:

- (1) notifies the district director ~~is notified~~;
 - (2) requests assistance from Oklahoma Department of Human Services (DHS) (OKDHS) Legal Services ~~is requested~~ when needed; and
 - (3) documents the coordination efforts ~~are documented~~ on Form 04KI003E, Report to District Attorney.
- (b) Notification to law enforcement of a crime.
- (1) CWS notifies law enforcement at any time during the child abuse or neglect investigation when a criminal investigation appears warranted.
 - (2) The CW specialist verbally notifies law enforcement of the potential crime and submits written notification using Form 04CP002E, Notification to Law Enforcement Agency of Child Abuse or Neglect Report.
- (c) Joint response system between CWS and law enforcement. The system for joint response is utilized when a child is taken into protective custody by law enforcement or when law enforcement requests CWS respond to the scene in regards to a child's safety and, includes:
- (1) designating CWS staff to serve as contact persons for law enforcement;
 - (2) the CW specialist conducting a safety evaluation at the scene to determine if the child can be protected through a safety plan with an identified caretaker without the need for DHS to seek an emergency custody order to place the child in foster care; or
 - (3) the CW specialist conducting a safety evaluation at the law enforcement office, the local CWS office, or other location as agreed upon with law enforcement within 23 hours, when:
 - (A) the CW specialist is unable to respond to the scene in a reasonable time period;
 - (B) exigent circumstances exist and law enforcement must act immediately without CWS participation; or
 - (C) there are other circumstances where it is not feasible or advisable for the CW specialist to respond to the scene;
 - (4) coordination between law enforcement and CWS for transportation of the child to a location where CWS believes the child can be protected. When the child is in emergency ~~DHS~~ OKDHS custody, and it is safe to do so, CWS transports. CWS staff is authorized to provide transportation of the child when indicated, per Oklahoma Administrative Code (OAC) 340:75-1-32. A shelter is only utilized when the home of a relative, or foster home is not immediately available or is inappropriate; and
 - (5) a request by the CW specialist to the district attorney (DA) for application for emergency custody when the child cannot be restored to the custody of the parent, legal guardian, or custodian and the safety evaluation determines the need for emergency custody of the child. The CW specialist completes Form 04CP008E, Child Protective Services – Affidavit, is completed and presented to the DA when requesting emergency custody.
- (d) Report of abuse or neglect by someone other than the PRFC. Refer to Oklahoma Administrative Code (OAC) 340:75-3-400 for reports of abuse or neglect by someone other than the PRFC.

3. Restoration of custody to the parent, legal guardian, or custodian when the child is in protective custody. Following a safety evaluation, when **DHS OKDHS** determines the child in protective custody does not face an imminent safety threat, the child is restored to the custody and control of only the child's parent, legal guardian, or custodian.
4. (a) When to request an Oklahoma State Bureau of Investigation (OSBI) or other law enforcement criminal investigation. An OSBI or other law enforcement criminal investigation may be warranted in an open CWS case, when:
 - (1) local law enforcement or the DA's office does not have the available local resources to investigate the criminally injurious conduct and has not requested OSBI or other law enforcement assistance;
 - (2) the physical abuse, sexual abuse, or neglect is serious, per OAC 340:75-3-120;
 - (3) the alleged perpetrator of the abuse, sexual abuse, or neglect is an unknown caregiver or there is more than one caregiver; and
 - (4) CWS does not have the investigative resources or information to determine who abused the child and is unable to ensure the child's safety.(b) Procedures for requesting an OSBI criminal investigation. When an OSBI investigation appears warranted, the:
 - (1) CW specialist and supervisor consult with the district director, who:
 - (A) reviews the matter;
 - (B) consults with the DA to determine if the DA requested or will request OSBI or other law enforcement assistance; and
 - (C) notifies the regional deputy director when the DA declines to request OSBI or other law enforcement assistance; and
 - (2) regional deputy director notifies the Child Protective Services (CPS) Programs Unit. The CPS Programs Unit reviews the request and initiates the **DHS OKDHS** Director request for a criminal investigation by OSBI or other law enforcement agency, when appropriate.
5. Recommendations to the DA. Consultation, coordination, and a good working relationship with the DA are essential to ensure effective communication regarding the child's protection needs.
 - (1) The CW specialist submits the **DHS OKDHS** recommendation in writing regarding the need for court intervention even when the DA verbally indicates a deprived petition may not or will not be filed.
 - (2) The CW specialist recommends emergency custody of the child by submitting Form 04CP008E to the DA when the child is in danger and no available resource can be activated to prevent harm.
 - (3) The CW specialist uses Form 04KI003E to:
 - (A) recommend a deprived petition and court intervention; or
 - (B) report the finding for each investigation, except when the finding is reasonable parental discipline.
6. Child's attorney. The CW specialist consults with the child's attorney to enhance the child's well-being, when possible.

7. **Guardian ad litem or court-appointed special advocate (CASA).** The CW specialist and the guardian ad litem or the CASA coordinate and cooperate with each other to ensure the best services are provided for the child.
8. **Child custody or visitation proceedings.**
 - (1) When the referring court places the child in DHS OKDHS custody, the information is documented on Form 04KI001E, Referral Information Report, and an investigation is immediately assigned as a Priority I, per OAC 340:75-3-400. This report can only be screened-out with permission from the referring judge.
 - (2) When the referring court makes a report of abuse or neglect, the information is documented on Form 04KI001E and an investigation is assigned per OAC 340:75-3-400. DHS OKDHS submits the completed investigation to the DA and referring judge within 30-calendar days of the referral date. This report can only be screened-out with permission from the referring judge.
9. **Guardianship or power of attorney.** When a relative or non-relative caretaker is granted guardianship or power of attorney and a referral was assigned regarding the parent, legal guardian, or custodian alleging abuse, neglect, or both, a complete and thorough safety evaluation of the child referenced in the assigned report is required in the home of the legal guardian or person having power of attorney. All PRFCs, including parents, are included in the safety assessment. Assurances are obtained from the person having power of attorney or guardianship to immediately notify the CW specialist when the power of attorney or guardianship was revoked or modified.

340:75-3-120. Definitions and substantiation protocol ■ 3-9, and 11-50

Revised 2-1-22

(a) **Legislative intent.** Legislative intent, per Section 1-1-102 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-102) states, "*...it is the purpose of the laws relating to children alleged or found to be deprived to...intervene in the family only when necessary to protect a child from harm or threatened harm.*"

(b) **Definitions.** Terms used by Oklahoma Human Services (OKDHS) Child Welfare Services not found in the Oklahoma Children's Code are defined in Oklahoma Administrative Code 340:75-3-120 Instructions to Staff. The following words and terms, when used in the Oklahoma Children's Code, 10A O.S. §§ 1-1-105, 1-2-105, and 1-6-105; 21 O.S. §§ 748, 748.2; and 1040.13a; and in this Subchapter have the following meanings unless the context clearly indicates otherwise:

(1) **"Abandonment"** means the:

(A) willful intent by words, actions, or omissions of the person responsible for the child's (PRFC) health, safety, or welfare not to return for a child;

(B) failure to maintain a significant parental relationship with a child through visitation, family time, or communication, such as incidental or token visits or communication, which are not considered significant; or

(C) failure to respond to notice of deprived proceedings. ■ 2

(2) **"Abuse"** means harm or threatened harm by a PRFC to a child's health, safety, or welfare including non-accidental physical or mental injury or sexual abuse or sexual

exploitation; however, nothing prohibits a parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

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

(A) activities or items that are generally accepted as suitable for children of the same age or maturity level 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 he or she attains with respect to his or her cognitive, emotional, physical, and behavioral capacities.

(4) "**Assessment**" means a comprehensive review of child safety and evaluation of family functioning and protective capacities conducted in response to a child abuse or neglect referral that does not allege a serious and immediate safety threat to a child.

(5) "**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.

(6) "**Child**" means any unmarried person younger than 18 years of age, including an infant born alive.

(7) "**Children's emergency resource center**" means a community-based program that may provide:

(A) emergency care and a safe, structured, homelike environment or a host home for children providing food, clothing, shelter, and hygiene products to each child served;

(B) after-school tutoring;

(C) counseling services;

(D) life-skills training;

(E) transition services;

(F) assessments;

(G) family reunification;

(H) respite care;

(I) transportation to or from school, appointments with health care professionals, visitations or family time, court, and social or school activities, when necessary; and

(J) a stable environment for children in crisis who are in OKDHS custody, when permitted under OKDHS policies and regulations; or

(K) care for children voluntarily placed in the program by a parent or custodian during a temporary crisis.

(8) "**Child safety meeting**" means the collaborative decision-making process OKDHS engages in to address each child's needs related to safety and, when the child's condition warrants a safety intervention including, but not limited to, a change in placement, and:

(A) those involved in the collaborative decision-making process include, at a minimum, appropriate OKDHS staff, the child's parents, and, when the parent requests, an advocate or representative; and

(B) to protect the safety of those involved and to promote efficiency, OKDHS may limit participants as determined to be in the child's best interests.

(9) "**Child with a 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.

(10) "**Commercial sex**" means any form of commercial sexual activity, such as sexually explicit performances, prostitution, participation in the production of pornography, performance in a strip club, or exotic dancing or display, per 21 O.S § 748.

(11) "**Custodian**" means an individual other than a parent, legal guardian, or Indian custodian, to whom legal custody of the child was awarded by the court. As used in the Oklahoma Children's Code, the term "custodian" does not mean OKDHS.

(12) "**Dependency**" means a child who is homeless or without proper care or guardianship through no fault of his or her parent, legal guardian, or custodian.

(13) "**Deprived child**" means a child:

(A) who is for any reason destitute, homeless, or abandoned;

(B) who does not have the proper parental care or guardianship;

(C) who has been abused, neglected, or is dependent;

(D) whose home is an unfit place for the child by reason of depravity on the part of the child's parent, legal guardian, custodian, or other person responsible for the child's health or welfare;

(E) who is in need of special care and treatment because of the child's physical or mental condition, and the child's parents, legal guardian, or other custodian is unable or willfully fails to provide such special care and treatment. A child in need of special care and treatment includes, but is not limited to, a child who at birth tests positive for alcohol or a controlled dangerous substance and who, pursuant to a drug or alcohol screen of the child and an assessment of the parent, is determined to be at risk of harm or threatened harm to his or her health or safety;

(F) with a disability deprived of the nutrition necessary to sustain life, or deprived of the medical treatment necessary to remedy or relieve a life-threatening medical condition, in order to cause or allow the child's death when such nutrition or medical treatment is generally provided to similarly situated children without a disability or children with disabilities; provided that no medical treatment is necessary when, in the reasonable medical judgment of the attending physician, such treatment would be futile in saving the life of the child;

(G) who, due to improper parental care and guardianship, is absent from school, per 70 O. S. § 10-106, when the child is subject to compulsory school attendance;

(H) whose parent, legal guardian, or custodian for good cause desires to be relieved of custody;

(I) who was born to a parent whose parental rights to another child were involuntarily terminated by the court and the conditions that led to the finding, which resulted in the termination of the parental rights of the parent to the other child, have not been corrected; or

- (J) whose parent, legal guardian, or custodian subjected another child to abuse or neglect or allowed another child to be subjected to abuse or neglect and is currently a respondent in a deprived proceeding.
- (14) "**Drug-endangered child**" means a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a PRFC, per this Section and 10A O.S. § 1-1-105.
- (A) This term includes circumstances wherein the PRFC's substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
- (B) Per 10A O.S. § 1-2-101, every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the OKDHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder (FASD).
- (C) Whenever OKDHS determines that a child meets the definition of a "drug-endangered child" or was diagnosed with neonatal abstinence syndrome or FASD, and the referral is assigned, OKDHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment, per 10A O.S. § 1-2-102.
- (D) Whenever OKDHS determines an infant is diagnosed with neonatal abstinence syndrome or FASD, OKDHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.
- (15) "**Emergency custody**" means court-ordered custody of a child prior to the child's adjudication.
- (16) "**Failure to protect**" means failure to take reasonable action to remedy or prevent child abuse or neglect, and includes the conduct of a non-abusing parent or guardian who knows the identity of the abuser or the person neglecting the child, but lies, conceals, or fails to report the child abuse or neglect, or otherwise take reasonable action to end the abuse or neglect.
- (17) "**Foster parent**" means any person maintaining a therapeutic, emergency, specialized-community home, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.
- (18) "**Harm or threatened harm**" means any real or threatened physical, mental, or emotional injury or damage to the body or mind of a child that is not accidental including, but not limited to:
- (A) sexual abuse or sexual exploitation;
- (B) neglect; or
- (C) dependency.
- (19) "**Heinous and shocking abuse**" means any aggravated physical abuse that results in serious bodily, mental, or emotional injury. Serious bodily injury means, but is not limited to, injury that involves:

- (A) substantial risk of death;
 - (B) extreme physical pain;
 - (C) protracted disfigurement;
 - (D) loss or impairment of a function of a body member, organ, or mental faculty;
 - (E) an injury to an internal or external organ or the body;
 - (F) bone fractures;
 - (G) sexual abuse or sexual exploitation;
 - (H) chronic abuse including, but not limited to, physical, emotional, or sexual abuse or sexual exploitation that is repeated or continuing;
 - (I) torture including, but not limited to, inflicting, participating in, or assisting in inflicting intense physical or emotional pain upon a child repeatedly over a period of time for the purpose of coercing or terrorizing a child, or for the purpose of satisfying the perpetrator's or another person's craven, cruel, or prurient desires; or
 - (J) any other similar aggravated circumstance.
- (20) **"Heinous and shocking neglect"** means neglect that includes, but is not limited to:
- (A) chronic neglect that includes, but is not limited to, a persistent pattern of family functioning in which the caregiver has not met or sustained the child's basic needs resulting in harm to the child;
 - (B) neglect that resulted in a diagnosis of the child as a failure to thrive;
 - (C) an act or failure to act by a parent that results in:
 - (i) serious physical or emotional harm;
 - (ii) sexual abuse or sexual exploitation;
 - (iii) the death or near death of a child or sibling; or
 - (iv) presents an imminent risk of serious harm to a child; or
 - (D) any other similar aggravating circumstance.
- (21) **"Human trafficking"** means modern-day slavery that includes, but is not limited to, extreme exploitation and the denial of freedom or liberty of an individual for purposes of deriving benefit from that individual's commercial sex act or labor.
- (22) **"Human trafficking for commercial sex"** means:
- (A) recruiting, enticing, harboring, maintaining, transporting, providing, or obtaining, by any means, another person through deception, force, fraud, threat, or coercion for purposes of engaging the person in a commercial sex act;
 - (B) recruiting, enticing, harboring, maintaining, transporting, providing, purchasing or obtaining, by any means, a minor for purposes of engaging the minor in a commercial sex act; or
 - (C) benefiting, financially or by receiving anything of value, from participating in a venture engaged in an act of trafficking for commercial sex.
- (23) **"Infant"** means a child 12 months of age and younger.
- (24) **"Investigation"** means a response to an allegation of abuse or neglect that involves a serious and immediate threat to the safety of the child making it necessary to determine:
- (A) the current safety of the child and the risk of subsequent abuse or neglect;
 - (B) if child abuse or neglect occurred; and
 - (C) if the family needs prevention- and intervention-related services.

(25) "**Minor in need of treatment**" means a child in need of mental health or substance use or abuse treatment as defined by the Inpatient Mental Health and Substance Abuse Treatment of Minors Act.

(26) "**Multidisciplinary child abuse team**" means any team established, per 10A O.S. § 1-9-102 of three or more persons who are trained in the prevention, identification, investigation, prosecution, and treatment of physical and sexual child abuse and who are qualified to facilitate a broad range of prevention- and intervention-related services and services related to child abuse. For purposes of this definition, "freestanding" means a team not used by a child advocacy center for its accreditation;

(27) "**Near death**" means a child is in serious or critical condition as a result of abuse or neglect verified by a physician, registered nurse, or other licensed health care provider. Verification of the medical condition of a child may be given in person or by phone, email, fax, or mail.

(28) "**Neglect**" means:

(A) the failure or omission by the PRFC to provide the child with:

- (i) adequate nurturance and affection, food, clothing, shelter, sanitation, hygiene, or an appropriate education;
- (ii) medical, dental, or behavioral health care;
- (iii) supervision or appropriate caretakers to protect the child from harm or threatened harm any reasonable and prudent PRFC would be aware; or
- (iv) special care made necessary for the child's health and safety by the child's physical or mental condition;

(B) the failure or omission by the PRFC to protect the child from exposure to:

- (i) the use, abuse, possession, sale, or manufacture of illegal drugs;
- (ii) illegal activities; or
- (iii) sexual acts or materials that are not age-appropriate; or

(C) abandonment.

(29) "**Person responsible for the child's health, safety, or welfare**" means:

(A) the child's parent, legal guardian, custodian, or foster parent. A custodian is an individual other than a parent, legal guardian, or Indian custodian to whom legal custody of the child was awarded by the court, per 10A O.S. § 1-1-105;

(B) a person 18 years of age and older with whom the child's parent cohabitates or any other adult residing in the child's home;

(C) an agent or employee of a public or private residential home, institution, facility, or day-treatment program, per 10 O.S. § 175.20;

(D) an owner, operator, or employee of a child care program, per 10 O.S. § 402, whether the home is licensed or unlicensed; or

(E) a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

(30) "**Physical abuse**" means an injury resulting from punching, beating, kicking, biting, burning, or otherwise harming a child. Even though the injury is not an accident, the PRFC may not have intended to hurt the child.

(A) The injury may result from:

- (i) extreme physical punishment inappropriate to the child's age or condition;

- (ii) a single episode or repeated episodes that range in severity from significant bruising to death; or
 - (iii) any action including, but not limited to, hitting with a closed fist, kicking, inflicting burns, shaking, or throwing the child, even when no injury is sustained, but the action places the child at risk of grave physical danger.
- (B) Minor injury of a child older than 10 years of age is not considered physical abuse unless the actions that caused the injury placed the child in grave physical danger.
- (31) "**Plan of safe care**" means a plan developed for an infant with neonatal abstinence syndrome or a FASD, upon release from healthcare provider care that addresses the infant's and mother's or caregiver's health and substance use or abuse treatment needs.
- (32) "**Protective custody**" means custody of a child taken by law enforcement or designated employee of the court, without a court order.
- (33) "**Reasonable parental discipline**" means parental use of ordinary force as a means of discipline including, but not limited to, spankings, switching, or paddling that does not result in bodily injury to the child.
- (34) "**Risk**" means the likelihood that an incident of child abuse or neglect will occur in the future. ■ 2
- (35) "**Risk factors**" means family behaviors and conditions that suggest the caregivers are likely to maltreat their child in the future.
- (36) "**Safety analysis**" means OKDHS action taken in response to a report of alleged child abuse or neglect that may include an assessment or investigation based upon an analysis of the information received according to priority guidelines and other OKDHS-adopted criteria.
- (37) "**Safety evaluation**" means an OKDHS evaluation of a child's situation, using a structured, evidence-based tool to determine if the child is subject to safety threats.
- (38) "**Safety threat**" means the threat of serious harm due to child abuse or neglect occurring in the present or in the very near future that without another person's intervention, a child would likely or in all probability sustain severe or permanent disability or injury, illness, or death.
- (39) "**Sexual abuse**" means any sexual activity, including sexual propositioning between the PRFC and child or any sexual acts committed or permitted by the PRFC including, but not limited to:
- (A) rape;
 - (B) sodomy;
 - (C) incest; and
 - (D) lewd or indecent acts or proposals to a child. ■ 10
- (40) "**Sexual exploitation**" means any person 18 years of age and older or a PRFC:
- (A) allowing, permitting, encouraging, or forcing a child to engage in prostitution, as defined by law; or
 - (B) allowing, permitting, encouraging, or engaging in the lewd, obscene, or pornographic, as defined by law, photographing, filming, or depicting of the child in those acts.

(41) **"Sibling"** means a biologically or legally-related brother or sister of a child. This includes an individual who satisfies at least one of the conditions in (A) and (B) with respect to a child. The individual:

(A) is considered by state law to be a child's sibling; or

(B) would be considered a sibling under state law, except for a termination or other disruption of parental rights, such as a parent(s)' death.

(42) **"Trafficking in persons"** means sex trafficking or severe forms of trafficking in persons.

(A) "Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

(B) "Severe forms of trafficking in persons" means:

(i) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act is not 18 years of age; or

(ii) the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

(43) **"Youth"** means a child 13 through 17 years of age.

(c) **Substantiation of child abuse and neglect allegations.** Specific guidelines in conjunction with the definitions in this Section are utilized in substantiating abuse or neglect. ■ 1

INSTRUCTIONS TO STAFF 340:75-3-120

Revised 2-1-22 2-2-24

1. **Definitions throughout Subchapter 3.** Oklahoma Human Services (OKDHS) definitions throughout Subchapter 3 not defined in the Oklahoma Children's Code are defined in Instructions to Staff (ITS) # 2 through # 50 of this Section. Certain definitions contain related examples and substantiation protocol.

2. (a) **Abandonment.** "Abandonment" is broadly defined in Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) and Oklahoma Administrative Code (OAC) 340:75-3-120; however, subparagraphs B and C of the statute as they relate to a significant parental relationship and failure to respond to notice of deprived proceedings do not necessarily apply when making safety decisions. For the purpose of accepting or screening-out abandonment reports for assessment or investigation, a child is considered abandoned when a person responsible for the child's (PRFC) health, safety, or welfare:

(1) leaves the child with no stated or implied plans to resume care or custody and the caregiver is unwilling or unable to provide appropriate care for the child;

(2) refuses to have the child in his or her care and custody and does not make appropriate arrangements for the child's care; or

(3) arranges substitute care for the child; and

(A) fails to return for the child;

(B) efforts to locate the PRFC fail, and more than 24 hours pass; and

- (C) the caregiver is unwilling or unable to continue to provide appropriate care for the child.
- (b) Abandonment examples. Examples of abandonment may include, but are not limited to, when the:
- (1) PRFC refuses to pick the child up from a temporary caretaker, inpatient facility, detention facility, or school after a request to do so and does not make appropriate alternative plans for the child's care;
 - (2) PRFC does not return to pick the child up from an appropriate, temporary caregiver and the caregiver is no longer able or willing to care for the child;
 - (3) child is homeless and without access to a parent or legal guardian to meet the child's need for shelter, clothing, food, or medical or behavioral health care; ~~or~~
 - (4) child is found home alone for an extended period of time with no access to an adult and the PRFC cannot be contacted or located; or
 - (5) child has no stable home and is staying at multiple places or relocating often with no access to an adult and the PRFC cannot be contacted or located.
- (c) Substantiating abandonment.
- (1) When determining a finding regarding an abandonment allegation, the child welfare (CW) specialist considers:
 - (A) the PRFC's explanation of the incident to determine the reason the PRFC did not resume custody of the child;
 - (B) if mitigating circumstances exist, such as a teen parent who is in OKDHS custody and who is unable, but not unwilling, to provide care for the child;
 - (C) the duration and chronicity of the PRFC's absence;
 - (D) the efforts by the caregiver to locate the PRFC; and
 - (E) the impact of the PRFC's absence on the child.
 - (2) In general, to substantiate abandonment, one of the factors in (A) through (E) of this paragraph is present. The PRFC:
 - (A) leaves the child and there are no stated or implied plans by the PRFC to resume care or custody of the child;
 - (B) arranges for a substitute caregiver and the substitute caregiver is:
 - (i) unwilling or unable to continue to care for the child. The child left with an appropriate caregiver is not abandoned unless the caregiver refuses to continue to provide care; and
 - (ii) unable to locate the PRFC and more than 24 hours have passed;
 - (C) fails to make an effort to retrieve the child from the substitute caregiver and more than 24 hours have passed;
 - (D) refuses to provide or assume care of the child or make appropriate alternative arrangements for the child; or
 - (E) is unable to provide care for, or assume care of, the child ~~and will not be able to assume care of the child.~~
 - (3) It is not considered abandonment if a legal guardian is no longer able to provide care for a child due to extreme circumstances, such as the guardian's health condition or a child's extreme violent behavior to

household members, provided the guardian has sought means to ensure an appropriate caregiver is available, including engagement with the courts.

3. (a) Abuse examples. Examples of abuse may include, but are not limited to, circumstances when the child is:
 - (1) shocked by a cattle prod or any type of electronic device, such as a stun gun or taser;
 - (2) shot with a BB gun or air gun as a form of discipline;
 - (3) choked, or otherwise has an airway restriction as a form of discipline, intimidation, or punishment;
 - (4) diagnosed with abusive head trauma or shaken baby syndrome;
 - (5) intentionally burned as a form of discipline, intimidation, or punishment;
 - or
 - (6) held under water or submerged in water as a form of punishment.
- (b) Substantiating abuse.
 - (1) When determining a finding regarding an abuse allegation, the CW specialist considers the:
 - (A) impact on the child, related to the child's age, physical condition, and vulnerability to the abuse;
 - (B) PRFC's pattern of abusive behavior; and
 - (C) duration of the abuse.
 - (2) Prior to substantiating abuse not otherwise defined in the definitions of OAC 340:75-3-120 and 340:75-3-120 ITS under harm or threatened harm, physical abuse, sexual abuse, or failure to protect, one of the factors in (A) or (B) of this paragraph are present.
 - (A) The PRFC's actions resulted in the child's death, physical or emotional harm, sexual abuse, or sexual exploitation.
 - (B) The child is harmed or threatened with substantial harm as the result of the PRFC's behavior.
 - (3) A child does not have to have an injury, and the PRFC does not have to express intent to harm, for abuse to be substantiated.
4. Accepting the report for assessment or investigation. "Accepting the report for assessment or investigation" means the screening process was completed; the report meets the definition of abuse, neglect, or both, is within the scope of child protective services (CPS), and will be assigned.
5. Acute traumatic events. "Acute traumatic events" means events that are usually short-lived but result in overwhelming feelings of terror, horror, or helplessness.
6. Administrative investigation. "Administrative investigation" means an internal investigation the advocate general initiates at the request of the OKDHS Director or the Chief of Staff upon receipt of a notice of the death or near death of a child known to Child Welfare Services (CWS) or in other circumstances.
7. Advocate general. "Advocate general" means the administrative head of the OKDHS Office of Client Advocacy.
8. 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.

9. **Chronic traumatic events.** "Chronic traumatic events" means events that occur repeatedly over an extended period of time and result in a range of responses, including intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt, or shame.
10. **Complex trauma.** "Complex trauma" describes a child's exposure to multiple or prolonged traumatic events and the impact of this exposure on the child's development. Complex trauma occurs within the primary caregiving system and involves the chronic neglect, physical or sexual abuse or sexual exploitation of a child, or psychological maltreatment, as well as domestic violence that begins in early childhood.
11. (a) **Confinement.** "Confinement" means unreasonable restriction of the child's mobility, actions, or physical functioning, such as tying the child to a fixed or heavy object, tying limbs together, or forcing the child to remain in a closely confined area that restricts the child's physical movement.
 - (b) **Confinement examples.** Confinement may include, but is not limited to:
 - (1) locking a child in a closet or small room;
 - (2) tying one or more of the child's limbs to a bed, chair, or other object except as authorized by a licensed physician;
 - (3) tying a child's hands behind his or her back;
 - (4) putting the child in a cage or its likeness, such as a crib with a cover over the top;
 - (5) forcing the child to live in a small space without proper ventilation, lighting, or access to facilities; or
 - (6) locking the child in inappropriate living quarters, such as a basement, laundry room, storm shelter, or bathroom for extended periods of time to prevent the child from interacting or participating in daily activities with other members of the family.
 - (c) **Substantiating confinement.**
 - (1) When determining a finding regarding a confinement allegation, the CW specialist considers the:
 - (A) child's age and vulnerability;
 - (B) child's development and functioning;
 - (C) child's behavioral health;
 - (D) child's physical limitations;
 - (E) child's length of confinement; and
 - (F) PRFC's intent behind the child's confinement.
 - (2) In general, to substantiate confinement, one of the factors in (A) through (D) of this paragraph is present.
 - (A) The PRFC restrains the child's mobility, physical function, or limbs by purposeful action over a period of time.
 - (B) The child is forced to remain in a confined area through physical force or threat of harm of a physical nature for an unreasonable amount of time.
 - (C) The child is unable to remove himself or herself from confinement due to physical abilities, development, or other limitations.
 - (D) The PRFC restricts the child's limbs through bondage, taping, or other means and the child is unable to remove himself or herself from the

confinement. Age-appropriate swaddling of an infant is not considered confinement.

12. Contributing factors to abuse or neglect. "Contributing factors to abuse or neglect" means any action or omission that negatively affects the PRFC's ability to demonstrate protective capacities, either directly or indirectly, as it relates to a child's safety and well-being.

13. Deprived child.

(1) The CW specialist consults with the CPS Program Unit the district director, or both on how to proceed when confronted with a case where a child is deprived necessary medical treatment to sustain life for the sole reason that the parent, legal guardian, or person with custody or control of a child, in good faith, selects and depends upon spiritual means alone through prayer, per the tenets and practice of a recognized church or religious denomination.

(2) Evidence of material, educational, or cultural disadvantage as compared to other children is not sufficient to prove that a child is deprived.

14.(a) Domestic violence. "Domestic violence" means assaultive or coercive behaviors, such as physical, sexual, and psychological attacks; economic coercion against another adult, emancipated minor, or minor child who is family, a household member, domestic partner, or who is or was in a dating relationship.

(b) Domestic violence examples. Domestic violence may include, but is not limited to:

(1) physical assault upon a spouse, domestic partner, girlfriend, boyfriend, or other adult residing in the same household including, but not limited to:

- (A) punching;
- (B) striking with objects;
- (C) hitting;
- (D) slapping;
- (E) choking;
- (F) kicking;
- (G) burning;
- (H) cutting; or
- (I) biting;

(2) harm or threatened harm to self or others as a means of control over an individual;

(3) imposed isolation from family, friends, and loved ones;

(4) not allowing access to family finances;

(5) verbally abusive or demeaning comments especially in the presence of others; or

(6) stalking; or

~~(6)~~(7) forced participation in sexual acts.

(c) Substantiating domestic violence.

(1) When determining a finding regarding the allegation of exposure to domestic violence, the CW specialist considers the:

- (A) child's age and vulnerability;

- (B) severity of the incident; and
 - (C) protective capacities of the non-perpetrating PRFC, when applicable.
- (2) In general, to substantiate domestic violence there:
- (A) is an incident that results in physical harm to a member of the household;
 - (B) is assaultive or coercive behavior between adults when the child is in the environment that includes, but is not limited to:
 - (i) threats that involve the child;
 - (ii) choking the victim;
 - (iii) physical injury; or
 - (iv) the presence of weapons; or
 - (C) are safety threats to the child that pose:
 - (i) imminent or impending physical danger;
 - (ii) significant neglect; or
 - (iii) significant emotional harm as a result of the child listening to or witnessing the assaultive behavior.
- 15.(a) Educational neglect. "Educational neglect" means the child fails to attend school due pattern of failure to ensure the child is enrolled in, allowed to attend, assisted in attending school, or provided other means of education. Truancy or homeschooling does not necessarily constitute educational neglect.
- (b) Educational neglect examples. Educational neglect may include, but is not limited to, when the PRFC:
- (1) fails to enroll the child in school and does not provide an alternative means of education; or
 - (2) allows the child to be frequently tardy or absent from school with no just cause.
- (c) Substantiating educational neglect.
- (1) When determining a finding regarding an educational neglect allegation, the CW specialist considers whether the child is receiving an alternative means of education and when the child is not, considers the:
 - (A) PRFC's efforts to get the child to school or to provide other means of education;
 - (B) duration of the child's absence from school;
 - (C) reasoning for the child not being enrolled in school; and
 - (D) plan provided by the child, when appropriate, and the PRFC for the child's continued education.
 - (2) In general, to substantiate educational neglect one of the factors in (A) through (C) of this paragraph is present and all efforts were exhausted by the appropriate school district.
 - (A) The child fails to attend school or receive other means of education due to the PRFC's pattern of behavior.
 - (B) The PRFC does not access materials necessary for the child's education, such as homeschooling text books, Internet access, or tutors.
 - (C) The school district exhausts all available means to compel the child's attendance and the PRFC fails to respond.

16.(a) Failure to protect examples. Failure to protect may include, but is not limited to, the PRFC:

- (1) leaving the child in the care of an inappropriate caretaker or with a caretaker with whom the PRFC does not have a long-standing relationship and abuse or neglect is perpetrated on the child by the caretaker;**
- (2) allowing the child to be left with a caretaker who previously harmed a child, the PRFC had knowledge of the previous abuse or neglect, and an incident of abuse or neglect is perpetrated on the child by the caretaker;**
- (3) remaining in an environment with the child where the child is or was abused or neglected by another caretaker; or**
- (4) permitting abuse or neglect to occur at the hands of another PRFC or caretaker.**

(b) Substantiating failure to protect.

(1) When determining a finding regarding a failure to protect allegation, the CW specialist considers:

- (A) the PRFC's knowledge of a potential safety threat to the child;**
 - (B) the PRFC's overall attitude regarding the child's need for safety; and**
 - (C) whether a reasonable adult could have predicted harm to the child in the situation. A reasonable person acts sensibly without serious delay and takes proper, but not excessive precautions.**
- (2) In general, to substantiate failure to protect either or both of the factors in (A) and (B) of this paragraph are present.**

(A) The PRFC had knowledge of or could have predicted the child would be:

- (i) in an unsafe situation; or**
- (ii) with an individual who has a history of abusive, neglectful, or violent behavior.**

(B) The PRFC ~~fails to show attention, care, or consideration for the child's need for safety~~ demonstrates a lack of cognitive, behavioral, or emotional protective capacities associated with the child maltreatment.

(3) When someone other than the PRFC is the perpetrator of the abuse or neglect to the child and:

- (A) the PRFC has protected, and will continue to protect the child, a ruled-out finding is made unless the CW specialist determines services are recommended to continue to ensure the child's protection; or**
- (B) it appears the abuse or neglect was attributable to the willful failure on the part of the PRFC to protect the child, a finding of substantiated failure to protect is appropriate.**

17. Fetal alcohol spectrum disorder. "Fetal alcohol spectrum disorder" (FASD) means an overarching disorder that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome, alcohol-related birth defects (ARBs), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure.

18. General counsel. "General counsel" means the administrative head of OKDHS Legal Services.

- 19. Impending danger.** "Impending danger" means the presence of a threatening family condition that is:
- (1) specific and observable;
 - (2) out-of-control;
 - (3) certain to happen in the next several days or reoccur in the foreseeable future; and
 - (4) likely to have a severe effect on a child. Refer to OAC 340:75-3-300 ITS.
- 20. Inadequate or dangerous shelter.** "Inadequate or dangerous shelter" means the child is living in hazardous living conditions that could have a severe impact on the child's health or safety.
- (1) Examples of inadequate or dangerous shelter may include, but are not limited to, a:
 - (A) young child living in a home with animal feces scattered throughout the home on a chronic basis;
 - (B) child living in a home with no working utilities and the child has no access to heat or cooling methods when warranted for extreme weather conditions;
 - (C) child living outdoors; or
 - (D) child living in a tent with no access to adequate protection from extreme heat or cold.
 - (2) Substantiating inadequate or dangerous shelter.
 - (A) When determining a finding regarding the allegation of inadequate or dangerous shelter, the CW specialist considers the:
 - (i) child's developmental functioning;
 - (ii) impact on the child related to the child's age, physical condition, and vulnerability to the conditions;
 - (iii) duration and frequency of the conditions;
 - (iv) resources available to the PRFC to improve the conditions; and
 - (v) factor that poverty alone does not constitute neglect.
 - (B) In general, to substantiate inadequate or dangerous shelter, the factors in (i) or (ii) of this paragraph are present.
 - (i) The PRFC does not provide basic shelter necessary for the child's health or safety due to the PRFC's behavior or refusal to use available resources.
 - (ii) The child is harmed or threatened with substantial harm as the result of the conditions.
- 21. Infant born alive.** "Infant born alive" means an infant who is born alive at any stage of fetal development as certified by a physician.
- 22. (a) Lack of supervision.** "Lack of supervision" means the PRFC failed to provide the child with the supervision required to keep the child:
- (1) from hurting himself, herself, or others; or
 - (2) away from dangerous objects or situations.
- (b) Examples of lack of supervision include, but are not limited to:**
- (1) leaving a young child alone without appropriate supervision or access to an appropriate caretaker;

- (2) leaving a young child without appropriate supervision in a potentially dangerous or hazardous environment;
- (3) not providing appropriate supervision to a young, disabled, or vulnerable child around roadways, bodies of water, or inside vehicles;
- (4) allowing a young or vulnerable child to freely play at a park, playground, school, or other location without an appropriate caretaker present to supervise; or
- (5) leaving a child with physical, mental, or emotional disabilities without appropriate access to an adult or responsible caretaker who is able to tend to the child's needs.

(c) Substantiating lack of supervision.

(1) When determining a finding regarding a lack of supervision allegation, the CW specialist considers the:

- (A) child's developmental functioning;**
- (B) environment where the child is left unsupervised;**
- (C) duration and frequency the child is left without supervision;**
- (D) child's accessibility to a capable adult;**
- (E) PRFC's expectations of the child while child is alone;**
- (F) resources available to the PRFC to improve the supervision plan; and**
- (G) PRFC's ability to make child safety-related decisions.**

(2) In general, to substantiate lack of supervision the factors in (A) and or (B) of this paragraph are present.

(A) The child is placed in situations beyond the child's developmental ability to manage without competent supervision, guidance, or protection.

(B) The circumstances of the supervision plan are such that a reasonable person is expected to foresee that the child is placed in danger of physical harm, sexual abuse, or sexual exploitation.

23.(a) Medical child abuse. "Medical child abuse" formerly referred to as Munchausen Syndrome by Proxy or fabricated or induced illness, means a type of child abuse where the PRFC fabricates or induces medical conditions in the child.

(b) Medical child abuse examples. Medical child abuse examples may include, but are not limited to, the PRFC:

- (1) intentionally making the child ill through the administration of medications, chemicals, or harmful substances;**
- (2) reporting the child has a life-threatening condition without supporting medical evidence and continually seeking treatment for the condition to gain attention or sympathy;**
- (3) taking the child to multiple doctors, specialists, or both;**
- (4) demanding the child be placed on medications or receive treatment for an undiagnosed condition; or**
- (5) administering a multitude of over-the-counter medications to the child who is not officially diagnosed by a medical professional for a specific condition.**

(c) Substantiating fabricated or induced illness. When determining a finding regarding a fabricated or induced illness allegation, the CW specialist obtains:

- (1) all of the child's medical records;
- (2) an opinion from a certified child abuse pediatrician stating the PRFC fabricated or induced the child's illness; and
- (3) documentation from the PRFC's health provider, when available.

24. (a) Medical neglect. "Medical neglect" means failure to obtain medical attention, failure to treat a medical condition or withholding medical treatment or prescription medication of any type and the withholding may result in significant harm to the child. Withholding medical treatment or prescriptions is medical neglect when the:

- (1) medical treatment is, in the opinion of a physician, required to safeguard the child from serious medical risk;
- (2) child's medical condition is an emergency or a life-threatening condition, constituting such a serious risk to the child's health, safety, or welfare that a reasonable person would procure medical attention immediately and the PRFC does not do so;
- (3) withholding, refusal to administer, or supply prescribed medications results in the child needing emergency medical services or results in the child suffering for a period of time that would have been prevented with proper administration of prescribed medications; or
- (4) needed medical treatment is withheld from an infant born alive at any stage of fetal development or is withheld from an infant born with disabilities if the infant's life-threatening condition will most likely improve or be corrected with medical treatment, per OAC 340:75-3-430.

(b) Examples of medical neglect include, but are not limited to, the PRFC failing to:

- (1) seek medical attention for the child with an injury, especially when the injury is to the child's head, face, ears, neck, stomach, or genitals;
- (2) administer prescribed medications resulting in the child's prolonged suffering or needing emergency medical care;
- (3) seek medical care for the child's prolonged illness; or
- (4) consistently follow through with the physician's recommendations regarding the child's treatment and care.

(c) Substantiating medical neglect. In general, to substantiate medical neglect, the CW specialist consults with the medical personnel treating the condition in addition to any consulting medical personnel as to the condition and determines if any factors in (1) through (3) of this subsection is present.

- (1) The child does not receive medical, dental, or behavioral health care for a documented serious health problem that, when untreated, may place the child in imminent or impending jeopardy of limitation, incapacitation, or death.
- (2) The PRFC demonstrates a consistent refusal to obtain and follow through with specified medical care, including the administration and supply of prescribed medications.

- (3) The child's health is significantly endangered by the PRFC's failure to obtain medical treatment or provide prescribed medications for the child.
25. (a) **Mental injury – emotional abuse or neglect.** "Mental injury - emotional abuse or neglect" means an injury to the child's intellectual or psychological capacity:
- (1) as evidenced by observable and substantial impairment to the child's ability to function within the child's normal range of performance and behavior with regard to the child's culture; and
 - (2) resulting from a pattern of cruel or unconscionable acts upon the child, or statements made or permitted by the PRFC to be made to the child or within the child's environment.
- (b) **Mental injury – emotional abuse or neglect examples.** Mental injury – emotional abuse or neglect examples include, but are not limited to:
- (1) acts or repeated statements directed at the child that degrade or belittle the child;
 - (2) exposure to repeated violent or intimidating acts or statements that may or may not be directed at the child but have a harmful effect on the child;
 - (3) the PRFC ignoring or being psychologically unavailable to the child, such as acts ranging from lack of sustained attention to a barrier of silence;
 - (4) the PRFC fails to provide minimum levels of nurturing and shows little or no attachment to the child;
 - (5) the PRFC regularly ignores, rejects, or curses the child when the child requires the PRFC's assistance;
 - (6) the PRFC confuses the child's gender identity by forcing the child to dress in clothing inappropriate for the child's gender to shame the child;
 - (7) the PRFC exposes the child to maladaptive and harmful influences by:
 - (A) engaging in serious criminal activity with the child's full awareness;
 - (B) allowing or encouraging the child to engage in illegal acts; or
 - (C) exposing or forcing the child to participate in child trafficking;
 - (8) consistently refusing to permit any professional to assess the child's serious emotional or behavioral problems that may also be considered medical neglect; or
 - (9) the child witnessing chronic or highly volatile domestic violence.
- (c) In general, to substantiate mental injury – emotional abuse or neglect, one or more of the factors in (1) through (3) of this subsection is present.
- (1) The PRFC demonstrates a pattern of emotionally abusive or neglectful behavior causing the child extreme unpleasant mental reactions, such as terror, horror, grief, shame, or humiliation.
 - (2) A professional opinion from someone with skills in diagnosing behavioral health concerns indicates the PRFC's behavior causes the child's observable and substantial impairment of his or her intellectual or emotional functioning.
 - (3) There is cumulative documentation of the child's impairment and the PRFC's behaviors, such as:
 - (A) statements by the child and at least one competent witness;
 - (B) the PRFC's description of a typical family interaction;
 - (C) the PRFC's description of an attitude toward the child;

- (D) collaborative evidence provided by collateral sources familiar with the family; or
 - (E) the CW specialist's observation and assessment of the child's behavior and demeanor.
 - (4) The CW specialist considers the child's age and maturity level when making a finding regarding mental injury – emotional abuse or neglect.
- 26. Medically fragile child.** "Medically fragile child" means a child who exhibits either an acute life-threatening or a chronic, progressive health condition that puts the child at high risk for poor health or death. Rapid health deterioration occurs without continuous care and treatment. This includes, but is not limited to:
- (1) Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS);
 - (2) Type 1 diabetes;
 - (3) kidney dialysis; or
 - (4) incurable advanced stage/end of life diseases.
- 27. Minor Injury.** "Minor injury" means belt marks, slap marks, or bruises on the child's buttocks, legs, shoulders, or arms that are not extensive, deep, or located on multiple sites as a result of discipline by the PRFC to a child 6 years of age and older. An example is fingertip bruising to the child's arm.
- 28. (a) Neglect.**
- (1) The child is neglected when the PRFC deliberately, or through exceptional lack of attention to the child's basic needs, causes the child to suffer emotionally or physically.
 - (2) Neglect involves either a chronic, long-standing problem that impacts several aspects of a child's life or is so severe that it is life threatening.
 - (3) Per 10A O.S. § 1-1-105, a child is not determined to be abused or neglected for the sole reason the parent, legal guardian, or person having custody or control of a child in good faith selects and depends upon spiritual means alone through prayer, in accordance with the tenets and practice of a recognized church or religious denomination, for the treatment or cure of disease or remedial care of such child. The court is not prevented from immediately assuming custody of a child, pursuant to the Oklahoma Children's Code, and ordering whatever action may be necessary, including medical treatment, to protect the child's health or welfare.
- (b) Neglect examples.** Examples of neglect include, but are not limited to:
- (1) dangerously inadequate supervision for the child;
 - (2) extremely hazardous living conditions for the child;
 - (3) the child's malnutrition;
 - (4) the PRFC's failure to obtain or provide critically essential medical, dental, or behavioral health care for the child;
 - (5) mental injury to the child;
 - (6) seriously inadequate physical care of the child;
 - (7) the child's exposure to sexual acts or age-inappropriate material;
 - (8) the PRFC's failure to protect;
 - (9) the PRFC's abandonment of the child; or

- (10) threat of harm to the child.
- (c) Substantiating neglect.
- (1) When determining a finding regarding a neglect allegation, the CW specialist considers the:
- (A) impact on the child related to the child's age, physical condition, and vulnerability to the conditions;
 - (B) PRFC's pattern of neglectful behavior;
 - (C) neglect's duration;
 - (D) resources available to the PRFC to assist the PRFC enhance his or her protective capacities; and
 - (E) factor that poverty alone does not constitute neglect unless the PRFC does not access known and readily available resources to prevent serious emotional or physical harm to the child.
- (2) In general, to substantiate neglect the factors in (A) and (B) of this paragraph are present.
- (A) The PRFC does not provide basic food, clothing, or shelter, supervision, or essential medical, dental, or behavioral health care necessary for the child's health or safety due to the PRFC's behaviors or refusal to use available resources.
 - (B) The child is harmed or threatened with substantial harm as the result of the PRFC's behavior.
- (3) Neglect does not mean a child who engages in independent activities, except if the PRFC willfully disregards any harm or threatened harm to the child, given the child's level of maturity, physical condition, or mental abilities. Such independent activities include, but are not limited to:
- (A) traveling to and from school, including by walking, running, or bicycling;
 - (B) traveling to and from nearby commercial or recreational facilities;
 - (C) engaging in outdoor play;
 - (D) remaining at home unattended for a reasonable amount of time;
 - (E) remaining in a vehicle if the temperature inside the vehicle is not, or will not, become dangerously hot or cold, except under the conditions described in 47 O.S. § 11-1119; or
 - (F) engaging in similar activities alone or with other children.
29. Neonatal abstinence syndrome. "Neonatal abstinence syndrome" (NAS), also referred to as "substance-affected newborn" or commonly known as withdrawal is caused by in utero exposure to legal or illegal drugs or substances.
30. Other Person In Home. "Other Person in Home" means a person who does not meet the definition of PRFC, sibling, alleged victim, alleged perpetrator, or third-party perpetrator due to not residing in the home, being a minor child who does not meet the definition of sibling or alleged victim or having a cognitive, physical, or emotional impairment that renders the person unable to provide basic care of himself or herself. An "other person in home" may include:
- (1) a person diagnosed with dementia who is fully dependent on others in the home for care;

- (2) a college student who is 18 or over, is visiting the home during a school break, and provides no care or supervision to the child;
- (3) a person 18 or over who is diagnosed with a disability that prevents them from being able to provide basic care of himself, herself, or others;
- (4) a person temporarily staying with family for a period of no more than six weeks, there is no expressed intent for the person to move in with or reside with the family, and the person does not provide care or supervision to the child; or
- (5) a minor child who is not a sibling but resides in the home, for example a child under guardianship or a relative child who resides in the home under the care of the household PRFCs.

31. Substantiating physical abuse.

(1) When determining a finding regarding a physical abuse allegation, the CW specialist:

- (A) determines if the child sustained a physical injury;
- (B) assesses the injury's severity;
- (C) obtains the PRFC's and the child's explanations for the injury; and
- (D) determines the PRFC's intent when physically disciplining the child.

(2) In general, to substantiate physical abuse the factors in (A) and (B) of this paragraph are present.

(A) The child sustains a physical injury inflicted by the PRFC resulting in damage to the child's body from punching, beating, kicking, biting, burning, extreme physical punishment, or otherwise harming the child.

(B) The injury is inflicted non-accidentally by the PRFC.

(3) When the PRFC does not admit to inflicting the child's injury, one or more pieces of evidence in (A) through (C) of this paragraph are present.

(A) In the CW specialist's judgment, the injury is clearly consistent with abuse based on credible evidence gathered regarding the injury's cause.

(B) It is the opinion of medical personnel that the injury is consistent with abuse.

(C) A witness statement corroborates the child's statement of how the injury was inflicted.

(4) Physical abuse may be substantiated without the presence of an injury when the PRFC admits to an action that in the CW specialist's judgment, or based upon corroborating witness statements, constitutes the potential for substantial injury to the child, such as, the:

(A) child was hit in the face or head or received extreme physical punishment inconsistent with the explanation; or

(B) alleged action was inappropriate for the child's age or development.

3432. Physical injury. "Physical injury" means temporary or permanent damage or impairment to the child's body caused by the PRFC.

3233. Present danger. "Present danger" means an immediate, significant, and clearly observable family condition presently occurring and currently endangering or threatening to endanger a child. Refer to OAC 340:75-3-300 ITS.

3334. Prevention- and intervention-related services. "Prevention- and intervention-related services" means services referred or recommended to the

family by OKDHS to change a behavior or condition that caused or resulted in a safety threat or a substantiated report of abuse or neglect.

3435. Protective capacity. "Protective capacity" means personal and caregiving behavioral, cognitive, and emotional characteristics specifically and directly associated with the ability to protect a child from harm or threatened harm and exist prior to CWS involvement. Caregiver protective capacities are specific qualities that are observable and believed to be a part of the way a PRFC acts, thinks, and feels that make him or her protective of a child. The PRFC's:

- (1) diminished protective capacity is a reason CPS intervenes in a family; or
- (2) sufficiently-enhanced protective capacity is a reason CPS no longer needs to be involved with a family.

3536. Risk factors. "Risk factors" means family behaviors and conditions that suggest the PRFC is likely to abuse or neglect the child in the future. Refer to OAC 340:75-3-210 ITS for the six key questions related to risk factors addressed during the assessment of child safety.

3637. Safe. "Safe" means a child is in an environment where there is no identifiable safety threat or a PRFC has sufficient protective capacities to prevent the child from being harmed.

3738. Safety threshold. "Safety threshold" means the process that evaluates or measures family behavior to determine when impending danger exists.

- (1) An evaluation or measurement of the safety threshold occurs when family conditions are:

- (A) specific and observable;
- (B) out-of-control and without intervention, abuse or neglect could occur in the near future;
- (C) severe and imminent; and
- (D) threatening to the safety of a vulnerable child due to the PRFC's behaviors.

- (2) The threshold is compromised when family behaviors, conditions, or situations manifest in such a way that child safety is threatened.

- (3) The safety threshold encompasses only those family conditions that are out of the control of a parent, caregiver, or others within the family. This includes situations where the parent, caregiver, or others are able to control conditions, behaviors, or situations, but are unwilling or refuse to exert control.

3839. Serious abuse or neglect. "Serious abuse or neglect" means:

- (1) abuse or neglect resulting in significant injury, such as burns, fractures, abusive head trauma, genital injuries, extensive deep bruising on multiple sites of the body, or internal injuries;

- (2) abuse or neglect resulting in life-threatening consequences, such as failure-to-thrive conditions, lack of supervision resulting in significant injury or danger, extreme malnutrition or dehydration, medical neglect involving a life-threatening illness, or life-threatening conditions caused by the PRFC's impaired abilities resulting from substance use or abuse, mental illness, or medical or emotional conditions; and

- (3) sexual abuse or sexual exploitation.

3940. Substantiating sexual abuse.

(1) When determining a finding regarding the allegation of sexual abuse, the CW specialist considers the:

- (A) child's statements, behaviors, or both that indicate sexual abuse;**
 - (B) child's ability to describe or demonstrate the specific sexual acts in the context of the sexual abuse. The CW specialist needs to consider the child's age and developmental level when assessing the child's ability to describe or demonstrate context;**
 - (C) witness statements consistent with the child's statement, behavior, or both; and**
 - (D) written transmissions or other forms of technological communication that facilitate, encourage, offer, or solicit sexual conduct with a minor child by a PRFC.**
- (2) The three aspects explored regarding the child's statements and behaviors are listed in (A) through (C) of this paragraph.**

- (A) The child's ability to describe, verbally or behaviorally, the:**
 - (i) sexual behavior by exhibiting sexual knowledge beyond what is expected for the child's developmental stage;**
 - (ii) description of the sexual behavior from a child's viewpoint;**
 - (iii) explicit accounts of sex acts; and**
 - (iv) explicit accounts of proposals for sexual behavior through technological communication.**
- (B) Generally, a child may be able to provide three or more details about the context of the victimization, such as:**
 - (i) where it happened;**
 - (ii) when it happened;**
 - (iii) what the perpetrator said to obtain the child's involvement;**
 - (iv) where other family members were at the time of the victimization;**
 - (v) what the child was wearing;**
 - (vi) what pieces of the child's clothing were removed;**
 - (vii) what the perpetrator was wearing;**
 - (viii) what pieces of the perpetrator's clothing were removed;**
 - (ix) the child's emotional state during the abuse, such as being scared, feeling bad, or being confused;**
 - (x) if the perpetrator said anything about the child or perpetrator telling or not telling;**
 - (xi) if the child told anyone; and**
 - (xii) the reactions of the persons the child told.**
- (C) The child's statements and behaviors are explored regarding the child's affect or emotional reaction when recounting sexual abuse. Common emotional reactions to disclosure may include, but are not limited to:**
 - (i) reluctance to disclose;**
 - (ii) embarrassment;**
 - (iii) anger;**
 - (iv) anxiety;**

- (v) disgust;
- (vi) sexual arousal; or
- (vii) fear.

(3) Medical evidence of sexual abuse is seldom found in sexual abuse cases. The probability of medical findings is greater with younger children, acute abuse, and the availability of a skilled examiner. Most medical evidence is described as consistent with or suggestive of sexual abuse rather than conclusive.

(4) Complete confession by the perpetrator during the CW specialist's investigation rarely occurs. The perpetrator may:

- (A) admit to some, but not all, sexual abuse described by the child victim. Typically, the admission is to lesser acts; or**
- (B) indirectly admit to the sexual abuse without directly stating that he or she sexually abused the child. For example, the perpetrator may say the child is not lying but does not admit his or her guilt.**

(5) In general to substantiate sexual abuse, one or more of the factors in (A) through (D) of this paragraph are present. The factors include, the:

- (A) child's statements and behaviors include the ability to describe or demonstrate specific sexual acts and the ability to describe the context of the sexual abuse;**
- (B) medical evidence;**
- (C) confession of the perpetrator, whether:**
 - (i) a complete confession;**
 - (ii) a partial confession; or**
 - (iii) an indirect admission; or**
- (D) written transmissions or other forms of communication technology that facilitate, encourage, offer, or solicit sexual conduct with the child by a PRFC.**

(6) A specific perpetrator does not need to be identified to substantiate sexual abuse.

(7) A child's recantation of a previous account of sexual abuse is not uncommon and does not automatically indicate the previous findings were inaccurate.

(8) Sexual behaviors that cause concern may include, but are not limited to:

- (A) extreme preoccupation with masturbation;**
- (B) sexual interaction with peers that is not within normal developmental limits;**
- (C) sexual aggression toward younger or more naive children;**
- (D) sexually accosting older children or adults;**
- (E) seductive behavior in younger children; and**
- (F) demonstration of sexual behavior, knowledge, or statements about sexual activity that indicate the child may have been exposed to adult sexuality or actual sexual molestation. Sexual knowledge beyond what would be expected for a child's normal developmental stage may signal, in young children, possible sexual abuse, repeated exposure to adult sexuality, exposure to sexually explicit materials, or pornography.**

4041. Substantiating sexual exploitation.

(1) When determining a finding regarding a sexual exploitation allegation, the CW specialist considers the:

- (A) child's statements, behaviors, or both that indicate sexual exploitation;**
 - (B) child's ability to describe or demonstrate the specific lewd, obscene, or pornographic material in the context of the sexual exploitation; and**
 - (C) witness statements consistent with the child's statements, behaviors, or acts.**
- (2) The aspects explored regarding the child's statements and behaviors are listed in (A) through (D) of this paragraph.**

(A) The CW specialist considers the child's ability to describe verbally or behaviorally the:

- (i) sexual behaviors or acts the child was encouraged, permitted, or allowed to engage in;**
- (ii) explicit accounts, from the child's perspective, of lewd, obscene, or pornographic material the child was either encouraged, permitted, or allowed to engage in; and**
- (iii) PRFC's knowledge of or involvement in the sexual exploitation, or both.**

(B) Generally, a child may be able to provide three or more details about the context of the victimization, such as:

- (i) where it happened;**
- (ii) when it happened;**
- (iii) what the perpetrator said to obtain the child's involvement;**
- (iv) where other family members were at the time of the victimization;**
- (v) what the child was wearing;**
- (vi) what pieces of the child's clothing were removed;**
- (vii) what the perpetrator was wearing;**
- (viii) what the perpetrator said to the child about the lewd, obscene, or pornographic material being produced and its intended use;**
- (ix) the child's emotional state during the abuse, such as being scared, feeling bad, or being confused;**
- (x) if the perpetrator said anything about the child or perpetrator telling or not telling;**
- (xi) if the child told anyone; and**
- (xii) the reactions of the persons the child told.**

(C) The child's statements and behaviors are explored regarding the child's affect or emotional reaction when recounting the sexual exploitation. Common emotional reactions to disclosure may include, but are not limited to:

- (i) reluctance to disclose;**
- (ii) embarrassment;**
- (iii) anger;**
- (iv) anxiety;**
- (v) disgust;**

- (vi) sexual arousal;
- (vii) fear; or
- (viii) lack of acknowledgement of victimization.

(D) Sexual exploitation may be perpetrated without the child's knowledge; therefore, the child may not be able to provide any of the information or demonstrate behaviors listed in (B)(i) through (xii) and (C)(i) through (viii) of this paragraph. In those instances, the CW specialist must rely on the evidence of sexual exploitation listed in (4) of this subsection.

(3) Medical evidence of sexual abuse is seldom found in sexual exploitation cases. The probability of medical findings is greater with younger children, acute abuse, and the availability of a skilled examiner. Most medical evidence is described as being consistent with sexual abuse rather than conclusive.

(4) Evidence of sexual exploitation may exist in the form of:

- (A) text messages;
- (B) recorded videos/DVDs;
- (C) an Internet or World Wide Web address, including any blog site or personal web address;
- (D) still photographs;
- (E) audio or sound messages;
- (F) cell phone or camcorder recordings; or
- (G) other materials stored, made, or transmitted from an electrical device for the purposes of sexual stimulation.

(5) Complete confession by the perpetrator during the CW specialist's investigation rarely occurs. The perpetrator may:

- (A) admit to some, but not all sexual exploitation described by the child victim. Typically, the admission is to lesser acts; or
- (B) indirectly admit to the sexual exploitation without directly stating that he or she sexually exploited the child. For example, the perpetrator says the child is not lying but does not admit his or her guilt.

(6) In general, to substantiate sexual exploitation one or more of the factors in (A) through (D) of this paragraph are present. The factors include the:

- (A) child's statement and behavior that includes his or her ability to describe or demonstrate specific lewd, obscene, pornographic, or sexual acts, and the context of the sexual exploitation;
- (B) medical evidence;
- (C) confession of the perpetrator, whether a:
 - (i) complete confession;
 - (ii) partial confession; or
 - (iii) indirect admission; or
- (D) evidence:
 - (i) of lewd, obscene, or pornographic photographs, films, or depictions of the child; or
 - (ii) the child was allowed, permitted, or encouraged to engage in prostitution by the PRFC.

(7) Identification of the specific perpetrator is not necessary to substantiate sexual exploitation. The substantiation of the allegations is not dependent upon the child's awareness of the specific acts.

4142. Substance use or abuse. "Substance use or abuse" means the misuse of any drug, alcohol, or other substance for mood-altering purposes including illegal drug use; prescription drug abuse for purposes other than those for which the drug is indicated; prescription drug use in a manner or in quantities other than directed that incapacitates or severely limits the PRFC's ability to perform minimal basic care for the child and results in serious neglect of the child; or creates the risk of serious physical danger or significant emotional consequences to the child. Refer to ITS # 28 of this Section.

4243. Substance-affected infant. "Substance-affected infant" means an infant born experiencing withdrawal symptoms as a result of prenatal drug exposure or FASD as determined by the direct health care provider.

4344. Substance-exposed infant. "Substance-exposed infant" means a newborn who tests positive for alcohol or a controlled dangerous substance. When the PRFC's substance use or abuse results in an infant born substance-exposed, the PRFC's home is evaluated to determine if the infant can receive the proper nurturing, nutrition, and attention to hygiene necessary for the infant to thrive.

4445. Sufficiency of information. "Sufficiency of information" means the necessary information gathered from individuals with direct involvement and knowledge of the alleged incident in question and the family's overall functioning, with supporting documentation and information from professionals. Sufficiency of information allows a CW specialist to make a safety determination for a child.

4546. Third-party perpetrator. "Third-party perpetrator" means a perpetrator of child abuse or neglect other than the PRFC.

4647. (a) Threat of harm. "Threat of harm" means situations, behaviors, emotions, motives, perceptions, or capacities that can produce substantial child maltreatment.

(b) Threat of harm examples. Threat of harm includes, but is not limited to, the PRFC or caretaker:

(1) knowingly leaving the child in a potentially dangerous situation or with inappropriate caretakers;

(2) operating a vehicle while under the influence of drugs or alcohol with the child in the vehicle;

(3) having direct care of the child while under the influence of illegal drugs, prescription drugs, or alcohol that impairs the PRFC or caretaker's ability to care for the child;

(4) abusing or neglecting a child when another child is present in the home; or

(5) knowingly allowing a person who is required to register as a sex offender, due to an offense toward a child or violent or habitual offenses, to live in the home, babysit, or have frequent access to, or contact with the child, per the Sex Offender Registration Act, 57 O.S. §§ 581 et seq.

(c) In general, to substantiate threat of harm, the factors in (1) or (2) of this paragraph are present.

(1) The PRFC or caretaker intended to act, acted, omitted to act, or knew about conditions that placed the child in imminent or impending danger and exhibited diminished protective capacities.

(2) The intentions, actions, omission, or conditions could have resulted in substantial physical injury, sexual abuse, or neglect of the child.

4748. Trauma definition. "Trauma" means:

(1) a serious injury or shock to the body from violence or an accident;

(2) an event that causes lasting emotional or psychological damage or distress; or

(3) an event or situation that threatens the victim's or a loved one's life or health and overwhelms the person's ability to cope.

4849. Truancy definition. "Truancy" means a child refuses to attend school despite the parent's or efforts to encourage and assist in school attendance or the parent's or the inability or unwillingness to encourage and assist in school attendance.

4950. Unsafe definition. "Unsafe" means an identifiable safety threat to a child is present within his or her environment and the caregiver's protective capacities are insufficient to prevent the child from being harmed and requires outside intervention.

5051. Vulnerable child definition. "Vulnerable child" means the child who is unable to protect himself or herself due to his or her age, physical or emotional development, mobility, size, dependence, or inability to communicate needs.

(1) The child 5 years of age and younger is considered to have a high level of vulnerability as is the child with issues, such as disabilities, past victimization, or hazardous surroundings.

(2) Any child is susceptible to vulnerability when a parent or caregiver with an unpredictable or threatening behavioral pattern has access to the child and a protecting parent or caregiver is not available.

340:75-3-130. Child Abuse and Neglect Hotline ■ 5 through 14, and 16 through 20

Revised 9-15-2021

(a) **Child Abuse and Neglect Hotline (Hotline).** Per Section 1-2-101 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-101), Oklahoma Human Services (OKDHS) established a statewide, centralized Hotline that operates 24 hours per day to receive child abuse or neglect reports, and reports made by any person subject to the provisions of the Sex Offenders Registration Act who resides with a minor child, per 57 O.S. § 584. An allegation of child abuse or neglect reported in any manner to an OKDHS county office is immediately referred to the Hotline.

(b) **Hotline tracking system.** Per 10A O.S. § 1-2-101, OKDHS maintains a system to track the number of calls the Hotline received and the number of:

(1) calls screened out;

(2) referrals assigned;

(3) calls received by persons unwilling to disclose basic personal information including, but not limited to, first and last names; and

(4) unsubstantiated or ruled out allegations.

(c) **Screening Hotline reports.** Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS) assessment or investigation, per 10A O.S. §§ 1-1-101 et seq. and Oklahoma Administrative Code (OAC) 340:75-3. When the allegations are not appropriate for CPS, the reporter may be provided an explanation as to why an assessment or investigation will not be conducted and, when appropriate, where a referral may be made to assist the family. ■ 1 & 2

(d) **Time limitations for accepting reports for assessment or investigation.** CPS intervention is limited to current situations as the CPS focuses on identifying and protecting children presently at risk or who will be at risk when safety measures are not put in place.

(1) When a report is received that alleges abuse or neglect that is not recent, information is obtained to determine if there is reason to believe the child or other children may presently be at risk or in present danger.

(2) When information does not indicate a child is presently at risk or in present danger, CPS intervention may not be warranted.

(e) **Disposition of the screened-out report.** When a report is received that is not appropriate for CPS, however, services are needed, OKDHS may make a referral to an OKDHS or outside resource for emergency food, shelter, medical services, or counseling. ■ 3 & 4

(f) **Response to reporter concerning a screened-out report.** The reporter may be informed of the decision to screen out the referral and the reason for the decision. ■ 15

(g) **OKDHS response to reports of child abuse or neglect.** Per 10A O.S. § 1-2-105, OKDHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For assessments or investigations, OKDHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat.

(h) **Prioritization of child abuse and neglect reports.** Per 10A O.S. § 1-2-105, OKDHS prioritizes reports of alleged child abuse or neglect based on the severity and immediacy of the alleged harm to the child and assigns a response time. ■ 1

(1) **Priority I reports.** A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. ■ 2 & 3

(2) **Priority II reports.** Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within two- to 10-calendar days from the date the report is accepted for assessment or investigation. ■ 2 & 4

(i) **Accepted report assigned as assessment or investigation.**

(1) An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child.

(2) An investigation is conducted when:

- (A) a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child, per 10A O.S. § 1-1-105;
- (B) three or more reports were previously accepted for assessment or investigation regarding the family, per 10A O.S. § 1-2-102;
- (C) the family has been the subject of a deprived petition, per 10A O.S. § 1-2-102; or
- (D) the child was diagnosed with fetal alcohol syndrome or OKDHS determines the child meets the definition of "drug-endangered child," per 10A O.S. § 1-1-105 and OAC 340:75-3-450.

(j) **Referral recordings.** Per 10A O.S. § 1-2-101(A)(5), OKDHS electronically records each referral received by the Hotline and retains the recordings securely for 12 months. The recordings are confidential and subject to disclosure only when the court orders the disclosure of the referral. OKDHS redacts any information identifying the reporting party unless otherwise ordered by the court.

INSTRUCTIONS TO STAFF 340:75-3-130

Revised 9-15-21 2-2-24

1. (a) **Purpose of the centralized Oklahoma Human Services (OKDHS) Child Abuse and Neglect Hotline (Hotline) child protective services (CPS) intake process. Assessment of safety begins at intake and continues until case closure. The Hotline CPS intake process includes:**
 - (1) assisting and guiding the reporter with providing information regarding the alleged child abuse or neglect;
 - (2) interpreting what child abuse or neglect is to the reporter;
 - (3) identifying possible child abuse or neglect; and
 - (4) gathering sufficient information to make decisions about the alleged abuse or neglect as well as information pertaining to the six key questions located on Form 04KI030E, Assessment of Child Safety, and outlined in Oklahoma Administrative Code (OAC) 340:75-3-210.
 - (b) **CPS intake decisions. Decisions are made during CPS intake at the Hotline in response to questions in (1) and (2) of this subsection.**
 - (1) Does the report meet OKDHS guidelines for child abuse or neglect or indicate safety threats to a child?
 - (2) How urgent is the report?
 - (c) **Referral recording maintenance. OKDHS electronically records each referral received by the Hotline and secures the recordings for 12-months. The recordings are confidential and subject to disclosure only when a court orders disclosure, per Section 1-2-101 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-101). When the court orders the referral's disclosure, OKDHS redacts any information identifying the reporting party unless otherwise ordered by the court.**
2. **Hotline functions. The OKDHS provides the Hotline phone number, 1-800-522-3511, is provided to the public for reporting child abuse and neglect. The Hotline does not take messages for OKDHS employees or others. Hotline functions include:**
 - (1) documenting and processing reports received at the Hotline in the Child Abuse and Neglect Information System (KIDS);

- (2) determining if the allegations require an emergency response and notifying district Child Welfare Services (CWS) personnel immediately when an emergency response is necessary; and
 - (3) conducting Information Management System (IMS) and KIDS searches for each person listed on the report and, when applicable, documenting on the report when the IMS or KIDS search was not completed for reasons, such as KIDS down time.
3. District office notification of a report of child abuse or neglect. During OKDHS business hours, the Hotline specialist enters the child abuse and/or neglect report in KIDS. The Hotline specialist forwards the report via KIDS to the district where the child victim is located.
- (1) After business hours, when the referral requires an emergency response, the Hotline specialist phones the district office; the Hotline specialist may phone the district office during business hours when the referral requires an emergency response.
 - (A) When a child victim resides in one county and is located in a contiguous county at the time of the referral, the Hotline notifies the county of residence.
 - (B) When a child victim resides in one county and is located in a non-contiguous county at the time of the referral, the Hotline notifies the county where the child victim is located. When there are multiple child victims located in various counties, the Hotline notifies each county where an alleged victim is located.
 - (2) The assigned district where the child victim is located notifies and coordinates the investigation with other counties to facilitate safety.
 - (3) Each district maintains within KIDS a current child welfare (CW) specialist on-call list that includes contact information for local law enforcement, per the joint response protocol.
 - (4) When the original acceptance or prioritization requires change, the Hotline completes an override and enters the new designation in KIDS.
 - (5) When a referral is received by the district and the referral:
 - (A) does not meet acceptance criteria per a district staff review;
 - (B) is going to be addressed in an ongoing case or investigation; or
 - (C) allows for the referral to be screened out with additional information:
 - (i) the district supervisor sends an email to *CWS.DisputedReferrals stating the referral number, referral name, priority assigned, due date, and reason for requesting review; and the additional information received to justify a screen-out disposition. The assigned specialist documents the additional information prior to sending for review to the Hotline;
 - (ii) the Hotline supervisor reviews the referral and makes a determination if the referral is appropriate to screen out; more information is needed; or the referral is to remain assigned;
 - (iii) an email is sent by the Hotline supervisor to the requesting district supervisor and district director or field manager, when needed, informing them of the decision;

(iv) for referrals dispositioned as a Priority I, the Hotline supervisor makes a determination within one hour when no additional information is needed. When the additional information is obtained, a response is sent promptly; and

(v) for referrals dispositioned as a Priority II, the Hotline supervisor makes a determination the same calendar day as receipt of the request, when no additional information is needed. When the additional information is obtained, a response is sent the day of receipt of the information; and

(v)(vi) when the district staff supervisor disagrees with the response from the Hotline supervisor, after consultation with the district director or field manager, the district director or field manager emails the Hotline director and Hotline assistant directors requesting a second-level review. The request includes the details and justification of how the report justifies a screen-out; and

(D) a report cannot be screened-out when:

(i) contact was made with the alleged victim or sibling;

(ii) contact was made with the PRFC or alleged perpetrator; or

(iii) an attempt to contact the family in the family's home was completed.

4. (a) Interviewing the child abuse or neglect reporter. The process of interviewing the person reporting suspected abuse or neglect is critical to child protection. The Hotline specialist documents the report is documented on Form 04KI001E, Referral Information Report. Gathering background information begins immediately upon receipt of a report of abuse or neglect.

(b) Assisting the reporter. The Hotline specialist assists the reporter by:

(1) responding to the reporter's fears and concerns; and

(2) discussing confidentiality.

(A) Per 10A O.S. § 1-6-102 requirements, the disclosure of information that may serve to identify any person who reported an allegation of known or suspected child abuse or neglect is prohibited unless the disclosure is specifically ordered by the court.

(B) When a report of abuse or neglect alleges someone other than the person responsible for the child's (PRFC) health, safety, or welfare is the perpetrator, the reporter is advised the reported information is provided to law enforcement, and when law enforcement requests, the reporter's identity may also be provided verbally;

(3) explaining the importance of reporting;

(4) explaining the CPS role;

(5) explaining what information may be disclosed upon completion of the assessment or investigation to the reporter who properly identifies himself or herself; and

(6) providing the identified reporter with the KIDS referral number.

(c) Gathering information. The focus of the interview with the reporter is to obtain information that relates to harm or threatened harm to the child. Information obtained focuses on, but is not limited to:

- (1) the alleged abuse or neglect;
 - (2) each child in the home;
 - (3) each PRFC; and
 - (4) family functioning, strengths, and support systems.
5. Documenting the child abuse or neglect report.
- (1) The Hotline specialist makes diligent efforts to obtain and document:
 - (A) the reporter's name, address, and phone number;
 - (B) the reporter's relationship to the child and the child's family and how well the reporter knows the child and the child's family;
 - (C) if the reporter knows of previous abuse or neglect;
 - (D) the reason for reporting;
 - (E) the reporter's source of information, such as personal knowledge or other sources;
 - (F) the names of collateral persons who may have relevant information regarding the report of child abuse or neglect;
 - (G) the family's response to the reporter's safety concerns when the reporter shared the concerns with the family;
 - (H) the child's and PRFC's identities and locations;
 - (I) if the reporter knows of any unsafe conditions in the home, such as:
 - (i) loaded firearms or other weapons;
 - (ii) persons who are volatile or mentally ill; and
 - (iii) the use or abuse of and types of illegal substances, or the known manufacturing or distribution of illegal substances;
 - (J) the seriousness of the situation and the urgency of a response;
 - (K) the family's primary language;
 - (L) the reporter's knowledge of the family's functioning as it relates to the six key questions located on Form 04KI030E and identified in OAC 340:75-3-210;
 - (M) the reporter's knowledge of the family's or child's tribal affiliation or if the child may be a ward of a tribal court;
 - (N) if there is any reason to believe the child may be an Indian child or resides on tribal land; and
 - (O) the reporter's knowledge of any disability or medical condition of any child in the home or caregiver in the home that might affect the caregiver's ability to protect the child.
 - (2) The Hotline specialist gathers background information by:
 - (A) searching for each person listed in the report in:
 - (i) KIDS for protective services alerts or previous CW reports; and
 - (ii) IMS, including an X-mail address search;
 - (B) contacting CPS Programs Unit staff immediately for additional information when a child protective services alert is found; and
 - (C) reviewing OKDHS history when a person listed in the report received services.
 - (i) All The Hotline specialist checks all OKDHS record sources are checked, including:
 - (I) medical services;

- (II) Adult and Family Services;
- (III) Child Support Services;
- (IV) OKDHS adoption records, when applicable;
- (V) foster care resource and pre-resource records; and
- (VI) the Juvenile On-Line Tracking System (JOLTS), when applicable.

(ii) When the CW case record is stored in Post-Adoption Services, in restricted status on KIDS, or stored in archives, CPS is contacted for assistance in obtaining necessary case information.

(3) When a registered sex offender is calling to report residing with a child, the Hotline specialist obtains the name and date of birth of each child in the home and the offense that the person is required to register for, per the Sex Offender Registration Act, 57 O.S. §§ 581 et seq. In addition, the Hotline specialist is to collect the required information in (1) and (2) of this Instruction.

6. Exceptions to records and background information search. Prior to accepting the report, an OKDHS records and background search is conducted regarding each person listed in the report unless it is not possible to access KIDS or IMS.
7. Previous report with unable to locate finding assigned with new report. Critical thinking and sound judgement are used with any allegation previously made that resulted in a finding of unable to locate. When it is determined the previous allegation needs to be addressed, the previous report with unable to locate is documented on Form 04KI001E, Referral Information Report, and assigned for assessment or investigation with the new report.
8. Criteria for screening reports.
 - (1) Extreme care is taken when making screening decisions. The Hotline supervisor or specialist considers the potential risk factors and safety threats described by the reporter and the child's age and vulnerability.
 - (A) When the reporter does not report specific allegations of abuse or neglect, the child's age and vulnerability are considered during the screening process.
 - (B) Reports regarding children 5 years of age and younger are screened with extreme caution due to the young child's vulnerability to serious and life-threatening consequences resulting from abuse or neglect.
 - (C) CW history is considered when making screening decisions.
 - (D) Reports regarding children with disabilities are screened with extreme caution. The Hotline supervisor considers the child's functioning level and abilities based on his or her reported disability and the child's vulnerability to serious and life-threatening consequences resulting from abuse, neglect, or any other safety threat including his or her inability to communicate effectively.
 - (E) Reports are not screened out regarding an unaccompanied minor, including a child who is homeless, staying in multiple places or in the care of an adult who is not legally responsible for the child, when the PRFC's location is unknown or the PRFC refuses to provide housing,

clothing, food, education, or medical or mental health care for the unaccompanied minor.

(F) Judicial reports are not screened out except with the referring court's permission.

(G) Reports regarding a newborn born into an open permanency planning (PP) or family-centered services (FCS) case are screened with extreme caution and cannot be screened out when:

(i) reunification of a sibling currently in out-of-home placement is not recommended;

(ii) a pending request for termination of parental rights (TPR) to a sibling exists;

(iii) TPR to a sibling occurred and no evidence exists of the condition being corrected that caused the TPR to the sibling;

(iv) a sibling is currently in an out-of-home Safety Plan; or

(v) conditions that led to CW system involvement were not corrected.

(2) Reports appropriate for screening out that are not accepted for assessment or investigation are reports:

(A) that clearly fall outside the definitions of abuse and neglect, per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and/or neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;

(B) concerning a victim 18 years of age and older, unless the victim is in voluntary placement with OKDHS;

(C) where there is insufficient information to locate the family and child;

(D) where there is an indication that the family needs assistance from a social service agency but child abuse or neglect is not indicated;

(E) that indicate a child 6 years of age and older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed, per OAC 340:75-3-410. The screened-out report is referred to Foster Care as a policy violation;

(F) that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement; and

(G) the family resides on tribal land and includes tribal members or the family is a tribal foster home with placement of only tribal custody children and the tribe accepted jurisdiction of the investigation;

(H) allegations of abuse or neglect by a safety plan monitor for a child in an out-of-home safety plan are screened-out and assigned to the county of jurisdiction as a Safety Plan Alert; and

(I) concerns for a newborn who is experiencing symptoms of, or is diagnosed with, withdrawal or symptoms of Fetal Alcohol Syndrome, but the allegations do not require a coinciding CPS Investigation, are screened-out as a Plan of Safe Care and assigned to the county of residence as a Plan of Safe Care.

(3) Reports that meet the definition of abuse or neglect and have sufficient information to conduct an assessment or investigation are assigned, including:

(A) anonymous reports;

(B) custody or visitation disputes where abuse or neglect is alleged even when there are numerous reports; or

(C) reports concerning a family with a history of previous reports. There may be a legitimate explanation why previous assessments or investigations did not reveal enough information to substantiate the previous report;

(D) unaccompanied minors or children who are homeless, staying in multiple places, or are otherwise without an adult who is legally responsible, able, and willing to provide for the child's basic needs of food, clothing, shelter, medical or mental health care, and education; or
(E) children who are in congregate care, including inpatient hospitalization and detention, whose parents have expressed an intent to abandon the child.

(4) When a CW specialist responds to a report by interviewing or observing the alleged child victim(s), sibling(s), non-offending PRFC(s), or alleged perpetrator(s), the report cannot be screened out and CPS assessment or investigation protocol is followed, per OAC 340:75-3-200, 340:75-3-210, or 340:75-3-220.

9. Substance-affected newborns not accepted for investigation.

(1) When a report is received concerning an infant diagnosed with neonatal abstinence syndrome (NAS), commonly referred to as withdrawal or fetal alcohol spectrum disorder (FASD), and the report is not accepted for investigation, the Hotline supervisor:

(A) documents the information is documented on Form 04KI001E, Referral Information Report, and screened screens out the referral by the Hotline supervisor with a screen-out reason of "plan of safe care"; and

(B) enters the plan of safe care referral is entered and assigned assigns the referral to the mother's county of residence.

(2) A new report is entered and forwarded to the Hotline any time the NAS- or FASD-diagnosed infant is at risk of abuse or neglect.

10. Reporter, collaterals, family, or other contacts during the screening process. Contact with the reporter, collaterals, family, or other contacts may be necessary during the screening process when:

(1) a report concerns a child who was raped but the perpetrator is unknown. The ~~Hotline specialist or supervisor~~ district personnel contacts law enforcement to determine if the perpetrator is a PRFC or a third party;

(2) a reporter does not provide critical information to make an informed decision regarding the disposition of a report or has secondhand information, but supplies the name of someone who has more direct information. The Hotline specialist or district personnel may contact another person to obtain first-hand or additional information.

- (i) Good judgment is used when deciding which person may supply clarifying or additional information without that person notifying the family of the report.
 - (ii) Extreme care is taken not to provide details of the child abuse and neglect report when contacting collaterals for additional information.
 - (iii) All contacts are made for the sole purpose of gathering information to assist in the screening process and are not intended to be used as a tool to avoid assignment of a report.
 - (iv) Neither the Hotline specialist nor district personnel may contact the alleged victim(s), sibling(s), non-offending PRFC(s), or alleged perpetrator(s) in an attempt to gather additional information during the screening process, unless said person is the reporter and the contact is made for purposes stated in (i) - (iii); or
 - (3) the Hotline specialist has reason to believe the collateral will notify the family of the screened-out report.
- 11. Preliminary inquiry when reports of abuse, neglect, or injury of a child received in an open PP, trial reunification, Interstate Compact on the Placement of Children (ICPC), or FCS case.**
- (1) When the child, who is a party to an open PP, trial reunification, ICPC, or FCS case is reported to have a physical injury and the injury's cause is unexplained, the report may be managed as a preliminary inquiry.
 - (2) When the Hotline receives a referral, the Hotline refers the report for a preliminary inquiry to the CW specialist responsible for the child.
 - (A) The CW specialist conducts and completes a preliminary inquiry within 23-hours of the report's receipt. The preliminary inquiry includes observing and photographing the alleged injury and interviewing the:
 - (i) child;
 - (ii) adult witnesses; and
 - (iii) person who was the direct caregiver at the time of the incident.
 - (B) When an injury is unexplained and appears to be consistent with normal childhood play or development, the CW specialist may utilize critical thinking skills and determine with supervisory consultation that a medical examination is not required. The supervisory consultation must be entered into the KIDS Case Contacts screen explaining the decision not to seek a medical examination.
 - (C) The preliminary inquiry may include seeking a professional medical opinion when the explanation is implausible or is unexplained, and is not consistent with normal childhood play or development, as provided in (B) of this paragraph. A medical examination or consultation with a medical professional is required when a:
 - (i) child 5 years of age and younger or a child with a perceived or diagnosed physical or developmental disability has any unexplained injury that does not meet the criteria provided in (B) or any implausibly explained or unexplained bruise or injury to the head, face, ears, neck, stomach, or genitals;
 - (ii) non-ambulatory child has a bruise, burn, or fracture; or

(iii) 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.

~~(D) Injuries are photographed~~ The CW specialist photographs injuries and stored stores in the case file by scanning into the child's case KIDS File Cabinet document management system.

(E) The CW specialist documents all information related to the injury in the ~~child's case KIDS~~ referral Contacts screen.

(F) The CW specialist documents the injury's details in the child's case KIDS Injury screen.

(G) The CW specialist reports the results of the preliminary inquiry to the Hotline and based on the information, the report is:

(i) screened out as an accidental injury; or

(ii) assigned for investigation.

~~(H) Information~~ The CW specialist who conducted the preliminary inquiry documents information justifying the screen-out disposition is documented in the referral Contacts screen and on Form 04KI001E by the CW specialist who conducted the preliminary inquiry.

(3) During the course of open PP, trial reunification, ICPC, or FCS required contacts, any information outlined in paragraph (2)(A) - (F) is gathered prior to a referral being received at the Hotline and the outcome of the preliminary inquiry process does not indicate a suspicion of abuse, neglect, or both, a referral to the Hotline is not necessary when criteria (A) - (D) are met.

(A) The child is thoroughly inspected for additional injuries to include rearrangement of clothing when necessary.

(B) The documentation is entered into the child's case KIDS Injury screen.

(C) Prior to the decision not to contact the Hotline regarding 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, the CW specialist and CW supervisor must consult with their assigned ~~district director or~~ field manager.

~~(D) The district director or field manager is required to review~~ reviews all necessary information to make an informed safety decision and determine if a referral is made to the Hotline.

12. Safety Plan Alert. The Hotline documents reports concerning allegations of abuse or neglect by an out-of-home safety plan monitor, or reports that a child's safety is being compromised, and screens out the report with a screen-out reason of Safety Plan Alert. The report is case connected to a new case with the case type of Safety Plan Alert. The report is not connected to the open FCS, permanency planning, or biological case history of either the safety plan monitor or the parent of the child.

(1) The report is assigned to the county of jurisdiction with open involvement. The assigned CW specialist:

- (A) conducts a private interview with the child and any child living in the home included in the out-of-home Safety Plan as to the reported concern, and physical and emotional safety in the out-of-home Safety Plan;
(B) discusses the concern with the out-of-home safety plan monitor and any adult living in the home of the out-of-home Safety Plan;
(C) reports any allegation of sexual or physical abuse, torture, confinement, unexplained or implausibly explained injury, or any other potential crime to law enforcement;
(D) evaluates the current Safety Plan, the child's needs and determine what action steps are needed to resolve the concern;
(E) documents all interviews, action steps, and resolution of the concern in a contact of the safety plan alert as "safety plan alert follow-up";
(F) documents a contact in the open FCS or Permanency Planning case referencing the safety plan alert and coinciding referral number; and
(G) requests end date of the assignment upon resolution of the concern.
- (2) When the ongoing specialist receives or observes a safety concern or allegation of abuse or neglect by the out-of-home safety plan monitor, a report is made to the hotline and the above process is completed.
- 4213.** Documenting screened-out and information and referral (I&R) files. The Hotline supervisor documents screen-out reasons on Form 04KI001E. Each report not assigned for assessment or investigation, including I&R files, is documented in KIDS. I&R information is documented when the reported information is clearly not child abuse or neglect, but there is:
- (1) an indication the family may benefit from a referral to other services, such as the Supplemental Nutrition Assistance Program, immunizations, services at the local health department, or a local food pantry;
 - (2) no open investigation; and
 - (3) no existing KK case.
- 4314.** Duplicate reports of child abuse or neglect. Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports. When a duplicate report is received and the initial report is assigned for assessment or investigation, the duplicate report may be screened out and associated with the assigned assessment or investigation.
- 4415.** Subsequent reports of child abuse or neglect.
- (1) Allegations concerning the same child and family received within 45-calendar days of a previously accepted and assigned report may be screened out and the allegations addressed in the on-going report.
 - (2) A subsequent report containing allegations of a child death, child near death, child trafficking, or sexual abuse to a child by a PRFC or other adult who has close contact or access to the child are not screened out as a subsequent report and the allegations are investigated in the new report.
- 4516.** Response to reporter concerning a screened-out report. When a report does not meet the criteria for acceptance, the reporter is advised the information he or she provided is kept and that future reported allegations of child abuse or neglect that meet the criteria will be accepted for assessment or investigation.

4617. Guidelines for designation of the accepted report as an assessment or investigation. The guidelines outlined in this Instruction to Staff assist the Hotline specialist and supervisor decide if a report is designated as an assessment or investigation and establish response times for initiation. The guidelines are not all-inclusive and do not replace critical thinking and sound judgment when assessing risk factors and safety threats.

(1) Risk factors considered in conjunction with the guidelines. As in any decision-making process, the risk factors are considered first rather than strictly following the guidelines. Risk factors include the:

(A) child's vulnerability. The alleged child victim's ability to self-protect is a critical risk factor based on the child's age, functioning, disability, and developmental stage. Allegations concerning the child 5 years of age and younger potentially constitute a serious and immediate safety threat to the child's health and safety. An older child may be vulnerable due to disability, past victimization, surroundings, or other factors;

(B) previous reports regarding the family;

(C) severity of the allegations and alleged injury;

(D) alleged perpetrator's access to the child; and

(E) alleged victim's location.

(2) An investigation is the more cautious approach and has an initiation response time of five-calendar days or less.

4718. Assessing prior CW and other background history.

(1) Background information includes when the child and family are:

(A) known to OKDHS and CPS;

(B) currently receiving OKDHS or CW services;

(C) known to CPS in another state; or

(D) known to law enforcement, due to reports of violent crimes, domestic violence, substance use or abuse, or sexual abuse.

(2) When a family has three or more previous CW reports, the CW specialist and CW supervisor:

(A) review and discuss each previous report and the information contained in the entire case record;

(B) determine if there is a pattern of behavior that contributes to safety threats within the family;

(C) decide when additional information is needed to determine if there are significant problems within the family; and

(D) consider all information when screening and determining response times.

(3) The CW specialist contacts CPS immediately for additional information when a child protective services alert is found during a search.

4819. Accepted report designation.

(1) Investigations. Per OAC 340:75-3-220, an investigation is conducted when the allegations in the report indicate there is serious abuse or neglect resulting in an immediate safety threat to the child. The report designated as an investigation is responded to in a shorter time period than a report assigned as an assessment. An investigation is initiated in no more than five-calendar

days of acceptance unless a special circumstance exists that prevents the initiation. Examples of reports responded to as investigations include, but are not limited to:

- (A) child sexual abuse or child sexual exploitation by a PRFC;**
- (B) a child death or near death;**
- (C) a child placed in OKDHS emergency custody;**
- (D) abuse or neglect in a:**
 - (i) child care center or home that is licensed or should be licensed; or**
 - (ii) foster family or trial adoptive home;**
- (E) abuse or neglect resulting in serious injury or near death or risk of near death including, but not limited to:**
 - (i) a child 5 years of age and younger alleged to be left alone;**
 - (ii) fractures;**
 - (iii) burns or lacerations;**
 - (iv) head trauma;**
 - (v) life-threatening injuries;**
 - (vi) torture;**
 - (vii) mutilation;**
 - (viii) maiming;**
 - (ix) forced ingestion of a dangerous substance; or**
 - (x) confinement with life-threatening consequences;**
- (F) abuse or neglect requiring an immediate medical evaluation or treatment including, but not limited to:**
 - (i) non-organic failure-to-thrive;**
 - (ii) multiple injuries of varying ages;**
 - (iii) suspected fabricated or induced illnesses;**
 - (iv) injuries to fragile areas of the body, such as the head, face, ears, neck, stomach, or genitals;**
 - (v) serious medical neglect; and**
 - (vi) serious suicide threats or attempts and emergency intervention is required;**
- (G) abandonment;**
- (H) a drug-endangered child who is at risk of suffering physical, psychological, or sexual harm as a result of the use or abuse, possession, distribution, manufacture, or cultivation of controlled dangerous substances, or the attempt of any of these acts by the PRFC. A drug-endangered child includes, an infant:**
 - (i) born exposed to alcohol or a controlled dangerous substance; or**
 - (ii) diagnosed with NAS or FASD;**
- (I) reports regarding a family with previously confirmed or substantiated reports of serious abuse or neglect or sexual abuse within the last two years;**
- (J) reports regarding children previously adjudicated deprived;**
- (K) allegations of serious abuse or neglect in an open PP case, including trial reunification, ICPC, or an FCS case;**

- (L) allegations that the PRFC is violent, out-of-control, or exhibiting a behavioral health crisis;**
 - (M) allegations that a child 5 years of age and younger was physically disciplined by a foster or trial adoptive parent. Refer to OAC 340:75-3-410 Instructions to Staff (ITS);**
 - (N) when a child placed in a foster or trial adoptive home is exhibiting sexual behavior outside the normal range of development or inconsistent with case history. Refer to OAC 340:75-3-410 ITS;**
 - (O) allegations that a child is having sexual contact with another child placed in a foster or trial adoptive home and the PRFC failed to provide appropriate supervision or protection. Refer to OAC 340:75-3-410 ITS;**
 - (P) when a child is born to a PRFC who is a party to an open PP or voluntary FCS case and:**
 - (i) the siblings are in out-of-home placement with no plans for reunification within the next few weeks;**
 - (ii) there are plans to terminate the PRFC's parental rights; or**
 - (iii) the siblings are in an out-of-home Safety Plan with no plans to end date the Safety Plan within the next few weeks;**
 - (Q) when a child is reported to have a disability and is unable or has limited ability to communicate or is unable to provide appropriate self-care;**
 - (R) when a child is reported to be a victim of human trafficking;**
 - (S) the child is homeless or an unaccompanied minor without access to a parent or legal guardian to meet the child's need for shelter, clothing, food, or medical or behavioral health care;**
 - (T) the alleged victim is 18 years of age and older, but was previously in OKDHS custody and is disclosing substantial abuse, neglect, or sexual abuse that occurred while placed in foster family care; and**
 - (U) allegations a child was sexually abused by a relative or a close family friend and the PRFC(s) continue to allow access to the child or do not believe the child's disclosure regarding the sexual abuse.**
- (2) Assessments. An assessment is conducted when the allegations in the report do not indicate a serious and immediate safety threat to a child, but do indicate inadequate parenting or life management. The first contact during an assessment may be made with the non-offending parent to arrange a time to interview and observe the alleged child victim. The report assigned as an assessment is responded to in 10-calendar days or less after acceptance. Examples of reports responded to as assessments include, but are not limited to:**
- (A) a minor physical injury to a child 6 years of age and older resulting from discipline that does not require medical attention;**
 - (B) untreated minor physical injuries, illnesses, or impairments that within a short time period do not place the child in danger of significant harm;**
 - (C) when the school has fulfilled its statutory responsibility and exhausted all legal remedies, and:**
 - (i) a child has a pattern of unexplained absences from school;**

- (ii) the pattern of absences appears to be caused by the PRFC's failure to enforce school attendance; or
 - (iii) the absences are not due to the child's truancy or homeschooling;
 - (D) emotional abuse or neglect that does not indicate risk of serious physical harm to the child;
 - (E) when the current report does not contain serious allegations, and:
 - (i) the history of prior reports does not contain serious allegations of abuse or neglect;
 - (ii) the allegations of abuse or neglect are not escalating in severity; and
 - (iii) no more than two reports were previously accepted. A third accepted report may be an assessment. A fourth accepted report must be an investigation; or
 - (F) when a baby is born to a minor child in OKDHS custody and there are no concerns regarding a serious and immediate threat of harm to the newborn.
- 1920.** New referral of abuse or neglect received when previous report pending completion. When an assessment or investigation is not completed and a subsequent report of abuse or neglect is accepted and assigned, the CW supervisor reviews the documentation in KIDS and considers the pending reports when establishing the response time.
- (1) When three reports were previously accepted for assessment or investigation or a deprived petition was previously filed on the child, any subsequent accepted report is assigned as an investigation, per 10A O.S. § 1-2-102.
 - (2) When three or more reports are pending concerning the same child and family, completion of all the reports is expedited and the most recent report is assigned as an investigation.
- 2021.** Response time for initiation of assessment or investigation.
- (1) The designation type and response time required to evaluate safety for the alleged child victim is determined at the time the report is accepted. The reported allegation that necessitates an investigation requires a shorter response time than an assessment.
 - (2) Priority I reports indicate the child is in present danger. Exceptions to the priority assignment may be made when the:
 - (A) report is not received in time to respond on the same day;
 - (B) report indicates the need to interview the alleged victim in a neutral setting and a delay of initiation facilitates the need; or
 - (C) alleged victim's current location is a barrier to timely investigation initiation.

PART 2. INVESTIGATIVE PROTOCOLS

340:75-3-200. General protocols for Child Protective Services (CPS) assessments and investigations ■ 4, 6 through 13, 15, 17 through 19, & 25
Revised 2-1-22

(a) **Assessment and investigation process.** The CPS safety assessment and investigation process allows Child Welfare Services (CWS) to have direct involvement with a family to identify problems and provide services, either directly or indirectly, that protect children and assist the family. Per Section 1-2-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-105), Oklahoma Human Services (OKDHS) responds promptly to a report of child abuse or neglect by initiating an assessment of the family or an investigation of the report per OKDHS priority guidelines. The process includes gathering information:

(1) regarding the reported allegations and family dynamics that jeopardize the child's safety; and

(2) to assess the person responsible for the child's health, safety, or welfare (PRFC) protective capacities. ■ 1

(b) **Assessment and investigation protocols.** Protocols provide:

(1) continuity when addressing allegations of abuse or neglect;

(2) a family functioning assessment of possible safety threats; and

(3) continuity related to CWS contact with the family. ■ 2 & 3

(c) **Multidisciplinary investigation protocol.** Investigations regarding physical abuse, serious neglect, and sexual abuse are conducted utilizing a multidisciplinary approach when possible per the Oklahoma Administrative Code 340:75-3-440. Each child sexual abuse, physical abuse, or neglect investigation and child victim interviews are conducted by appropriate personnel using the protocols and procedures per 10A O.S. § 1-9-102. The investigation may proceed without full participation of all personnel:

(1) when trained personnel are not available timely and, in the judgment of the law enforcement officer or OKDHS, there is reasonable cause to believe a delay in investigation or interview of the child victim could place the child in jeopardy of harm or threatened harm to the child's health or welfare; and

(2) for only as long as reasonable danger to the child exists. ■ 16

(d) **Assessment and investigation requirements.**

(1) Per 10A O.S. § 1-2-105, the assessment or investigation requires:

(A) a visit to the child's home, unless:

(i) there is reason to believe an extreme safety risk to the child or OKDHS employee exists; or

(ii) it appears the referral was made in bad faith;

(B) an interview with, and examination of, the child;

(C) the visit to be conducted at any reasonable time and at any place including, but not limited to, the child's school; and

(D) when a child is interviewed at school that OKDHS notify the PRFC that the child was interviewed at school.

(2) The assessment or investigation may include:

(A) an interview with, and examination of, any child in the home; and

(B) interviews with the child's parents or any other PRFC. ■ 5

(e) **Disclosure of specific complaint or allegation to PRFC.** At the initial contact with the PRFC, who is the subject of the investigation pursuant to the Oklahoma Children's Code, OKDHS advises the person of the specific complaint or allegation made against the PRFC per 10A O.S. § 1-2-106.

(f) **Description of the investigation process provided to the PRFC.** Per 10A O.S. § 1-2-106, OKDHS provides a brief and easily understood written description of the investigation process. The notice includes a statement that:

- (1) OKDHS is undertaking the investigation pursuant to Oklahoma Children's Code requirements in response to a report of child abuse or neglect;
- (2) the identity of the person who reported the incident of abuse or neglect is confidential and may not be known to OKDHS since the report may have been made anonymously;
- (3) the investigation is required by law to be conducted enabling OKDHS to identify incidents of abuse or neglect in order to provide social services to the family in need of protective or preventive services;
- (4) upon completion of the investigation, OKDHS sends the PRFC a letter stating:
 - (A) OKDHS found insufficient evidence of abuse or neglect; or
 - (B) there appears to be probable cause to suspect the existence of child abuse or neglect in the judgment of OKDHS;
- (5) the procedures OKDHS uses to conduct an investigation of alleged child abuse or neglect, include:
 - (A) a description of the circumstances that would cause OKDHS to seek judicial approval to remove the child from the home; and
 - (B) an explanation that the law requires OKDHS to refer all reports of child abuse or neglect to a law enforcement agency for a separate determination of whether a criminal violation occurred;
- (6) the procedures to follow when:
 - (A) there is a complaint regarding OKDHS actions; or
 - (B) requesting a review of the findings OKDHS made during or at the conclusion of an investigation;
- (7) the PRFC has a right to review unsealed records filed with the court in the event an action is filed;
- (8) the PRFC has a right to seek legal counsel;
- (9) the PRFC may obtain copies of the statutory and regulatory provisions governing child abuse and neglect and an explanation of how to obtain copies of the provisions;
- (10) the PRFC may request visitation or family time and an explanation of the process to use to acquire visitation or family time with the child when the child is removed from the home; and
- (11) failure to appear for court proceedings may result in the termination of the person's parental rights to the child.

(g) **Assessment or investigation report forwarded to district attorney (DA).** OKDHS, per 10A O.S. § 1-2-102, forwards the completed assessment or investigation report and findings to any DA office that may have jurisdiction to file a petition per 10A O.S. § 1-4-902. ■ 21

(h) **Referral to law enforcement.**

- (1) Per 10A O.S. 1-2-102, OKDHS immediately makes a referral, either verbally or in writing, to the appropriate local law enforcement agency for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, OKDHS determines the alleged:
 - (A) perpetrator is someone other than a PRFC; and

(B) abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child. ■ 20

(2) OKDHS, after making the referral to law enforcement, is not responsible for further investigation unless:

(A) OKDHS has reason to believe the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is otherwise a PRFC of another child;

(B) notice is received from a law enforcement agency that has determined the alleged perpetrator is a parent or PRFC of another child, not the subject of the criminal investigation; or

(C) the appropriate law enforcement agency requests OKDHS, in writing, to participate in the investigation. When funds and personnel are available, as determined by the OKDHS Director or designee, OKDHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse. ■ 24

(i) **Court order for access to or examination of child.** The assessment or investigation may include a medical, psychological, or psychiatric examination of any child in the home. When the PRFC refuses to cooperate with arranging an examination, or when admission to the home, school, or any place where the child may be located cannot be obtained, OKDHS may request the DA apply, per 10A O.S. § 1-2-105 for a court order to compel access or examination of the child. The court may order that a child be transported to a court-approved location for the interview or examination and designate an appropriate person or persons to transport the child. The persons may include, but are not limited to: a relative of the child, a PRFC, law enforcement, an OKDHS employee, or an Office of Juvenile Affairs (OJA) employee if the child is in OJA custody. The court will consider safety protocols based on the child's gender. It is the PRFC's responsibility to secure medical examinations that may be necessary due to abuse or neglect of the child by a third party. ■ 14

(j) **Obtaining the child's medical records.** As necessary in the course of conducting an assessment or investigation, OKDHS may request and obtain, without a court order, copies of a child's current and prior medical records including, but not limited to, hospital, medical, and dental records. The physician-patient privilege does not constitute grounds for failure to produce the requested records, per 10A O.S. § 1-2-105.

(k) **Requests for the child or PRFC's behavioral health records relevant to the assessment or investigation.** Per 10A O.S. §§ 1-2-105 and 1-6-103, the assessment or investigation may include an inquiry into the possibility the child or PRFC has a history of mental illness. When the PRFC denies OKDHS access to their personal behavioral health records or treatment plans requested by OKDHS that may be relevant to the alleged abuse or neglect, OKDHS requests the DA apply for a court order allowing OKDHS access to the records pursuant to terms and conditions prescribed by the court. ■ 14

(l) **Failure to report child abuse or neglect.** Per 10A O.S. § 1-2-101, any person who knowingly and willfully fails to promptly report suspected child abuse or neglect, or who interferes with the prompt reporting of suspected child abuse or neglect, may be reported to local law enforcement for criminal investigation, and upon conviction, is guilty of a misdemeanor. ■ 22

(m) **False reports of abuse or neglect made knowingly and willfully.** Any person who knowingly and willfully makes a false report of child abuse or neglect, per 10A O.S. § 1-2-101, or who makes a report the person knows lacks factual foundation, may be reported to local law enforcement for criminal investigation, and upon conviction is guilty of a misdemeanor. ■ 23

(n) **Restraining order prohibiting child's removal from Oklahoma.** Per 10A O.S. § 1-2-105, when OKDHS has reason to believe the PRFC may remove the child from Oklahoma before the investigation is completed, OKDHS may request the DA file an application for a temporary restraining order in any district court in Oklahoma without regard to continuing jurisdiction of the child. Upon cause shown, the court may enter a temporary restraining order prohibiting the parent or other person from removing the child from Oklahoma pending completion of the assessment or investigation.

INSTRUCTIONS TO STAFF 340:75-3-200

Revised 2-1-22 2-2-24

- 1. Assessment or investigation purpose.** During the assessment or investigation process the child welfare (CW) specialist gathers information from family members or other persons. The purpose of the assessment or investigation is to:
 - (1) explain the CW function;**
 - (2) explain the allegations to the family;**
 - (3) gather information for decision making;**
 - (4) determine if abuse or neglect occurred;**
 - (5) assess the behaviors of the person responsible for the child's (PRFC) health, safety, or welfare to determine protective capacities;**
 - (6) assess the presence or absence of safety threats to each child in the home;**
 - (7) determine what safety response is indicated;**
 - (8) reduce trauma to each child;**
 - (9) intervene for child safety; and**
 - (10) identify appropriate services for the family.**
- 2. Safety precautions when conducting an assessment or investigation.** Safety precautions during an assessment or investigation include, but are not limited to:
 - (1) taking any threat by a parent seriously; and**
 - (2) seeking the assistance of law enforcement when the CW specialist is at risk of harm, such as when:**
 - (A) there is a history of violence;**
 - (B) firearms or other weapons are present or reported to be present;**
 - (C) illegal substance manufacturing or distribution is reported to be present. Refer to Oklahoma Administrative Code (OAC) 340:75-3-450; or**
 - (D) the family's geographic location is isolated or dangerous.**
- 3. Initiation and safety determination requirement when three or more reports of abuse or neglect were assigned.** When three or more reports are pending concerning the same child and family, the CW supervisor reviews each report and all information known about the family with the CW specialist.

- (1) The most recent report is assigned as an investigation.
 - (2) The CW supervisor sets specific time requirements for completion of the safety determination and within no more than five-calendar days from receipt of the most recent report for completion of the investigation.
4. Assessing background information.
 - (1) When there is prior CW history involving the adults and children listed in the current or pending abuse or neglect reports, the history is reviewed prior to initiating the assessment or investigation unless:
 - (A) an urgent response is required and there is no time to review prior to initiating;
 - (B) it is outside of business hours and not possible to access the paper file or KIDS. In these instances, the history is reviewed as soon as possible; or
 - (C) the current report is case connected to the appropriate case in KIDS or connected to a new case without history on the adults and children listed in the referral. The CW history is reviewed as soon as possible following assignment, but no more than 48-hours from initiation.
 - (2) Background information includes if the child and family are:
 - (A) known to Oklahoma Human Services (OKDHS) and Child Protective Services (CPS);
 - (B) currently receiving OKDHS or CW services;
 - (C) known to another state's CPS; or
 - (D) known to law enforcement due to reports of violent crimes, domestic violence, substance use or abuse, or sexual abuse.
 - (3) The CW specialist contacts the CPS Programs Unit immediately for additional information when a CPS alert is found during a search.
 - (4) When there is an open CW case regarding the family, the assigned CW specialist obtains the name of any current OKDHS employee involved with the family. ~~Contact is initiated~~ The CW specialist initiates contact with any assigned OKDHS employee, when possible, prior to the first contact with the child and family to determine the case status and to request the case records.
 - (5) When it is determined the family had CPS involvement in another state, the CW specialist contacts CPS in the other state, and:
 - (A) makes a verbal request for records;
 - (B) follows up with a written request for the records;
 - (C) scans the records into the KK case document management system upon receipt. When volume makes scanning difficult, the CW specialist documents in KIDS Contacts that the records are located in the case paper file. The contact contains a brief summary of the information and a contact number for the jurisdiction with the records; and
 - (D) ensures the new report is properly case connected to the history in KIDS.
 - (6) The CW specialist contacts law enforcement and obtains police records when the report alleges domestic violence, substance use or abuse, or sexual abuse.

5. Assessment and investigation requirements.

(1) The report assigned as an investigation has a response time of five-calendar days or less.

(2) When a report is assigned as an assessment, the first contact may be with the non-perpetrating parent to arrange a time to see the child within the time requirements.

(3) Priority 1 investigations require:

(A) two diligent, face-to-face attempts to contact the child victim on the date the report is received; and

(B) a minimum of one diligent, face-to-face attempt to contact the child victim every calendar day thereafter until:

(i) the child victim is located, interviewed, and his or her safety is established;

(ii) a decision is made that diligent efforts were made and failed to locate the child and family, per OAC 340:75-3-200 Instructions to Staff (ITS) # 20; or

(iii) the CW specialist staffs the efforts to locate the child victim or the special case circumstances with the CW supervisor, and a decision is made regarding the continued face-to-face efforts to locate the alleged child victim based on the current information. The CW specialist documents the decision to modify the requirement is documented in the KIDS Victim Interview screen.

(4) Priority 2 assessments or investigations require:

(A) two diligent, face-to-face attempts to contact the child victim on or before the response time indicated in KIDS; and

(B) a minimum of one diligent, face-to-face attempt to contact the child victim every subsequent business day until:

(i) the child victim is located, interviewed, and his or her safety is established;

(ii) a decision is made that diligent efforts were made and failed to locate the child and family, per OAC 340:75-3-200 ITS # 20; or

(iii) the CW specialist staffs the efforts to locate the child victim or the special case circumstances with the CW supervisor, and a decision is made regarding the continued face-to-face efforts to locate the alleged child victim based on the current information. The CW specialist documents the decision to modify the requirement is documented in the KIDS Victim Interview screen.

(5) After three-calendar days of unsuccessful diligent attempts to make face-to-face contact with the alleged child victim, the CW specialist may mail a contact letter ~~may be mailed~~ to the PRFC. When there is no response to the contact letter after 10-calendar days, refer to OAC 340:75-3-200 ITS # 20.

(6) ~~Efforts~~ The CW specialist documents efforts to locate a child victim other than actual face-to-face attempts ~~are documented~~ in the Child Victim screen in KIDS – Type of Contact - Other with detailed information regarding efforts made to locate the alleged abuse or neglect victim. Examples of documented efforts to locate the child victim include contact with law

enforcement, the child's school or child care, or the local utility company to locate the family. After the CW specialist staffs the efforts to locate the child victim or the special case circumstances with the CW supervisor, a decision is made regarding the continued face-to-face efforts to locate the alleged child victim based on the current information. The CW specialist documents the decision to modify the requirement is documented in the KIDS Victim Interview screen.

~~(7) Assessment~~ The CW specialist completes assessment and investigation reports submitted and submits to the district attorney (DA) ~~are completed,~~ per OAC 340:75-3-510.

~~(8) Child~~ The CW specialist documents child victim and PRFC interviews are documented in KIDS within five-calendar days from the interview date.

6. Safeguarding reporter identity. To prevent unintended disclosure of the reporting party, the CW specialist leaves all KIDS- or OKDHS-generated documents regarding the reporter in a secure location. The reporting party is not disclosed to the family, PRFC, or collaterals.

7. Gathering information during the assessment or investigation. The primary methods used in gathering information during the assessment or investigation are listed in (1) through (3) of this Instruction.

(1) Interviewing. The interview is a face-to-face contact between the CW specialist and a person who has or may have information pertinent to assessing safety.

(A) Face-to-face interviews with the alleged victim(s), other children in the home, PRFC(s), and the alleged perpetrator are required, unless an exception is granted per ITS # 17 of this Instruction.

(B) Interviews with other witnesses or collaterals can be conducted in person or by phone.

(C) Interviews are conducted in private, and sufficient time is allowed to elicit information and make observations relative to assessing safety;

(2) Observing. Observing the physical and cultural environment is critical in assessing safety. The CW specialist observes the:

(A) home's physical setting;

(B) sleeping arrangements for all family members;

(C) degree to which the house is safe and healthy for a child;

(D) physical appearance of the PRFC(s) and child, including hygiene, affect, and injuries; and

(E) differences in culture and lifestyle that may affect the response of the family.

(3) Documentary evidence. Documentary evidence provides factual information in assessing safety. Documents may include, but are not limited to:

(A) written records of interviews and observations;

(B) medical reports;

(C) psychological or behavioral health evaluations or records;

(D) law enforcement reports, call logs, or both;

(E) Medical Examiner's Report of Autopsy;

- (F) photographs;
 - (G) public information from sources, such as the Oklahoma State Courts Network, the On Demand Court Records (ODCR), or the Oklahoma Department of Corrections;
 - (H) victim protective orders;
 - (I) non-directory education records;
 - (J) court record documents, such as guardianship or custody orders and related documents, available from the court file or provided by a witness;
 - or
 - (K) Developmental Disabilities Services (DDS) records.
8. **Contact protocol.** Talking to the alleged child victim is the most critical step in the safety determination process.
- (1) When necessary, discussion with and examination of the alleged child victim may be conducted at any reasonable time and at any place including, but not limited to, the child's school, per Section 1-2-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-105). It may be necessary to talk to the child in a neutral setting first due to the nature of the allegations.
 - (2) The child's age, developmental level, and emotional state guide the CW specialist's approach to gathering information. It may be necessary with some children to have an older sibling or another significant person present to obtain information. The use of collaterals is critical in assessing the safety and well-being when the child is not able to verbalize his or her circumstances.
 - (3) All children must be observed. Even non-verbal children can provide information when observed. An attempt must be made to talk to every verbal child victim. Although a very young child may not have extensive verbal skills, the child may provide critical statements or phrases that assist in the assessment.
 - (4) Family members are observed interacting together.
9. **Initial contact with the PRFC or family in the home.** The assessment or investigation includes a visit to the child's home, per 10A O.S. § 1-2-105, unless there is reason to believe there is an extreme safety risk to the child or CW specialist.
- (1) ~~Contact~~ The CW specialist makes contact with the family ~~is made~~ by an unannounced home visit.
 - (2) The CW specialist introduces himself or herself and explains the reason for the visit in a non-accusatory, courteous manner and shows the family an OKDHS employee identification card.
 - (3) The CW specialist explains the specific reported allegations ~~are explained~~ to the PRFC, per 10A O.S. § 1-2-106.
 - (4) The CW specialist gives the PRFC ~~is given~~ OKDHS Publication No. 87-02, Questions and Answers for Parents about Child Protective Services.
 - (5) During the assessment or investigation, the CW specialist gathers, per OAC 340:75-1-26 ITS and OAC 340:75-19-8, demographic information for each family member that includes the person's:
 - (A) accurate date of birth;

- (B) full legal name, including any other names or nicknames used;
 - (C) Social Security number;
 - (D) race and ethnicity; and
 - (E) when the child may be an Indian child, the place of the parent(s)' birth.
- (6) The CW specialist does not enter the home when an adult is not present. The CW specialist does not interview children found at home alone, but leaves contact information for the PRFC. When young children are found alone, the CW specialist immediately contacts law enforcement. An The CW specialist conducts an investigation rather than an assessment is conducted when young children are left alone.
- (7) The CW specialist asks to observe or interview each child and family member in the home.
- (8) When hostility, anger, or other defensive reactions are encountered, the CW specialist assures the family their concerns about the process will be addressed, although the assessment or investigation must be conducted.
- (9) When ordered out of the home, the CW specialist leaves immediately.
10. Attempted home visit. When the CW specialist attempts a home visit is attempted during the assessment or investigation, the alleged child victim has not been located, and the family is not home, the CW specialist and supervisor determine what diligent efforts are needed to determine child safety. Diligent The CW specialist makes diligent efforts to locate the child, are made per ITS # 5 of this Instruction, prior to leaving a contact letter when the family is not home.
11. Phone contact at PRFC's place of employment. When the CW specialist makes attempts to contact the family, is unsuccessful, and determines the PRFC or perpetrator is employed, the CW specialist:
- (1) may attempt to phone the PRFC or perpetrator at work;
 - (2) when calling the PRFC's or perpetrator's place of employment, identifies himself or herself by name only. No information about the nature of the call is discussed with the employer; and
 - (3) when the employer does not allow personal calls or the PRFC or perpetrator is unavailable, leaves a message giving only the CW specialist's name and phone number. No letter is sent to the employer.
12. Visual inspection of the child.
- (1) The CW specialist obtains the child's and either the PRFC's or caregiver's permission is obtained prior to the visual inspection of the child.
 - (2) Regardless of whether an injury is alleged, the CW specialist conducts a full-body inspection by asking the PRFC or caregiver to remove or rearrange the child's clothing, including diapers, for any child younger than 12 months of age.
 - (3) When one child is alleged to have serious or non-accidental injuries, the CW specialist checks the siblings for injuries.
 - (4) When non-accidental injuries are alleged or injuries are observed that may not be consistent with normal childhood play or development to any child in the home, the CW specialist, after obtaining permission, conducts:
 - (A) a full-body inspection of any child 5 years of age and younger that requires removal or rearrangement of the child's clothing, including diapers; and

(B) an informal inspection of the child 6 years of age and older, rather than a full-body inspection by rearranging the child's clothing.

(i) When injuries or alleged injuries are not observable without a full-body inspection, an examination is conducted by medical personnel.

(ii) The child is observed by the CW specialist in the presence of the PRFC unless the observation is made while in a setting outside of the home, such as child care or school.

(I) When the child is verbal, the reason for the visual inspection is explained to the child.

(II) Visual inspections are conducted in a manner that is sensitive to the child's feelings, privacy needs, and gender.

(III) When the child requires assistance undressing due to age, physical condition, developmental level, or emotional discomfort, the CW specialist asks the PRFC or caregiver to remove or lift the child's clothing allowing the child to be observed.

(IV) When the injuries on a child of any age indicate the need for a medical examination, or the child's age limits the CW specialist's ability to conduct an inspection of alleged injuries, the child is taken for a medical examination. Refer to OAC 340:75-3-200 ITS # 14.

(5) When a PRFC or caregiver refuses to permit the CW specialist to visually inspect the child victim or siblings, the CW specialist consults with the CW supervisor regarding whether to submit a request to the DA for a court order, per 10A O.S. § 1-2-105(B)(2).

(6) When a child refuses to permit the CW specialist to conduct an inspection, the CW specialist consults with the CW supervisor regarding arrangements for a medical examination.

13. Photographing child victim injuries. When injuries appear indicative of child abuse or neglect, the CW specialist:

(1) arranges for the child to be photographed. The CW specialist may take the photographs or, when possible, law enforcement or medical professionals take the photographs;

(2) maintains conventional photographs in the child's paper case record;

(3) does not enhance or alter and stores the digital photographs; and

(4) makes any photograph available to law enforcement and the DA.

14. Medical or behavioral health examination. Information gathered during the assessment or investigation may indicate a need for medical, psychological, or psychiatric examination or treatment of any child in the PRFC's home, per 10A O.S. § 1-2-105(B)(2). Subsequent inquiry may reveal that the child or PRFC has a history of behavioral health issues.

(1) As necessary in conducting an assessment or investigation, the CW specialist requests and obtains, without a court order, copies of the child's prior medical records including, but not limited to, hospital, medical, and dental records, per 10A O.S. § 1-2-105(C)(2), and copies of the child's prior behavioral health records including, but not limited to, hospital, psychological, and treatment records, per 10A O.S. § 1-6-103(B)(3).

(2) When a PRFC does not allow CW access to behavioral health records or treatment plans, the CW specialist consults with the CW supervisor regarding whether to submit a request to the DA for a court order, per 10A O.S. § 1-2-105(B)(3).

(3) When a medical examination is required, the CW specialist assists the PRFC with the arrangements, accompanies the PRFC and child to the medical examination, and remains available during the examination for consultation with the physician or appropriate licensed medical professional. A medical examination or consultation with a physician or appropriate licensed medical professional is required for:

(A) all injuries on a child 3 years of age and younger that are unexplained or implausibly explained, and do not appear to be caused by normal play or toddling;

(B) a child of any age with unexplained or implausibly explained bruises, burns, or fractures;

(C) all of a non-ambulatory child's bruises, burns, or fractures;

(D) all referrals of sexual abuse in non-verbal children whose behavior mimics adult sexual behavior, such as simulated intercourse or oral stimulation of another's genitals;

(E) all sexual abuse cases in which oral or genital skin-to-skin contact is alleged or suspected;

(F) all cases of:

(i) sexually transmitted infections in a prepubescent child;

(ii) malnutrition and failure-to-thrive;

(iii) medical neglect; or

(iv) fabricated or induced illness, formerly referred to as Munchausen by Proxy Syndrome;

(G) the child's observable injury, when the caregiver admits responsibility for the injury, and medical documentation is necessary to determine if there are internal or old injuries;

(H) a child who exhibits a need for an immediate psychological or psychiatric evaluation; or

(I) all bruises or injuries to a child with a diagnosed or perceived disability who is unable to communicate effectively about the alleged abuse, neglect, or both.

(4) When the PRFC refuses to secure needed medical, psychological, or psychiatric attention for the child, the CW specialist evaluates the level of risk to the child and determines whether to make a request ~~is made~~ to the DA for a court order application to secure needed services.

(5) Although a second medical opinion is suggested for all serious child abuse and neglect, it is particularly crucial in cases of head trauma or fractures in a child 5 years of age and younger. Consultation with the CPS Programs Unit is available.

(6) Reimbursement to the vendor for the child abuse examination or treatment is made, per OAC 340:75-13-64. The CW specialist, not the medical provider, determines if other resources are available to the child and advises

the hospital, physician, or appropriate licensed medical professional regarding procedures for payment, per OAC 340:75-13-64.

(7) ~~Exceptions~~ The CW supervisor approves exceptions to medical examination procedures ~~are approved by the CW supervisor~~ as soon as possible after the child victim is observed. The CW specialist documents the exception ~~is documented~~ in the Summary/Recommendation Section of Form 04KI003E, Report to District Attorney, and good cause is shown for the modification.

15. Professional consultation.

(1) The CW specialist consults, as needed, with those who have additional expertise in child abuse or neglect, or in areas related to the family's service needs.

(2) When a child victim, his or her sibling, or any child living in the home:

(A) has a diagnosed or perceived developmental disability, ~~a complex medical condition, or both;~~

(B) is unable to communicate effectively about abuse, neglect, or other safety ~~threat~~ threats; or

(C) is vulnerable due to an inability to communicate effectively, the:

(i) CW specialist ~~may~~ must seek consultation with DDS that includes resource coordination, medical consultation, or medical evaluation related to developmental disabilities when needed, per 10A O.S. § 1-2-105;

(ii) consultation process with DDS is for information and referral services for the family and is in addition to the requirement that the CW specialist contact all medical, educational, and therapeutic providers for the child; and

(iii) assigned area DDS intake staff provides information about needed, recommended, and available services within the community, based upon the child's reported needs. When an emergency exists and the child is placed in OKDHS custody, the CW specialist follows procedure for identification, application, and needs assessment, per OAC 340:75-8-36.

(3) When a child has a ~~perceived or diagnosed developmental disability or physical disability~~ or an acute life threatening or chronic medical condition, CW staff must:

(A) consult with a Child Welfare Services (CWS) nurse on all cases with allegations of "Failure to Obtain Medical Attention," "Fabricated or Induced Illness," "Failure to Thrive," or with any injury characteristic of "Failure to Thrive," "Malnutrition," or "Medical Condition Untreated";

(B) consult with a certified child abuse pediatrician on all cases with allegations of "Fabricated or Induced Illness," also described as child abuse in a medical setting and formerly referred to as Munchausen Syndrome by Proxy;

(C) consult by phone or face-to-face with the child's primary care physician, specialist, and any other treating medical provider when a child is reported to have ongoing medical conditions; and

(D) obtain all medical records necessary to adequately assess the child's safety with a perceived or diagnosed developmental or physical disability or any ongoing medical condition. CW staff must ensure the obtained medical records provide information regarding the diagnosis and compliance with treatment and recommendations. When a child has a diagnosed genetic disorder, medical records must be obtained from all treating physicians.

(4) The CW supervisor ensures compliance with the protocols in this paragraph on all investigations or assessments with an element of medical concern.

(5) The CWS nurses are available to assist CW staff with:

(A) understanding medical concerns;

(B) medication reviews;

(C) medical chart reviews;

(D) parent and foster parent education on medical issues;

(E) home visits; and

(F) hospital visits.

16. Access to a registered sex offender.

(1) When a PRFC, or adult whom the child has access to, is required to register as a sex offender, per the Sex Offender Registration Act, 57 O.S. § 584, and the report is accepted for CPS investigation, the CW specialist:

(A) verifies if the person is a required registrant and when so, the offense that led to the registry requirement;

(B) obtains the state and county of jurisdiction for the offense;

(C) obtains the applicable criminal records, such as, but not limited to the;

(i) arrest affidavit pertaining to the offense;

(ii) law enforcement report pertaining to the offense; and

(iii) victim's order of protection pertaining to the offense;

(D) checks law enforcement records of each state or county the registrant inhabited, when known, for any offenses similar in nature, such as, but not limited to:

(i) sexual crimes against a child, adult, or animal;

(ii) indecent exposure; and

(iii) voyeurism;

(E) obtains the victim's name, age, and relationship at the time of the offense;

(F) requests out-of-state CW records pertaining to the offense, when applicable;

(G) obtains any recommendations or treatment records pertaining to any services the registrant participated in specifically related to the offense; and

(H) interviews the current probation or parole officer and treatment provider, when available, as collaterals.

(2) When a child is living in the home with, or has continued access to, a registered sex offender, the child's vulnerability is considerably increased.

- (3) The PRFC who is a registered sex offender due to an offense toward a child, is viewed as unable to provide basic care or supervision of the child.
17. Modifying assessment or investigation protocol. Assessment and investigation protocol is followed unless good cause exists for modification.

(1) Modifications:

- (A) to the required home visit are not authorized unless it is determined contact in the home jeopardizes the safety of the CW specialist or child;
- (B) are approved by the CW supervisor;
- (C) are not authorized when there are two or more reports regarding the same child and family in the preceding 12 months; and
- (D) may include:
- (i) altering the required order in which interviews are conducted, when:
 - (I) emergency conditions exist that require immediate action to protect the child. Protocol is reinstated after the child is safe;
 - (II) the emotional atmosphere is volatile, for example, people are emotionally immobilized or violent; or
 - (III) key persons are not available;
 - (ii) mandatory approval from the district director is required to omit required interviews with individuals other than the child victim or alleged perpetrator when:
 - (I) all allegations are obviously and unquestionably false;
 - (II) it is determined the report was made in bad faith;
 - (III) the report was a result of an absolute misperception of the child's condition or circumstances; or
 - (IV) information collected in the six key questions of the Form 04KI030E, Assessment of Child Safety, from the child victim and alleged perpetrator does not indicate a possible safety threat;
 - (iii) substituting required face-to-face interviews with phone contact or virtual conference when the interviewee's circumstance or location makes the person unavailable for a face-to-face interview; or
 - (iv) authorizing joint interviews for required separate interviews when a separate interview is declined by the person interviewed. The CW specialist is aware that information gathered during joint interviewing may not accurately provide representation of the incident or the family's actual functioning.
- (2) When a modification is authorized, at a minimum, the six key questions on Form 04KI030E are completed from interviews with each child victim and the alleged perpetrator with a determination of no safety threats.
- (3) A modification and the reason for the modification to the investigation or assessment protocol is documented in the Summary/Recommendation Section of Form 04KI003E for investigations and in Section IV, Safety Decisions, Comments/Summary, Form 04KI030E for assessments.
- (4) Any modification request not listed above requires consultation with and approval from the CPS Programs Unit.

- 18. Documenting the assessment or investigation. The CW specialist documents in KIDS:**
- (1) each attempted contact with the alleged child victim or other family member;**
 - (2) when the alleged child victim is deceased by selecting Face-to-Face (NA) Child Death from the drop-down menu; and**
 - (3) all completed contacts in the appropriate screens.**
- 19. Refusal to cooperate or respond to protocol.**
- (1) When a family refuses to cooperate or respond in an assessment or investigation by:**
 - (A) refusing to be interviewed;**
 - (B) refusing to allow access to the child for observation and interview; or**
 - (C) removing the child from Oklahoma before the assessment or investigation is completed, the CW specialist:**
 - (i) evaluates the available information, including assessing information from pertinent professional and personal collaterals, and determines the most appropriate action; and**
 - (ii) when the child is in present danger:**
 - (I) immediately contacts law enforcement for assistance in interviewing and observing the child; and**
 - (II) when the PRFC continues to refuse to allow access to the child and law enforcement declines to place the child in protective custody, immediately documents information obtained from collaterals or witnesses and submits the information on Form 04CP008E, Child Protective Services Affidavit or Form 04KI003E, requesting that the DA make application for a court order to allow access to the child.**
 - (2) When the PRFC denies access to his or her behavioral or mental health records or treatment plans that may relate to abuse or neglect, the CW specialist requests that the DA file an application for a court order to obtain the records.**
 - (3) When the CW specialist believes a PRFC or other person may remove the child from Oklahoma before the assessment or investigation is completed, the CW specialist requests that the DA file an application for a temporary restraining order prohibiting the PRFC or other person from removing the child from the state pending completion of the assessment or investigation.**
 - (4) When a relative or non-relative caretaker is granted guardianship or power of attorney and a referral is assigned regarding the parent, legal guardian, or custodian alleging abuse, neglect, or both, a complete and thorough safety evaluation of the child referenced in the assigned report is required. The safety evaluation is conducted in the home of the guardian or person having power of attorney. Each PRFC, including parents, is included in the safety assessment.**
- 20. Unable to locate protocol. When the CW specialist is unable to locate the child and family, diligent efforts are made to locate the family through additional sources of information.**

(1) When all known collaterals are contacted and the alleged victim is not located, the CW specialist:

(A) contacts the reporter and advises of the difficulty in locating the family and asks the reporter for additional sources of information;

(B) contacts the public school associated with the given address and requests any transfer or locating information for each child in the household who is eligible to receive education services or known to the public school system; and

(C) searches KIDS to determine if previous addresses or those likely to have knowledge of the family's whereabouts are available; and

(D) makes another computer inquiry to determine if the family is receiving OKDHS services.

(i) When the family is receiving OKDHS services, the CW specialist contacts the assigned worker to determine if there is a new address for the family or other information to assist in locating the family.

(ii) The assessment or investigation does not affect eligibility for other OKDHS services.

(2) When a new address is provided and the assessment or investigation was not closed, the assessment or investigation protocols continue regardless of when the completion time was exceeded.

(3) When the report indicates the child's safety is, or will be, at risk and it appears the family relocated and the address is unknown, a statewide or nationwide protective service alert may be initiated by contacting the CPS Programs Unit. Refer to OAC 340:75-3-300 ITS # 11.

(A) When the family moved to another state, the CW specialist calls the state's CPS and makes a report regarding the child's safety.

(B) Any requested copies of child abuse or neglect records may be forwarded to the requesting state, per OAC 340:75-1-44.

(4) When a family is found after an assessment or investigation is closed due to unable to locate, the allegations in the child abuse or neglect report that led to the assessment or investigation are documented on a new Form 04KI001E, Referral Information Report.

(A) Critical thinking and sound judgement are used with any allegation previously made that resulted in a finding of unable to locate.

(B) When it is determined the previous allegation needs to be addressed, the allegations and any new allegations are assigned for investigation or assessment.

(5) No report is closed as unable to locate until the protocol per this ITS is followed.

21. Referral to law enforcement.

(1) Form 04KI001E, may be sent to law enforcement for written documentation with Form 04CP002E, Notification to Law Enforcement Agency of Child Abuse or Neglect Report, attached.

(2) When forwarding Form 04KI001E to law enforcement, the reporter's name is deleted. The reporter's name is maintained on the copy that remains in

OKDHS files and may be provided verbally to law enforcement, when requested.

(3) Examples of when a CW specialist makes a referral to law enforcement include, but are not limited to, when:

- (A) a child has unexplained or implausibly explained bruising to the body;
- (B) a child discloses physical or sexual abuse by a PRFC or third party;
- (C) a child is malnourished as the result of PRFC neglect;
- (D) a child has unexplained or implausibly explained head trauma;
- (E) a child was intentionally burned;
- (F) a non-ambulatory child has a bodily fracture;
- (G) labor, sex, or drug trafficking involving a child or a child's home of origin;
- (H) a child is drug-endangered;
- (I) a PRFC is aware of ongoing abuse to a child in the home and fails to protect the child from further abuse; or
- (J) there is reason to believe a crime occurred that impacts a child's safety.

22. Assessment and investigation report submitted to appropriate DA. All reports of assessment recommendations and investigation findings are submitted to appropriate DAs, per 10A O.S. § 1-2-105. When multiple jurisdictions are involved, the report is provided to each appropriate DA's office.

23. Failure to report child abuse or neglect. When it is determined during an assessment or investigation that there is a person who may have knowingly and willfully failed to make a report of child abuse or neglect, the CW specialist discusses the information with the CW supervisor. The information may be forwarded to local law enforcement using Form 04CP002E for the purpose of a criminal investigation.

24. False reports of abuse or neglect made knowingly and willfully. When, in the course of the assessment or investigation, the CW specialist determines a false report concerning child abuse or neglect was knowingly and willfully made, the CW specialist discusses the information with the CW supervisor. With supervisory approval, information regarding the false report is forwarded to law enforcement for consideration of a criminal investigation, using Form 04CP002E. Form 04KI001E may be sent to law enforcement attached to Form 04CP002E. When forwarding Form 04KI001E to law enforcement, the reporter's name is deleted. The reporter's name is maintained on the copy that remains in the OKDHS file and may be provided verbally to law enforcement, when requested.

25. Requests to assist law enforcement on non-OKDHS related investigations. When a law enforcement agency submits a written request for OKDHS to participate in an investigation, the CPS Programs Unit is contacted for guidance.

340:75-3-220. Investigation protocol ■ 1 through 7

Revised 7-1-13

Purpose of investigation. The purpose of Child Protective Services (CPS) is to protect children and provide services to the family, as opposed to a focus on criminal prosecution and punishment. The CPS investigation provides for direct involvement with the family, problem identification, service provision, and the development of a helping relationship. Pursuant to Section 1-2-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-105), Oklahoma Department of Human Services (OKDHS) responds promptly to a report of child abuse or neglect by initiating an assessment of the family or investigation of the report per OKDHS priority guidelines. The investigation process includes gathering information:

- (1) about the reported allegations and family dynamics that jeopardize the child's safety; and
- (2) to assess the protective capacity of the family.

INSTRUCTIONS TO STAFF 340:75-3-220

Revised ~~8-12-19~~ 2-2-24

- 1. Investigation protocol.** The investigation protocol is followed closely and sequentially during each investigation, unless the child welfare (CW) supervisor approves and documents a modification for good cause ~~is approved and documented by the child welfare (CW) supervisor.~~
 - (1) Persons interviewed, in order, are:
 - (A) each alleged victim;
 - (B) each sibling;
 - (C) each person responsible for the child's (PRFC) health, safety, or welfare, including the custodial and noncustodial parents;
 - (D) each alleged perpetrator, unless referred to law enforcement as a third-party perpetrator;
 - (E) collaterals; and
 - (F) professional consultants.
 - (2) ~~Diligent~~ The CW specialist makes diligent attempts ~~are made to first~~ conduct interviews privately and separately.
 - (3) The reporter, when not a PRFC, is contacted prior to initiation when feasible or can be contacted at any point during the investigation.
- 2. Interview purpose.** An interview's main purpose is to:
 - (1) obtain information to determine if the child was abused or neglected;
 - (2) assess family functioning to determine safety;
 - (3) determine the PRFC's protective capacities;
 - (4) provide information regarding the steps that will be taken and what the family can expect; and
 - (5) express interest in helping the family resolve problems identified as safety threats.
- 3. Alleged child victim interviews.**
 - (1) When there is more than one alleged victim, the CW specialist attempts to interview each child individually and apart from the siblings or parents. It may be necessary to have an older sibling or other significant person present to obtain information from some children. If so, that person is

reminded of the interview's confidential nature and asked to remain as unobtrusive as possible.

(2) An interview's purpose is to obtain information regarding the alleged abuse or neglect and child, parent, and family functioning, including:

(A) what happened;

(B) when and where the alleged abuse or neglect occurred;

(C) the child's current condition;

(D) other effects of abuse or neglect;

(E) the PRFC's and family's behaviors that indicate the presence or absence of protective capacities;

(F) information and knowledge from the reporter of the alleged abuse or neglect, including any reporters of subsequent referrals that had a screened-out disposition decision with the screened-out allegations addressed in the open report;

(G) information and knowledge from persons who have both professional and personal contact with the family regarding family dynamics and alleged abuse or neglect; and

(H) information for each of the six key questions from Form 04KI030E, Assessment of Child Safety, to provide an indication of how the family functions and whether or not a potential safety threat exists.

4. Interviewing siblings. When one child in the family is at risk, any sibling may be at risk. When not at risk of physical harm, the sibling remains adversely affected by family conditions. The sibling often has important information regarding the reported allegations and the family's dynamics.

(1) All The CW specialist observes all siblings, including those that only visit the home, are observed and an attempt is made attempts to talk to each verbal sibling. Interaction is initiated with non-verbal siblings to determine each child's functional level.

(2) The CW specialist's discussion with the siblings, as with the alleged child victim, is directed at determining if the siblings were victims of abuse or neglect.

(3) Corroboration of the child victim's statements is also an objective of the discussion with the siblings.

(4) The same principles for interviewing the child victim apply to interviewing the siblings. Refer to Instructions to Staff (ITS) # 3 of this Section.

5. Interviewing the PRFC. When the perpetrator of abuse or neglect is unclear, it is important to evaluate each custodial and non-custodial parent and anyone performing a parenting role in the household.

(1) The CW specialist evaluates the relationship between the adults in the household and any parent living outside of the household is evaluated.

(2) Determining the PRFC's willingness and ability to protect the child is critical.

(3) The CW specialist evaluates the presence of any stress factors in the home, such as financial difficulties or lack of support systems, is evaluated with each PRFC to determine if there are contributing factors to abuse or neglect in the home. Contributing factors include:

- (A) domestic violence;
 - (B) substance use or abuse;
 - (C) untreated or unmanaged behavioral health conditions;
 - ~~(C)~~(D) poverty; and
 - ~~(D)~~(E) health issues.
- (4) The CW specialist discusses the nature of the report and the concern for each child ~~is discussed~~ with each PRFC.
- (5) The noncustodial parent is entitled to the same information as the custodial parent and diligent efforts are made to locate and interview the noncustodial parent during the initial stages of the investigation. Exceptions may be made when the non-custodial parent poses a threat.
- (6) The CW specialist:
- (A) informs the noncustodial parent of the situation and gathers any critical information; and
 - (B) when the noncustodial parent denies paternity or never saw the child, verifies that there is no record of child support, per Oklahoma Administrative Code 340:75-6-31.5.
- (7) The interview with the PRFC is directed toward assessing the PRFC's capacity to protect the child related to the alleged abuse or neglect and includes:
- (A) the PRFC's description of what happened;
 - (B) the PRFC's response to the incident and Child Protective Services intervention;
 - (C) the PRFC's capacity to protect the child;
 - (D) exploration of the presence of violence in the home, including violence between adult household members;
 - (E) exploration of the presence of stress factors in the home, such as financial difficulties or lack of support systems; and
 - (F) information for each of the six key questions from Form 04KI030E to provide an indication of how the family functions and if a potential safety threat exists.
- (8) When the PRFC's identity or whereabouts is unknown, the CW specialist prepares an interview page for the PRFC on Form 04KI003E, Report to District Attorney, detailing:
- (A) why the PRFC's identity or whereabouts is unknown; and
 - (B) the efforts made to identify or locate the PRFC.
6. Interviewing the alleged perpetrator. The alleged perpetrator is interviewed last, as this allows the CW specialist to question the perpetrator with the facts and information obtained.
- (1) The same information is obtained from the perpetrator as from the non-perpetrating PRFC as it relates to the alleged abuse or neglect.
 - (2) Additional information obtained from the perpetrator includes the prospect for acknowledging the problem and accepting responsibility to resolve the problem.
7. Interviewing collaterals. Families may not always provide factual information during the investigation because of fear of the assessment process or lack of

awareness about family concerns. Medical reports, information from school personnel or other persons closely involved with the family, psychological evaluations, police reports, photographs, and other similar material provide the CW specialist with a means for balancing the subjective aspects of information gathering and observing.

(1) Collaterals are interviewed to ensure thorough investigation and assessment of risk to the child.

(2) Collaterals who are minors are not interviewed without first obtaining the minor's parental consent.

(3) The CW specialist seeks collateral sources who know the family best and contacts a minimum of two personal collaterals with pertinent, unbiased information regarding the family, in addition to any professional collaterals who have pertinent information about the family including, but not limited to, law enforcement, school personnel, medical professionals, mental health providers, and others.

(4) The specific nature of the alleged abuse or neglect or details of the allegations are not given to persons outside of the immediate family.

(5) The CW specialist documents the information on each collateral interview page of Form 04KI003E, indicating the relationship of the collateral to the subject child.

(6) The CW specialist contacts the reporter of the alleged abuse or neglect and any reporters of subsequent referrals that had a screened-out disposition decision with the screened-out allegations addressed in the open report as collaterals.

PART 3. CHILD SAFETY EVALUATION CRITERIA AND PROCEDURE

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

Revised 2-1-22

(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.** Oklahoma Human Services (OKDHS) evaluates whether to recommend emergency OKDHS 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 OKDHS emergency custody. A child cannot be placed in OKDHS 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) OKDHS 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, 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 OKDHS. A child believed to be a victim of human trafficking is not considered in OKDHS emergency custody solely upon identification, but is transferred to OKDHS 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 OKDHS 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, OKDHS 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, an OKDHS form for a Safety Plan, is completed and implemented when the person responsible for the child's (PRFC) health, safety, or welfare agrees to cooperate with OKDHS efforts to ensure the child's safety. The Safety Plan describes the present danger the child welfare (CW) specialist identifies and addresses actions to take to ensure the child's safety until a thorough safety evaluation is completed. The PRFC and identified safety monitors sign the Safety Plan and agree to cooperate with OKDHS 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, upon completion of a thorough safety evaluation, and when an alternative to OKDHS custody is appropriate, an OKDHS form for a Safety Plan is completed and implemented, when the PRFC agrees to cooperate with OKDHS efforts to ensure the child's safety.

(1) The Safety Plan is developed and implemented by agreement without court intervention and describes the impending danger the CW specialist identified and addresses actions to take to control or eliminate any identified safety threat.

(2) The implementation of a short-term Safety Plan does not preclude OKDHS from recommending court involvement.

(3) When the parent of a child in a Safety Plan is unavailable, the Safety Plan monitor may authorize medical or dental treatment or examinations if necessary for the child's well-being, per 10A O.S. § 1-3-104.

(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 PRFC appears unable or unwilling to protect the child;

(3) an emergency exists that prohibits the timely arrangement of resources or services to reduce risk and threats of abuse or neglect, or such resources or services 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 OKDHS safety evaluation indicates the child does not face an imminent safety threat, OKDHS 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 OKDHS 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 filing 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) Law enforcement may remove a child from the home without a court order when the child is in surroundings that pose an immediate threat to the child. When law enforcement declines to remove the child, or when OKDHS 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, OKDHS 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) **OKDHS 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 OKDHS emergency custody pending further hearing, an OKDHS 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 assuming custody of the child from the hospital, school, or child care program can occur without risk to the child or the OKDHS 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 OKDHS custody. OKDHS may remove the child in OKDHS custody directly from the child's home when continued placement in the home is contrary to the child's health, safety, or welfare. OKDHS 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 OKDHS 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, the other state enforces the emergency custody or pick-up order and recognizes Oklahoma's jurisdiction to return the child to Oklahoma. Each circumstance is managed according to the laws and procedures in the state where the child is located.

(p) Standardized assessment. Every child taken into OKDHS custody is given a standardized assessment evaluating his or her physical, developmental, medical, mental health, and educational needs within 21-calendar days of entering OKDHS custody, per 10A O.S. § 1-4-208. The assessment is updated on a consistent basis and is considered when making placement and service plans.

INSTRUCTIONS TO STAFF 340:75-3-300

Revised ~~2-1-22~~ 2-2-24

1. (a) Evaluating child safety.

(1) Form 04KI030E, Assessment of Child Safety, is the tool used to document the safety evaluation. Form 04KI030E focuses on six key questions to gather 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 of and attitude about the maltreatment;**
- (iv) PRFC's history or pattern of maltreatment of the subject child or others;**
- (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;**
- (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 the PRFC uses and the circumstances for using the discipline. Information gathered in this phase of the safety assessment includes:

- (i) the discipline methods the PRFC uses and their 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 PRFC's parenting practices to determine 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;
 - (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 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 If upon completion of the safety evaluation process the CW specialist determines 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, 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 by implementing a short-term Safety Plan.

(B) The 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 to identify adequate supervision for the child; or

(ii) an unsanitary home infested with vermin, ~~the PRFC may choose to use a 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 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 is modified as necessary.

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

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 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) 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 is unnecessary requires a district director's approval and the reasons supporting the decision are documented in the KIDS Referral Contact screen.

(3) 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 or could help keep the child safe. OKDHS must provide a translator for the family if needed.

(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, the CPS specialist develops a plan for eliciting the child's point of view and 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 implemented when present danger was found can be modified during the CSM as necessary to secure the child's safety.

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

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 and family-

centered services (FCS), the CW specialist attempts to engage the family in a Safety Plan and FCS.

(D) When it is not possible to engage the family in a 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. When court intervention is requested, the CW specialist documents the DA's comments on Form 04KI003E in a KIDS Case Contact.

(E) When Form 04KI003E requests court intervention by recommending a deprived petition, the DA denies the request, 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.

(4) A law enforcement entity, or 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 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 or jurisdictions when the child is not an Oklahoma resident. Coordination is also required when a child from Oklahoma is recovered in another state or jurisdiction.

(C) OKDHS staff works jointly with the entity that assumed protective custody to determine the child's safest placement option. OKDHS staff considers 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, neglect, or both.

(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) When the final determination confirms the child is a victim of human trafficking, OKDHS staff notifies the law enforcement entity, or district court, juvenile bureau, or OJA employee who assumed protective custody of the child.
- (5) The CW specialist consults with the CW supervisor throughout the evaluation process and documents the decision in the case record.
- (6) The CW specialist considers poor prognosis indicators as outlined in OAC 340:75-4-12 ITS.
- (7) Cases of serious abuse or neglect described in (A) through (Q) ~~(R)~~ 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 home's physical condition 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.

(R) A pattern of domestic violence is identified in the home and the adult victim is unwilling or unable to protect the child.

7. Safety 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, or the PRFC does not agree to comply with the Safety Plan, protective or emergency custody of the child and court intervention is requested.

(B) A Safety Plan does not preclude OKDHS recommending court intervention and supervision.

(C) The 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, impending danger is identified, or both;

(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 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:

(i) a monitor is identified;

(ii) Form 04MP078E, Family 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 purpose is to control safety threats immediately. The 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;

(B) ensures all necessary arrangements for the Safety Plan are made and agreed to by each participant;

(C) contacts, no less than weekly, persons responsible for the Safety Plan until the safety threats in the family are significantly reduced.

8. **Safety 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. When cognitive, emotional, and behavioral protective capacity exists with the non-perpetrator PRFC but that PRFC is legally unable to protect, the non-perpetrator PRFC is prohibited from being the sole safety plan monitor for his or her biological, adopted, or step children or children who resided in his or her home at the time the alleged abuse or neglect occurred.

(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 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.

(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 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 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 participants.

(1) Prior to engaging individuals as 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.

(2) When a Safety Plan is implemented, checks must be completed on an in-home or out-of-home 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 monitor or any adult residing in the prospective monitor's home has a history of child abuse or neglect;

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

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

(i) is subject to the Oklahoma Sex Offender Registration Act, the Mary Rippy Violent Crime Offender Registration Act, or both. 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:

(I) 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;

(F) conducts a search, no later than the next business day, to see if the 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;**

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

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

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

(J) may preliminarily approve an individual(s) with any criminal or CW history found in his or her background search, such as protective order petitions, police reports, or judgements and sentences, as a Safety Plan monitor with the district director's approval. The individual(s) is only preliminarily approved 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;

(K) reviews the CW and criminal history of the prospective 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, relevant misdemeanors, or registrants on Restricted Registry, per OAC 340:75-7-15;

(L) when the 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 monitor is denied and no longer being utilized; and

(M) documents information obtained regarding the assessment of the Safety Plan monitor, household members, and other Safety Plan participants as a Contact and in the Connections screens in KIDS₁, and files copies of the completed forms in the KK case file associated with the CPS investigation. Records are not stored in the document management system.

(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.

(4) A Safety Plan monitor may seek medical or dental treatment for a child placed in a Safety Plan when:

(A) the medical or dental care is in the best interest of the child's well-being; and

(B) the CW specialist made diligent, good faith efforts to locate and obtain consent from the biological and legal parents or guardians, and one of the conditions (i) through (v) is present. The child's parent or guardian:

(i) is incapacitated due to a health condition or cognition functioning and is unable to provide consent;

(ii) is incarcerated and the CW specialist is unable to obtain the parent's or guardian's consent after diligent good faith attempts with the penal institution;

(iii) was admitted to inpatient treatment and after diligent, good faith attempts, the CW specialist is unable to obtain consent;

(iv) abandoned the child with the Safety Plan monitor; or

(v) is deceased.

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 CW specialist may remove a child may from a hospital, educational facility, or a child care program 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 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) The CW supervisor and district director determine 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) The CW specialist provides a copy of the written emergency custody court order to the hospital, educational facility, or 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, either when the PRFC is present or as soon as possible. When the notification will place the 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 Collateral/Connections screen in KIDS. Form 04MP015E is scanned and saved into KIDS 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 family meeting 1 – case transfer meeting within 10-calendar days of removal; and

(K) completing Form 04PP024E, Child and Resource Family Service and Support Plan, within 30-calendar days of placement.

(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-perpetrating 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 a 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, the other state enforces the custody order and recognizes Oklahoma's jurisdiction 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 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

340:75-3-400. Reports of child abuse and neglect with specialized protocols ■ 10 Revised 2-1-22

Reports of child abuse and neglect with specialized protocols considered for acceptance for assessment or investigation include, but are not limited to, reports:

- (1) from Child Protective Services (CPS) regarding an Oklahoma Human Services (OKDHS) employee; ■ 1
- (2) of abuse or neglect of a child in an active permanency planning or family-centered services (FCS) case; ■ 2
- (3) regarding a child whose address is confidential per the Address Confidentiality Program (ACP) per Section 60.14 of Title 22 of the Oklahoma Statutes (22 O.S. § 60.14); ■ 3
- (4) regarding Indian children; ■ 4
- (5) regarding children in out-of-home care; ■ 5
- (6) of abuse or neglect in a child care program or home; ■ 6
- (7) of abuse or neglect by someone other than the person responsible for the child's (PRFC) health, safety, or welfare per 10A O.S. § 1-2-102.

(A) OKDHS makes a referral, verbally or in writing, to the appropriate law enforcement jurisdiction for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse or neglect, or during the assessment or investigation, OKDHS determines the alleged:

- (i) perpetrator is someone other than a PRFC; and

- (ii) abuse or neglect of the child does not appear to be attributable to failure on the part of a PRFC to provide protection for the child.
- (B) After making the referral to the appropriate law enforcement jurisdiction, OKDHS is not responsible for further investigation unless:
 - (i) OKDHS has reason to believe the alleged perpetrator is a parent or PRFC of another child, not the subject of the criminal investigation;
 - (ii) notice is received from an appropriate law enforcement jurisdiction that it determined the alleged perpetrator is a parent or PRFC of another child, not the subject of the criminal investigation; or
 - (iii) the appropriate law enforcement jurisdiction requests OKDHS participate in the investigation. When funds and personnel are available, as determined by the OKDHS Director or designee, OKDHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse; ■ 7
- (8) resulting from judicial proceedings.
 - (A) When a report of child abuse or neglect resulting from court proceedings concerning child custody, visitation, or family time is received, the CPS assessment or investigation protocol and the provisions of 10A O.S. § 1-4-102 are followed. The assessment or investigation is completed within 30-calendar days of the referral date. Upon completion, OKDHS:
 - (i) submits an assessment or investigation report to the district attorney's office;
 - (ii) provides a copy of the report to the referring court; and
 - (iii) notifies the parties to the proceeding of the report's submission to the court.
 - (B) When the evidence in a court proceeding concerning child custody, visitation, or family time results in placing the child into OKDHS emergency custody by the referring court, the provisions of 10A O.S. § 1-4-203 apply.
 - (C) Per 22 O.S. § 20, when a judge finds a defendant subject to incarceration is the sole custodian of a minor child and has not made safe and appropriate arrangements for the child's care, the court makes a referral to OKDHS. The report is assigned for assessment or investigation; ■ 8
- (9) of relinquishment of a child 30-calendar days of age and younger to OKDHS.
 - (A) OKDHS, without court order, takes possession of a child 30-calendar days of age and younger, when a parent voluntarily delivers and relinquishes a child to the child protective services agency, and expresses an intent not to return for the child, per 10A O.S. § 1-2-109. At the parent's request, OKDHS respects the parent's desire to remain anonymous. OKDHS may:
 - (i) request, but not demand, information the parent is willing to share about the child, including details of the child's or parent's relevant medical histories; and
 - (ii) provide the parent with printed information regarding the parent's rights with respect to reunification with the child and counseling sources for the parents.
 - (B) When a child is relinquished to OKDHS, OKDHS:
 - (i) performs, or provides for the performance of, any act necessary to protect the child's health or safety; and
 - (ii) immediately checks with the appropriate law enforcement jurisdiction to determine if a child was reported missing and if the missing child is the relinquished child; ■ 9

(10) involving child victims of human trafficking. Per 21 O.S. § 748.2, when law enforcement determines a child may be a victim of human trafficking, OKDHS initiates a joint investigation with law enforcement. A law enforcement entity, or district court, juvenile bureau, or the Office of Juvenile Affairs employee, who has reasonable suspicion that a child may be a victim of human trafficking and is in need of immediate protection, assumes protective custody over the child and immediately notifies OKDHS. The child victim is transferred to OKDHS emergency custody, per 10A O.S. § 1-4-201; ■ 11 and

(11) involving children of active duty military parent(s) or legal guardian(s), per 10A O.S. § 1-2-102.

(A) OKDHS inquires, during the course of an assessment or an investigation, if a child's parent or legal guardian is an active duty service member of the military or the spouse of an active duty service member.

(B) OKDHS notifies the designated federal authorities at the federal military installation where the active duty service member is assigned when OKDHS receives a report that a child may be abused, neglected, or drug-endangered.

(C) Upon completion of the assessment or the investigation, OKDHS forwards Form 04KI003E, Report to District Attorney, or Form 04KI030E, Assessment of Child Safety, to the appropriate military law enforcement entity. ■ 12

INSTRUCTIONS TO STAFF 340:75-3-400

Revised ~~2-1-22~~ 2-2-24

1. Child protective services (CPS) reports regarding an Oklahoma Human Services (OKDHS) employee. Specific procedures are followed when a report of child abuse or neglect is received involving an OKDHS employee or a member of the employee's immediate or extended family with the exception of alleged abuse in an institution.

(1) A Child Welfare Services (CWS) child welfare (CW) specialist from another district or region is assigned the assessment or investigation:

(A) to avoid potential conflicts of interest when there is close proximity between the CWS office and work location of the OKDHS employee; or

(B) when the CW specialist is acquainted with the OKDHS employee or the employee's family.

(2) When a report alleges serious physical or sexual abuse by CWS staff, the local district attorney (DA) is consulted to determine the most objective course of investigation.

(3) OKDHS Child Abuse and Neglect Hotline (Hotline) personnel contact the regional deputy director regarding the accepted report's assignment.

(4) All case information related to the assessment or investigation is restricted in KIDS.

2. Reports of child abuse, neglect, or injury in an open permanency planning (PP) case, including trial reunification, Interstate Compact on the Placement of Children (ICPC), or Family-Centered Services (FCS) case.

(1) When abuse or neglect of a child, who is part of an open PP, trial reunification, ICPC, or FCS case, is suspected, or when the child has evidence of any abuse or neglect, per Oklahoma Administrative Code (OAC)

340:75-3-130, 340:75-4-12.1, and 340:75-6-88, the information is reported to the Hotline and documented on Form 04KI001E, Referral Information Report.

(2) When the report meets acceptance criteria, per OAC 340:75-3-130, the report is assigned for investigation and is assigned to a CW specialist who is not assigned to the open PP, trial reunification, ICPC, or FCS case.

3. Reports regarding a child whose address is confidential per the Address Confidentiality Program, per OAC 340:75-1-30. Reports regarding child abuse and neglect that fall within the CPS scope are accepted for assessment or investigation even when the actual finding address of the child is confidential, per Section 60.14 of Title 22 of the Oklahoma Statutes (22 O.S. § 60.14).
4. Reports regarding Indian children. To ensure compliance with the Indian Child Welfare Act (ICWA), procedures, per OAC 340:75-19-9 and 340:75-19-10, are followed for all children reported or determined to be an Indian child.
5. Reports of child abuse, neglect, or a violation of OKDHS rules in out-of-home care.
 - (1) When a report regarding a foster or trial adoptive home is received, the report is documented and evaluated to determine if the allegations indicate abuse, neglect, or a violation of OKDHS rules. Reports of abuse or neglect of a child in a foster or trial adoptive home are documented on Form 04KI001E.
 - (2) When information in the report indicates a rule violation occurred, the report is screened out and notification is sent to the home's assigned resource specialist to address the violation.
 - (3) When allegations in the report indicate the alleged perpetrator is a safety plan monitor of the child, the report is screened out and sent to the county of jurisdiction to address the allegations per OAC 340:75-3-130.
 - ~~(3)~~(4) Reports that meet criteria for acceptance involving a child in an above foster care setting are directed to the Office of Client Advocacy inbox for assignment.
 - ~~(4)~~(5) A referral is made to the appropriate law enforcement jurisdiction when a report of child abuse or neglect is received regarding a child in a foster or trial adoptive home that identifies the alleged perpetrator as a person not responsible for the child. A preliminary inquiry is conducted to determine if the foster or trial adoptive parent failed to protect the child from a high-risk situation that he or she had knowledge of or could have predicted.
 - ~~(5)~~(6) All investigations regarding a foster or trial adoptive parent are assigned as Priority I.
 - (A) When information indicates the child's safety can be ensured without an immediate investigation, the Hotline supervisor may assign the report as a Priority II with a response time of no more than five-calendar days for investigation initiation.
 - (B) The Hotline supervisor documents the reason the report was not assigned as a Priority I on Form 04KI001E.
6. Reports of abuse or neglect in child care programs or homes.

- (1) Reports of physical abuse, sexual abuse, or serious neglect in child care programs or homes, licensed or unlicensed, are investigated by a CWS CPS specialist.
- (A) All accepted child care program and home reports are assigned as investigations.
 - (B) The response time for an investigation initiation pertaining to child care programs depends on whether the alleged perpetrator is employed, resides in the home, or continues to care for or have access to children.
 - (C) Accepted reports pertaining to child care homes are assigned a Priority I response time for investigation initiation because the owner or operator is generally the employee with continuing access to children.
- (2) Allegations of general neglect and violations of licensing laws and regulations, such as a dirty facility, unsupervised children, or other similar situations are referred to and addressed by Child Care Services (CCS).
7. Reports of child abuse or neglect alleging someone other than the person responsible for a child's (PRFC) health, safety, or welfare is the perpetrator.
- (1) When a reporter makes an allegation of abuse or neglect perpetrated by someone other than a PRFC, a preliminary inquiry, assessment, or investigation may be conducted to determine if the alleged abuse or neglect is attributable to failure on the part of a PRFC to provide protection.
 - (A) A determination is made when the third-party perpetrator resides with a child who may be unsafe due to the alleged perpetrator's actions.
 - (B) A separate referral is completed and assigned for CPS assessment or investigation when information indicates a child is at risk of harm.
 - (2) A referral is entered into KIDS when it is unknown whether the alleged abuse or neglect of a child by a third-party relative is attributable to failure on the part of the PRFC to provide protection for the child. A third-party assessment or investigation that meets criteria for assignment consists of:
 - (A) documenting report information on Form 04KI001E;
 - (B) determining if the third-party perpetrator lives with or has a child who is at risk;
 - (C) completing Form 04KI001E, relating to the alleged perpetrator and the perpetrator's own child, when appropriate;
 - (D) verbally notifying the appropriate law enforcement jurisdiction of the report of abuse or neglect by someone other than the PRFC; and
 - (E) deleting the reporter's name and forwarding Forms 04KI001E and 04CP002E, Notification to Law Enforcement Agency of Child Abuse or Neglect Report, to the appropriate law enforcement jurisdiction. The reporter's name is maintained on the copy that remains in the OKDHS file ensuring the information may be provided verbally to the appropriate law enforcement jurisdiction, when requested.
 - (3) Examples of the potential need for a third-party assessment or investigation include, but are not limited to, when a:
 - (A) child is allegedly abused by a temporary baby-sitter who is a close friend of the child's mother or father. While the baby-sitter is an alleged third-party perpetrator, the close friendship between the mother or father

and the alleged perpetrator may indicate the need to conduct an assessment or investigation to determine if:

- (i) the PRFC failed to protect the child; and
 - (ii) there will be ongoing protection for the child; or
- (B) child's grandparent, who does not live in the child's home, allegedly sexually abused the child. While the grandparent is a third-party perpetrator, the close relative relationship may indicate the need to conduct an assessment or investigation to determine if:

- (i) the PRFC failed to protect the child; and
- (ii) there will be ongoing protection for the child.

(4) After OKDHS staff makes a referral to law enforcement alleging non-PRFC involvement in a potential crime, OKDHS is not responsible for further investigation, unless OKDHS staff receives a request from law enforcement that OKDHS participate in the criminal investigation of a crime against a child. When funds and personnel are available, and at the district director's discretion, OKDHS staff may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse.

8. Reports resulting from judicial proceedings.

(1) When a referring court makes a report of child abuse or neglect resulting from a child custody or ~~family time~~ domestic proceeding, the report is accepted for investigation.

(A) When evidence in a court proceeding concerning child custody or ~~family time~~ domestic proceeding indicates a child may be a victim of abuse or neglect, the court makes a report to OKDHS for assignment as an investigation.

(B) When evidence in a court proceeding concerning child custody or ~~family time~~ domestic proceeding indicates a child is in surroundings that endanger the child's welfare, the court may enter an order placing the child in OKDHS emergency custody, at which time the provisions of the Oklahoma Children's Code apply.

(2) When any defendant sentenced to incarceration has sole custody of a minor child and has not made appropriate arrangements for the care of the child during the period of incarceration, the court makes a referral to OKDHS by contacting the Hotline.

(3) Any court presiding over any proceeding may report allegations of child abuse or neglect to OKDHS for assignment as an investigation.

(4) Judicial reports are not screened out except with the referring court's permission.

9. Abandoned or relinquished newborn. When a parent is reported to have abandoned or relinquished a newborn, a report is provided to the Hotline, documented on Form 04KI001E, and assigned for investigation. When the abandoned newborn's name and birth date is unknown, his or her:

- (1) first name is selected by the CW specialist and entered in KIDS;
- (2) last name is entered as XOXO in KIDS; and
- (3) birth date is entered as the 15th day of birth month.

10. Infants born to incarcerated mothers, Erica's rule. When OKDHS receives a report concerning a pregnant inmate in the custody of the Oklahoma Department of Corrections (DOC) prior to the birth of the child, the report is screened out and referred to CWS CPS Programs staff.

(1) CWS staff contacts DOC to arrange a CWS consultation with the inmate. With the inmate's consent, consultation occurs at the correctional facility or by phone to assist in identifying appropriate caregivers when the inmate is expected to remain in custody after the birth of her child.

(A) Upon contact with the inmate, the CWS staff obtains the names of potential caregivers for the unborn child and follows the protocol outlined in (2) of this Instruction.

(B) When the inmate declines to consult with CWS staff, the:

(i) inmate's decision to decline is documented in the KIDS Case Contacts associated with the screened-out referral; and

(ii) hospital utilized by DOC for the child's birth is notified of the inmate's decision to decline services. CWS staff requests that the hospital call the OKDHS Abuse and Neglect Hotline when the child is born.

(2) CWS staff performs a records search of the potential caregivers identified by the inmate.

(A) The search includes:

(i) the Oklahoma State Courts Network;

(ii) On Demand Court Records;

(iii) Oklahoma Department of Corrections records;

(iv) the Sexual Offender Registry; and

(v) the Violent Offender Registry.

(B) CWS staff performs a search of the Child Abuse and Neglect Information System known as KIDS.

(C) CWS staff documents the search results in the KIDS case associated with the screened-out referral.

(3) When the OKDHS Abuse and Neglect Hotline receives a report that the inmate has given birth, results of the services provided and information obtained related to the caregivers identified by the inmate are made available to the CWS staff to assist in determining the appropriate response to the report, per OAC 340:75-3-130.

(A) Upon the report of the birth of the child, when the inmate previously consulted with CWS staff regarding potential caregivers:

(i) CWS staff verifies with hospital staff that the caretaker's identification results provided by the inmate to hospital staff, matches the identification previously provided to CWS staff.

(ii) CWS staff documents in the referral contact screen, and notifies hospital staff that a response to the report, per OAC 340:75-3-130, was completed and associate this screened-out referral to the previous case in KIDS.

(B) When the inmate previously declined the consultation with CWS staff, or the caregiver identified to the hospital staff does not match the name

previously provided to CWS staff, the protocol outlined in (2)(A) and (B) of this Instruction is followed in order to determine the appropriate response to the report, per OAC 340:75-3-130.

11. Child victims of human trafficking. OKDHS is responsible for investigating reports that a child may be a victim of human trafficking, per 21 O.S. § 748.2. This includes allegations of sex, drug, or labor trafficking.

(1) When OKDHS receives a report stating a child may be a victim of human trafficking, a:

(A) Priority 1 response is required;

(B) 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) court order for emergency custody of the child is requested as soon as possible;

(D) plan is made for the child's immediate behavioral and medical health treatment upon confirmation that a court placed the child in OKDHS emergency custody; and

(E) notification of the report is made to the CPS Programs Unit.

(2) When the child is found to be a resident of, or in the custody of, another state, the CW specialist:

(A) contacts the other state immediately to notify them of the child's whereabouts and alleged involvement in human trafficking;

(B) coordinates the child's transfer to his or her home state with local CPS office staff or the child's parent or legal guardian, when appropriate; and

(C) consults with the district director on where the child will be placed while awaiting transfer. Crisis-stabilization centers are not appropriate for use as placement while awaiting transportation to the child's home state.

(3) Protocol for child victims of human trafficking.

(A) During the investigation process:

(i) the child may be transported to a facility appropriate to address the victim's behavioral and medical health needs upon placement with OKDHS;

(ii) prior to transporting the child, the CW specialist contacts the facility to ensure the child meets admission criteria and the facility has a bed for the child; and

(iii) in the event the CW specialist cannot find a facility appropriate for the victim's behavioral and medical health needs, the CW specialist contacts the district director for assistance with additional placement options, including facilities for in-patient evaluation, when circumstances warrant.

(B) A child victim of human trafficking may be released to the custody of a parent or legal guardian when OKDHS can determine the child victim will not be subjected to further exploitation.

(C) Child victims of human trafficking, due to their status as crime victims, are placed in appropriate facilities, per 21 O.S. § 748.2.

Placement in youth or children's shelters is discouraged due to concern for the safety of the other children in the shelter and the flight risk the human trafficking victim may pose.

(D) An emergency custody (show cause) hearing is conducted, per 10A O.S. § 1-4-203 and OAC 340:75-3-300.

(i) When it is shown at the emergency custody (show cause) hearing that the child is likely a victim of human trafficking, the associated criminal charges, when any, are dismissed.

(ii) When the DA's office timely files a petition alleging the child to be deprived, the child remains in OKDHS emergency custody pending further disposition of the case in the deprived child proceeding.

(E) When it is determined, after consultation with the DA's office, the child is not a victim of human trafficking, an immediate notification is made to the appropriate law enforcement jurisdiction for further disposition, and the CW investigation is completed. Unless a deprived petition is timely filed, the emergency custody order expires, per 10A O.S. § 1-4-205 and OKDHS no longer has legal custody of the child.

(F) In order to protect the child victim of human trafficking, all information regarding the child, the child's family, and others involved with the child, as well as identities of suspected human traffickers, must be treated as highly confidential. Extreme caution is taken and consultation with the appropriate district director and the DA's office occurs prior to the inclusion of any information into the court record that could compromise the safety of the child victim.

12. Active military families. Upon initiation of an assessment or investigation, OKDHS must inquire as to the military status of all parents or legal guardians.

(1) OKDHS contacts a United States (U.S.) Department of Defense Family Advocacy Program (FAP) upon learning of a family's active military status and informs FAP of the report.

(2) OKDHS works with FAP to ensure Form 04KI030E or Form 04KI003E is forwarded to the appropriate military law enforcement entity per the memorandum of understanding (MOU).

(3) OKDHS may contact a local military installation for contact information regarding federal military bases overseas when a parent or legal guardian is stationed outside of the U.S.

340:75-3-410. Investigation protocol for reports of abuse or neglect of a child in Oklahoma Department of Human Services (DHS) custody in a foster or trial adoptive home ■ 1, 4, 5 through 10, 12 & 13

Revised 9-16-19

(a) **Purpose of foster or trial adoptive home investigations.** A child in DHS care or custody requires ongoing protection from subsequent abuse or neglect while in therapeutic, specialized community home, emergency, Developmental Disabilities Services (DDS), tribal, kinship, and foster family care or trial adoptive placement.

(b) **Foster or trial adoptive home investigation protocol.** The investigation protocol used during a foster or trial adoptive home investigation is the same protocol used when

an investigation is conducted in the child's own home, but includes additional interviews and the evaluation of case records relating to the foster or trial adoptive home. ■ 2

(c) **Abuse or neglect investigation when the child is in DHS custody in a tribal foster home.** The protocols used during a tribal foster home investigation are the same used when an investigation is conducted in the child's own home and the protocol regarding the Indian child, per Oklahoma Administrative Code (OAC) 340:75-19-10. ■ 3

(d) **Contracted therapeutic, specialized community, or emergency foster home investigation protocol.** The protocol used during a contracted therapeutic, specialized community, or emergency foster home investigation is the same protocol used when an investigation is conducted in the child's own home, but includes additional interviews and evaluation of case records relating to the placement. ■ 3

(e) **Foster or trial adoptive home investigation findings.** Upon completion of the foster or trial adoptive home investigation, a finding is made, per OAC 340:75-3-500. ■ 11

(f) **Evaluation to determine continued use or closure of the foster or trial adoptive home.** The results of the foster or trial adoptive home investigation are evaluated to determine whether to continue to use or to close the foster or trial adoptive home. ■ 14

(g) **Office of Client Advocacy (OCA) investigates allegations of abuse or neglect in above foster care level settings.** OCA investigates reports of child abuse or neglect of a child in DHS custody when the child is placed in an above foster care level setting.

INSTRUCTIONS TO STAFF 340:75-3-410

Revised ~~9-15-20~~ 2-2-24

1. Reports of abuse or neglect in out-of-home care.

(1) **All reports of alleged abuse and neglect in out-of-home care, including above foster care level placements, are reported to the Oklahoma Human Services (OKDHS) Abuse and Neglect Hotline (Hotline) for screening.**

(A) **An investigation is conducted that addresses each reported allegation that meets the definition of abuse or neglect, including all non-accidental physical or mental injuries to a child of any age, neglect, sexual abuse, any practices by the foster or trial adoptive parent or person responsible for the child's (PRFC) health, safety, or welfare living in the foster home that involve hitting or striking a child 5 years of age and younger, even when there is no report or observation of injury, and when a child who is 18 years of age and older discloses substantial abuse, neglect or sexual abuse that occurred while in OKDHS custody and placement in foster family care.**

(B) **The investigation is assigned to a child protective services (CPS) specialist who conducts an objective and unbiased investigation. When necessary, out-of-county Child Welfare Services (CWS) staff may be used.**

(C) **All investigations regarding a foster or trial adoptive parent home are assigned as a Priority I.**

(i) **When information indicates the child's safety can be ensured without an immediate investigation, the Hotline supervisor may assign the report as a Priority II with a response time of no more than five-calendar days for initiation of the investigation.**

(ii) The Hotline supervisor documents the reason the report was not assigned as a Priority I on Form 04KI001E, Referral Information Report.

(2) Accepted reports of child abuse or neglect in a child's out-of-home placement are immediately reported by the CPS specialist to the child welfare (CW) specialist assigned to the child, CW supervisor, district director, and appropriate programs staff. Reports involving:

(A) OKDHS foster and kinship homes are reported to Foster Care and Adoptions program staff;

(B) supported foster homes and trial adoptive homes are reported to Foster Care and Adoptions program staff;

(C) coordinated and therapeutic foster homes are reported to Therapeutic Foster Care (TFC) Program staff;

(D) Developmental Disabilities Services (DDS) homes are reported to DDS staff;

(E) contracted specialized community homes and above foster care level settings are reported to Specialized Placements and Partnerships Unit (SPPU) and Office of Client Advocacy staff; and

(F) tribal foster homes are reported to OKDHS tribal program staff.

2. Foster or trial adoptive home investigation protocol.

(1) In addition to those persons identified in the investigation protocol, per Oklahoma Administrative Code (OAC) 340:75-3-200 Instructions to Staff (ITS), other persons interviewed in foster or trial adoptive homes include:

(A) all children living in the foster or trial adoptive home regardless of relationship to the child victim. Foster or trial adoptive parents must give permission for the CW specialist to interview their adopted or biological children or children living in the home in legal guardianship;

(B) other children who previously lived in the foster or trial adoptive home who may have experienced abuse or neglect or may be aware of abuse or neglect that occurred in the foster or trial adoptive home;

(C) the CW specialist assigned to the child;

(D) the resource or adoption specialist; and

(E) the tribe, if applicable;

(F) biological parents who retain parental rights of all children living in the foster home; and

~~(E)~~(G) other CWS staff and contract agency staff who were or are frequently in the home.

(2) A review of case records, including the child's case and the foster home, TFC foster home, tribal, or trial adoptive home case record, is also completed by the CPS specialist to gather information pertinent to the investigation.

(3) During the investigation, the CW specialist gives the foster or trial adoptive parent is given OKDHS Publication No. 13-20, Child Welfare Investigations in Resource Foster Homes: A Guide for Resource Foster Parents to Understand Their Rights and Responsibilities.

- (4) The assigned resource or adoption specialist may accompany the CPS specialist during the investigation process to help the foster or trial adoptive family understand the process.
3. Tribal foster home investigation protocol. Additional protocols used during the tribal foster home investigation are described in (1) through (3) of this subsection.
- (1) The CW specialist notifies the tribal representative of the report of abuse or neglect of the child in OKDHS custody placed in the tribal foster home and requests cooperation with the investigation.
- (2) The decision to remove the child from the home, pending completion of the investigation, is based upon the same guidelines used when making a decision regarding a child in an OKDHS -approved foster home.
- (A) The decision to remove the child is discussed with the tribal representative and the tribal representative is asked to assist in explaining the decision to the tribal foster family.
- (B) When the tribal representative does not cooperate with OKDHS and the foster family to remove the child, OKDHS tribal program staff is notified.
- (C) When the tribe's cooperation cannot be acquired through OKDHS tribal program staff, CWS staff has the authority, with the assistance of law enforcement when necessary, to remove the child from the tribal foster home unless the foster home is located on tribal land.
- (3) When the tribal foster home is located on tribal land, the tribe removes the child and places the child in OKDHS physical custody as provided for in the terms of the state/tribal agreement.
4. When the alleged perpetrator of abuse or neglect is a child. When the alleged perpetrator is a child and there is potential for criminal charges, the interview with the minor perpetrator is conducted only to determine the family dynamics and if the ~~person responsible for the child's (PRFC) health, safety, or welfare~~ protected the alleged child victim and will continue to protect the child victim from the minor perpetrator.
- (1) The CPS specialist evaluates the situation carefully while collaborating with CWS staff responsible for the child and the foster or trial adoptive parent to determine the child's need for protection and plan of supervision.
- (2) The evaluation includes assessing the foster or trial adoptive parent's willingness and appropriateness to protect the child.
- (3) When the alleged child perpetrator is a child in OKDHS custody, the CW specialist cannot give consent to law enforcement to interview the child. The requesting law enforcement entity is referred to the court with jurisdiction over the child.
5. Determining the child's safety in a foster or trial adoptive home.
- (1) The CPS specialist determines if abuse or neglect occurred to the child in the out-of-home setting.
- (2) Safety refers to the child's present security and well-being.
- (3) The determination regarding if a child can safely remain in a foster or trial adoptive home is based upon the:

- (A) urgency;
 - (B) severity of the allegations; and
 - (C) level of risk.
- (4) Safety is determined at the time the child abuse or neglect report is received and throughout the investigation.
- (5) Anytime the child's safety cannot be ensured, the child, and any other child(ren, in OKDHS custody or voluntary care, is removed from the foster or trial adoptive home.
- (6) When children in the household include the foster or trial adoptive parent's own child, the decision to recommend removal of the parent's child is based on safety, per OAC 340:75-3-300. A companion referral is generated when there are concerns for the biological or adopted children or children in a legal guardianship in the home.
- (7) When possible, the decision to recommend removal is made by the CPS specialist, CW supervisor, and district director in collaboration with other persons involved with the child.
- (8) When the child is in present danger and prior collaboration is not feasible, an initial safety plan is initiated that may include the child's removal or continued removal from the foster or trial adoptive home and may include a plan, such as taking the child to the OKDHS office or placing him or her in respite care.
- (9) Persons promptly notified when the child in a foster or trial adoptive home is removed from the home due to suspected child abuse or neglect include the:
- (A) foster or trial adoptive parent. Procedures for notifying the foster or trial adoptive parent of the child's removal are followed, per OAC 340:75-7-94, including sending completed Form 04MP014E, Notice of Child's Removal From Out-of-Home Placement;
 - (B) permanency planning specialist assigned to the child;
 - (C) CW supervisor;
 - (D) district director;
 - (E) resource and adoption specialists; and
 - (F) the child's biological parent if parental rights remain intact; and
 - (F)(G) appropriate TFC, DDS, SPPU, Tribal, or Foster Care and Adoptions program units.
- (10) Alternatives to the child's removal from the foster or trial adoptive home are appropriate when the child's safety is reasonably ensured.
- (A) The Foster Care and Adoptions, DDS, TFC, SPPU, Tribal, and CPS program units are available for consultation when considering the child's removal from the placement.
 - (B) Each assigned CW specialist collaborates and participates in the 10-day staffing to ensure the child is safe in the placement when the child is not removed.
6. Notification to parent regarding child's injury. The parent of the child in OKDHS emergency or temporary custody is notified by the assigned CW specialist when the child is an alleged victim of child abuse or neglect.

- (1) The notification occurs immediately after the child's condition is determined through interview and observation.
 - (2) When immediate contact with the child's family is not possible, contact is made the next OKDHS business day.
 - (3) Upon contact, the CPS specialist discusses:
 - (A) the abuse or neglect allegations;
 - (B) the investigative process; and
 - (C) any investigative concerns.
7. 10-day staffing purpose and process.
- (1) The 10-day staffing is a process designed to utilize the perspective of each specialist involved with the child in OKDHS custody and the foster or trial adoptive family to make informed decisions concerning:
 - (A) dynamics in the home;
 - (B) maltreatment in the home;
 - (C) protective capacities of the foster or trial adoptive parent; and
 - (D) possible trauma triggers for the child.
 - (2) During the 10-day staffing a discussion occurs concerning:
 - (A) the home's safety;
 - (B) each affected child's placement;
 - (C) the pending companion referrals; and
 - (D) the establishment of roles and responsibilities, upon the conclusion of the investigation, for follow-up required by each CW specialist.
 - (3) Within 10-calendar business days of the report's receipt, the CPS specialist arranges a 10-day staffing to determine whether it is safe for the child to remain in, or return to, the foster or trial adoptive home. The staffing includes the:
 - (A) CPS specialist;
 - (B) CW specialist assigned to the child;
 - (C) CW supervisors;
 - (D) district director of the child(ren) in placement;
 - (E) resource or adoption specialist;
 - (F) resource or adoption supervisor;
 - (G) resource or adoption field manager, as necessary;
 - (H) TFC Program staff, when applicable. Notification is sent by email to TherapeuticFosterCare@okdhs.org;
 - (I) representative of the resource family partner (RFP), when applicable; and
 - (J) tribal worker or OKDHS tribal program staff, when applicable.
8. Out-of-home assessment of child safety. Form 04KI030E, Assessment of Child Safety, is completed in part by the CPS, resource, or adoption specialist as a component of each out-of-home investigation.
- (1) The CPS specialist completes the six key questions and safety decision sections of Form 04KI030E.
 - (2) The resource or adoption specialist assigned to the home completes the protective capacities section of Form 04KI030E, using information:
 - (A) gathered during the investigation;

- (B) gathered during the 10-day staffing; and
 - (C) previous knowledge gained through working with the resource family.
9. Completion requirements for the foster or trial adoptive home investigation.
- (1) ~~Investigative~~ The CPS specialist completes and documents investigative interviews with the child victim and PRFC ~~are completed and documented~~ within five-calendar business days from the date the report is received.
 - (2) The CPS specialist documents the staffing results on Form 04KI003E, Report to District Attorney.
 - (3) The CPS resource specialist documents the staffing results in the resource or adoption case.
 - (4) Each investigative interview is completed and documented and the investigation is closed within 30-calendar days from the date the abuse or neglect report is received.
10. Foster or trial adoptive home investigation completion extensions. The CPS specialist documents the investigation findings and recommendations are documented on Form 04KI003E. The CPS, Foster Care and Adoptions, DDS, SPPU, TFC, or Tribal program units, as appropriate, are emailed the investigation findings and recommendations.
- (1) The appropriate Foster Care and Adoptions, DDS, SPPU, TFC, or Tribal program units are contacted when an extension is necessary beyond:
 - (A) five-calendar days to complete and document the child victim and PRFC interviews; or
 - (B) 30-calendar days to complete, document, and close the investigation when key information is not available or due to the serious nature of the investigation.
 - (2) Examples of circumstances necessitating extensions are outlined in (A) through (D) of this paragraph.
 - (A) There are numerous allegations of sexual abuse and interviews are needed with numerous children previously placed in the foster home.
 - (B) Medical, lab, or autopsy reports are not available within the 30-calendar day completion requirement.
 - (C) There are serious abuse and neglect allegations and a criminal investigation is pending.
 - (D) Key individuals, such as the child victim or alleged perpetrators, are unavailable.
11. Investigation findings related to foster or trial adoptive home investigations.
- (1) The CPS specialist uses Form 04KI003E ~~is used~~ to document all investigation findings.
 - (2) The CPS specialist verbally advises the foster or trial adoptive parent of the investigation findings and mails Form 04KI019E, Notification Concerning Finding(s) of Child Abuse/Neglect, to each foster or trial adoptive parent.
 - (3) When the investigation involves a supported foster or trial adoptive home, the CPS specialist advises the RFP of the investigation findings.
 - (4) The CPS specialist advises the foster or trial adoptive parent that any action regarding policy violations and the home's continued use is

addressed by the resource and adoption specialists or appropriate programs staff, per OAC 340:75-3-410.

(5) At the conclusion of the investigation, email notification is provided to the ~~CPS Programs Unit~~, Foster Care and Adoptions, DDS, SPPU, TFC, or Tribal program units, as appropriate. Other relevant written reports and recommendations for continued use of the home are submitted.

(6) Copies of Form 04KI003E are provided to the CW specialist assigned to the child and the resource and adoption specialists to address any needed action, such as a written plan of compliance for, or closure of, the OKDHS foster or trial adoptive home.

12. Investigation of the supported foster or trial adoptive home.

(1) When a report of abuse or neglect of a child in OKDHS custody involves a supported foster or trial adoptive home, notification of the report is provided to the:

(A) RFP;

(B) appropriate CWS RFP liaison;

(C) district director; and

(D) Foster Care and Adoptions, DDS, SPPU, TFC, or Tribal program units.

(2) The RFP is informed that no information regarding the referral is discussed with the supported foster or trial adoptive parent prior to the investigation initiation.

(3) When the investigation is completed, Form 04KI003E is prepared and routed the CW specialist assigned to the child and the resource and adoption specialist to address any needed action, per OAC 340:75-3-510 ITS.

(4) The CPS specialist notifies the supported foster or trial adoptive parent of the investigation finding(s).

(5) Form 04KI003E is not provided to the RFP.

(6) The appropriate Foster Care and Adoptions, DDS, SPPU, TFC, or Tribal program unit discusses the investigation findings, concerns, and issues with the RFP regarding continued use of the home for the child in OKDHS custody.

(7) Other relevant written reports and information pertaining to continued use of the home that are not appropriate to include in Form 04KI003E are submitted by the CW specialist to the appropriate Foster Care and Adoptions, DDS, SPPU, TFC, or Tribal program unit.

(8) The designated program person for the respective section:

(A) communicates with the RFP regarding the safety issues related to the home; and

(B) is available for consultation during the out-of-home investigation.

13. Review process for completed reports of abuse or neglect in foster or trial adoptive homes. CPS Programs Unit and other appropriate programs staff may review Form 04KI003E for compliance with current protocols and procedures. Refer to OAC 340:75-3-500 ITS for information regarding the final determination or program review process.

14. Decision-making process regarding the continued use or closure of the foster or trial adoptive home.

- (1) The CPS specialist determines the investigation finding regarding the allegations of abuse or neglect.
- (2) The decision-making process from the time the allegations are reported until the investigation is completed includes the:
 - (A) CPS specialist;
 - (B) CW specialist assigned to the child;
 - (C) resource and adoption specialists;
 - (D) family's permanency planning (PP) specialist; and
 - (E) all applicable CW supervisors.
- (3) A determination is made as to whether the foster or trial adoptive parent can safely care for the child in OKDHS custody by considering:
 - (A) if abuse or neglect occurred;
 - (B) what protective capacities the foster or trial adoptive parent exhibits; and
 - (C) if the foster or trial adoptive home remains open.
- (4) When the report of child abuse or neglect is substantiated, the persons listed in (2)(A) - (E) of this Instruction provide input regarding the home's continued use. The district director and Foster Care and Adoptions, DDS, SPPU, TFC, Tribal, and CPS programs staff are available for consultation.
- (5) Following the investigation's completion, when a decision was made not to return the child to the placement, the foster parent or adoptive parent receives from the PP specialist Form 04MP031, Notice of Decision Not to Return Child After Investigation.
- (6) Decisions or other actions regarding the continued use or closure of the foster or trial adoptive home are made and discussed with the foster or trial adoptive parent by the resource and adoption specialists and supervisor.
- (7) Findings regarding the occurrence or presence of violations in the foster or trial adoptive home, per OAC 340:75-7-37, are addressed, per OAC 340:75-7-94.
- (8) When abuse, neglect, or OKDHS discipline or other policy violations are identified in a tribal foster home, the tribe works with the foster home to correct the conditions when the foster parent wishes to continue to care for children in OKDHS custody.
 - (A) The tribal foster home case reflects if the conditions are corrected.
 - (B) The OKDHS tribal program staff monitors the case for corrective action before additional children in OKDHS custody are placed in the foster home.

340:75-3-420. Protocol for investigating reports of abuse or neglect in child care centers or homes ■ 1 & 2

Revised 9-15-15

- (a) Reports of physical abuse, sexual abuse, and serious neglect in child care centers or homes, licensed or unlicensed, are investigated by child protective services staff.
- (b) Allegations of general neglect and violations of licensing laws and regulations, such as a dirty facility, children not being appropriately supervised, or other similar situations, are referred to and addressed by Child Care Services.

INSTRUCTIONS TO STAFF 340:75-3-420

Revised 11-1-18 2-2-24

1. Protocol for investigating reports of abuse or neglect in child care centers or homes.

(1) The Child Welfare Services (CWS) child protective services (CPS) specialist notifies and coordinates with Child Care Services (CCS) personnel when a child abuse or neglect report related to a child care center or home is assigned. When possible, the CCS licensing specialist accompanies the CPS specialist and assists with conducting the investigation.

(2) The CPS Programs Unit is available for consultation as needed. The CPS specialist coordinates with the district attorney and law enforcement officials when appropriate.

(3) While the general investigative time requirements and protocols apply, there are sequential differences and additional protocols applied in the child care investigation.

(A) The time requirement for initiation of the investigation pertaining to the child care center depends on if the alleged perpetrator is still employed and continues to care for or have access to children.

(i) Assigned reports pertaining to child care homes are assigned a Priority I initiation time requirement as generally the owner/operator is also an employee and thus continues to have access to children.

(ii) An exception may be granted to assign the child care center investigation as a Priority 2 ~~with a two-business day~~ response time in limited circumstance, such as when the report is received after normal business hours.

(B) The CPS specialist reviews all CCS records pertaining to the child care center or home to obtain background information.

(i) The CWS supervisor, CPS specialist, or both contact the current CCS licensing specialist assigned to the center or home to confer regarding the most appropriate way to conduct the investigation.

(ii) The investigation protocol may be modified to allow the CPS specialist to first interview other individuals or witnesses who may have additional identifying information.

(C) The CPS specialist interviews the alleged child victim's parent is interviewed first, usually in his or her home.

(i) The CPS specialist interviews the:

(I) alleged child victim's parent; and

(II) parents of other children in the child care center who are subsequently named as victims or witnesses.

(ii) The parent of each child in the child care home is interviewed as each child in the child care home is considered a potential victim.

(D) Interviews The CPS specialist conducts interviews with each child victim and child witness ~~are conducted~~ after obtaining the parent's permission. Each alleged victim and witness is interviewed privately unless it is in the child's best interest for the parent to remain in the room

with the child during the interview. When the parent is present during the child's interview, the parent is asked to say as little as possible and allow the CPS specialist to direct the interview. Other than officials conducting the investigation, no one else is present during the interview.

(E) When injuries are alleged or apparent, the child is visually inspected by the CPS specialist with the child's parent's consent. A medical examination for injury documentation is needed when the injury appears serious or when sexual abuse is alleged. The CPS specialist assists the parent in arranging for the examination.

(F) ~~An~~ The CPS specialist makes an unannounced visit ~~is made~~ to the child care center or home and advises the child care operator ~~is advised~~ of the nature of the allegation.

(G) Administrative staff, employees, and the alleged perpetrator are interviewed privately and, separately. Other persons are interviewed as appropriate.

(H) The physical premises where the alleged incident occurred are viewed or examined.

(I) While no child victim or child witness is interviewed without parental permission, in the event inadvertent contact with a child victim or child witness is made by the CPS specialist at the child care center or home, the child's parent is contacted the same day.

(J) Investigation of allegations of abuse or neglect is necessary even when there is no identified alleged victim, such as when the reporter does not name a specific child, but states the alleged victim is a child attending the child care center or home or that several children may be victims.

(K) CCS staff may be advised of the investigation's status prior to completion.

(L) Investigative interviews with the child victim and PRFC are documented within five-calendar business days from the date the interview is completed.

(M) Each investigative interview is completed and documented and the investigation is closed within 30-calendar days from the date the abuse or neglect report was received.

(N) The CPS specialist determines the abuse or neglect finding.

(i) When there are allegations of abuse by a child care center or home employee, the allegations regarding the operator and owner pertain to whether the owner and operator knew or should have known the employee could harm the child.

(ii) The operator and owner are individually notified verbally and in writing of their individual findings.

(iii) Each employee is individually notified verbally and in writing of the individual findings. The finding letter is mailed to the employee's home address and not to the child care center or home.

(iv) The operator and owner are notified of the findings on the employee to determine what action may be taken regarding continued employment.

- (v) When a substantiated finding is made, the Restricted Registry committee reviews the investigative report ~~is reviewed by the Restricted Registry committee.~~
 - (O) After the investigation's completion, the CPS specialist provides the investigation findings to:

 - (i) CCS;
 - (ii) the child care owner and operator; and
 - (iii) the parent of each child victim.

 - (I) Questions regarding the child abuse or neglect are answered.
 - (II) Parents of the child(ren) who attends the child care center or home who is not an alleged victim are referred to CCS staff.
 - (P) Issues related to licensing are addressed with the child care owner and operator by the CCS licensing specialist.
 - (Q) Form 04KI003E, Report to District Attorney:

 - (i) is expedited when CCS requires the report to initiate action to close or revoke the child care center or home license;
 - (ii) does not contain recommendations as to the child care center or home's closure or license revocation but does include in the Summary/Recommendation the statement, "This matter is referred to Child Care Services in regard to related licensing issues";
 - (iii) may be submitted to CCS after the CWS supervisor's signature prior to the district attorney review; and
 - (iv) regardless of the finding, is forwarded to the district attorney, per OAC 340:75-3-510.
 - (R) A copy of Form 04KI003E is provided to the CCS licensing specialist.

 - (i) Other case information is provided to the licensing specialist, including Form, 04KI036E, Referral/Investigation Case Contacts, Form 04KI001E, Referral Information Report, and all other CWS records regarding the child care center or home.
 - (ii) To ensure confidentiality, all documents provided by CWS to the CCS licensing specialist have a cover sheet with the notation "Confidential per Section 1-6-107 of Title 10A of the Oklahoma Statutes."
 - (iii) Licensing files are open to the public but CCS maintains a separate section for CWS case information as CWS case material is confidential and not available for public inspection.
 - (S) The CWS specialist completes:

 - (i) Form 04CP004E, Child Welfare Investigative Summary - Notification to Child Care Services. The original is provided to the CCS licensing specialist for placement in the public file and a copy is maintained in the CWS case record; and
 - (ii) when a substantiated finding of abuse or neglect is appealed and reversed by the Appeals Section, a new Form 04CP004E with the new finding is forwarded to CCS.
2. Sharing CWS records. Other than as specified in previous subsections of this Section, CCS is not authorized to receive CWS information or records pertaining to:

- (1) individual child care center employees and their child(ren); or
- (2) child care home employees who are not members of the household and the employee's child(ren).

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 9-16-21 2-2-24

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 Human Services (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)(A) 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)(B) 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.
- (D) The CW specialist inquires about any plans previously developed by a hospital or medical professional, including but not limited to a Family Care Plan, 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 CW specialist documents the plan of safe care ~~is documented~~ in a KIDS contact with the purpose of "plan of safe care" and on the Form 04MP078E, Family Service Agreement (FSA)/Safety Plan. A completed copy of the Form 04MP078E is provided to the family and uploaded into the KIDS 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 plan of safe care's closure to find out the infant's and the mother's or caregiver's progress in services. The CW specialist documents 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~~ CW 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) Due to unpredictable behaviors, the PRFC who uses methamphetamines, phencyclidine (PCP), heroin, cocaine, fentanyl 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, fentanyl or any combination of drugs and court-ordered placement in 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 Staffing, and consults with the 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 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. 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 12

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 9-16-21 2-2-24

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; or

- (6) the child death or near-death victim was a victim in a previous CW Investigation of similar allegations within three months of the child death or near death incident.
6. Preliminary staffing required following the investigation of death, near-death, or critical incident.
- (1) A preliminary staffing ~~may be~~ is held within two-business days from receipt of the Initial Report 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~~ assistant deputy director sets the date and time for the preliminary staffing.
- (3) Mandatory participation in the preliminary staffing includes the:
- (A) applicable field and program deputy directors;
- (B) applicable ~~district managers~~ directors and program supervisors; ~~and~~
- (C) CPS/Hotline programs administrator; and
- (D) assigned supervisors and specialists are prohibited from attending the staffing, the district director gathers information regarding the current or previous investigation or case.
- (4) The ~~issues addressed during~~ purpose of the preliminary staffing ~~include~~ is to address:
- (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 to determine if policy, practice and protocol were sufficiently followed;
- (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; and
- (E) identify any needed additional training or guidance for district staff.
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, CPS Programs Unit staff conducts 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 CPS Programs Unit staff conducts 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.~~ If a review is completed, the review is considered prior to the closure of investigation and documented

as a collateral in the investigation. When a child maltreatment review was not completed, OKDHS documents the request and that a review was not completed as a collateral in the investigation.

(2) When a child near-death occurs, the CW specialist 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 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 Initial Reports 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 Programs Unit for distribution. ~~The~~ If available, the child maltreatment medical review must be considered prior to making a finding and closing the child death investigation by the assigned CW specialist.

PART 5. INVESTIGATIVE FINDINGS AND APPEALS

340:75-3-500. Child Protective Services investigation findings ■ 1 through 9

Revised 9-15-15

After completion of the child protective services (CPS) investigation, a finding is made regarding whether there was some credible evidence to constitute child abuse or neglect, per Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) and Oklahoma Administrative Code 340:75.

(1) **Ruled out.** A finding of ruled out means the Oklahoma Department of Human Services (DHS), after an investigation of a report of child abuse or neglect, determined that no child abuse or neglect occurred.

(2) **Unsubstantiated.** A finding of unsubstantiated means DHS, after an investigation of a report of child abuse or neglect, determined insufficient evidence exists to fully determine whether child abuse or neglect occurred. When child abuse or neglect is unsubstantiated, DHS may recommend, when determined

necessary, that the parents or persons responsible for the care of the child obtain child abuse and neglect prevention and intervention-related services.

(3) **Substantiated.** A finding of substantiated means DHS, after an investigation of a report of child abuse or neglect and based upon some credible evidence, determined that child abuse or neglect occurred. When child abuse or neglect is substantiated, DHS may recommend:

(A) court intervention if DHS finds the child's health, safety, or welfare is threatened; or

(B) child abuse and neglect prevention and intervention-related services for the child, parents, or persons responsible for the care of the child if court intervention is not determined necessary.

INSTRUCTIONS TO STAFF 340:75-3-500

Revised ~~11-1-18~~ 2-2-24

1. Child Protective Services (CPS) findings. CPS findings are entered into the KIDS system. Form 04KI003E, Report to District Attorney, is used to document all findings.

(1) CPS investigative findings. Findings in Oklahoma Administrative Code (OAC) 340:75-3-500 paragraphs (1) through (3) are made only in CPS investigations and not in CPS assessments, per OAC 340:75-3-130 guidelines.

(2) Documentation. Form 04KI003E is initially used to document all investigative findings, including a determination of reasonable exercise of parental discipline. Procedures in OAC 340:75-3-140 Instructions to Staff (ITS) are followed to document findings or determinations in KIDS.

(3) Circumstances that prevent an investigation finding. The CPS investigation cannot be completed due to special circumstances or when there is a determination that the reported incident was the result of the reasonable exercise of parental discipline involving the use of ordinary force. The reasonable exercise of parental discipline has a determination of no finding. Specific circumstances that result in a determination of no finding include:

(A) an unable to locate determination. The unable to locate determination may be used when diligent efforts were made but failed to locate the child victim and family, per OAC 340:75-3-200 ITS # 19;

(B) a failure to cooperate determination. The failure to cooperate determination may be used when the person responsible for the child's (PRFC) health, safety, or welfare does not cooperate in an assessment or investigation by refusing to allow access to the child victim for observation and an interview, per OAC 340:75-3-200 ITS # 18; or

(C) reasonable exercise of parental discipline. The reasonable exercise of parental discipline determination, per 10A O.S. § 1-2-105, may be used when the incident reported was the result of the reasonable exercise of parental discipline involving the use of ordinary force, including spanking, switching, or paddling. The investigation or assessment proceeds no further and all records regarding the incident are expunged.

2. **Ruled out investigation finding.** When there is no identified risk of child abuse or neglect and the family does not need prevention or intervention-related services, a finding of ruled out is appropriate.
3. **Unsubstantiated investigation finding.** When insufficient evidence exists to fully determine whether child abuse or neglect occurred, the child welfare (CW) specialist may recommend, when necessary, that the parents or PRFCs obtain child abuse and neglect prevention and intervention-related services. This finding is not used when a safety threat exists with the exception of a subsequent allegation for a PRFC with an open, deprived case with the child(ren) in out-of-home care due to the original safety threat at the time of the subsequent allegation.
4. **Substantiated investigation finding.** A substantiated finding is appropriate when a report is determined by a CW specialist, after an investigation and based upon some credible evidence, to constitute child abuse or neglect. When child abuse or neglect is substantiated, the CW specialist assures the child's safety and selects one or more of the intervention strategies listed in (1) and (2) of this Instruction.
 - (1) Upon finding a child safe, the CW specialist secures the PRFC's cooperation with Oklahoma Department of Human Services (DHS) to modify his or her behaviors or conditions in the home that caused the abuse or neglect to occur.
 - (2) Upon finding a child unsafe, the CW specialist:
 - (A) secures the PRFC's agreement to participate in family-centered services; and
 - (i) keeps the DHS case open to monitor the safety plan; and
 - (ii) determines if the PRFC:
 - (I) is taking action to control or manage the safety threats; and
 - (II) has adequate protective capacities; or
 - (B) requests court intervention by recommending a deprived petition. The CW specialist documents in KIDS Case Contacts, the district attorney's comments on Form 04KI003E, when court intervention is requested.
5. **Documenting attempts to provide, refer, or arrange voluntary services.** Attempts to provide, refer, or arrange voluntary services are documented in the DHS record, per OAC 340:75-3-520.
6. **SoonerStart referrals for the child younger than 3 years of age when substantiated finding made.** The child younger than 3 years of age who is the victim of substantiated child abuse or neglect is referred to SoonerStart, per OAC 340:75-4-12.1.
7. **Child care program and child care home investigations.** Court intervention via a deprived petition is not necessary for the child care program or child care home investigations. When there is concern that the child victim's PRFC is not protecting the child from the child care program or child care home perpetrator, a separate referral is made regarding the PRFC's alleged failure to protect the child and an assessment or investigation is conducted when indicated.

8. Reasonable exercise of parental discipline. When circumstances indicate the PRFC used ordinary force and age-appropriate, reasonable discipline methods that did not result in injury or visible marks on the child, the case information is forwarded to the CPS Programs Unit for review, per OAC 340:75-3-140 ITS # 2.
9. (a) Final determination review processes.
 - (1) All CPS Programs Unit staff reviews all completed investigations, with a substantiated finding, for out-of-home, trial reunification, child death, and near death, and critical incidents, receive a review by the CPS Programs Unit. CPS Programs Unit staff may review critical incidents upon request.
 - (2) When the proposed substantiated out-of-home, trial reunification, child death, near death, or critical incident investigative finding is in compliance with OAC 340:75-3-120, no action is taken and the review is documented in the appeal/review screen in KIDS.
 - (3) When the proposed substantiated out-of-home, trial reunification, child death, near death, or critical incident investigative finding is not in compliance with OAC 340:75-3-120, the CPS Programs Unit may:
 - (A) request additional information or an investigation as necessary; or
 - (B) revise the finding when appropriate.
 - (4) When the proposed substantiated out-of-home, trial reunification, child death, near death, or critical incident investigative finding is not in compliance with OAC 340:75-3-120 and requires revision, the CPS Programs Unit:
 - (A) contacts the appropriate district director or deputy director for the region to assure all relevant information is considered prior to the final determination;
 - (B) marks improper entry on a particular allegation and enters the revised allegation and appropriate finding;
 - (C) amends the finding, when appropriate, and notifies the appropriate district director or regional deputy director of the change within five-business days;
 - (D) notifies the PRFC that he or she is allowed 30-calendar days to send additional information regarding the new finding;
 - (E) completes the review of the proposed finding for compliance with OAC 340:75-3-120 and documents the final determination review in the appeals/review screen in KIDS; and
 - (F) notifies the appropriate district director and regional deputy director of the final determination.
 - (5) After review by the CPS Programs Unit and the exchange of information between district and program staff, the finding becomes final.
 - (6) When the final determination is complete, the county of jurisdiction notifies the district attorney of the new finding.
- (b) Re-opening the out-of-home, trial reunification, child death, near death, or critical incident investigation pending final determination. During the final determination review process, the investigation may be re-opened to add additional information or to conduct additional interviews. When a referral is

reopened, information may be obtained for 15-calendar days. Reopened referral requirements include (1) through (6).

(1) Collateral contacts may be interviewed to gather additional information, when the Appeals or CPS Programs Unit requests the referral be reopened based on a lack of supporting documentation.

(2) The CW specialist will not reinterview any identified PRFCs, alleged perpetrators, siblings, or victims.

(3) Information obtained during this period may be entered as an addendum to Form 04KI003E.

(4) Supporting documentation is scanned into the referral ~~File Cabinet in KIDS~~ document management system.

(5) The referral may only be open for a period of 15-calendar days from the time the district director receives the request from the CPS Programs Unit.

(6) At the end of 15-calendar, days no further documentation is considered by the CPS Programs Unit in regard to the appeal.

10. All other completed investigations with a substantiated finding may be appealed by the individual about whom the substantiated finding was made, per OAC 340:75-3-530.

SUBCHAPTER 6. PERMANENCY PLANNING

PART 5. PERMANENCY PLANNING SERVICES

340:75-6-31.4. Legal guardianship ■ 3, 7, & 10

Revised 9-15-23

(a) **Permanent guardianship established pursuant to the Oklahoma Children's Code.** The court may establish a permanent guardianship between a child and a relative or other adult per Sections 1-4-709 and 1-4-710 of Title 10A of the Oklahoma Statutes (10A O.S. §§ 1-4-709 and 1-4-710) when the guardianship is in the child's best interests and when all conditions listed in 10A O.S. § 1-4-709 are substantially satisfied.

(1) 10A O.S. § 1-4-709 conditions are, the:

(A) child was adjudicated a deprived child;

(B) parent:

(i) consented to the permanent guardianship;

(ii) had his or her parental rights terminated;

(iii) failed to substantially correct the conditions that led to the child's adjudication;

(iv) was adjudicated as incompetent or incapacitated by a court;

(v) abandoned the child;

(vi) was not identified or located despite reasonably diligent efforts to ascertain the parent's whereabouts; or

(vii) died;

(C) child consents to the permanent guardianship when the court finds the child of sufficient intelligence, understanding, and experience to provide consent;

(D) termination of the parent's parental rights is not legally possible, not in the child's best interests, or adoption is not the child's permanency plan;

- (E) child and proposed permanent guardian do not require protective supervision or preventive services to ensure the permanent guardianship's stability;
 - (F) proposed permanent guardian is committed to providing for the child until he or she reaches the age of majority, and to preparing the child for adulthood and independence;
 - (G) proposed permanent guardian agrees not to return the child to the care of the person from whom he or she was removed nor allow visitation without the court's approval; and
 - (H) child resides or was placed with the proposed permanent guardian for at least the six preceding months or the proposed permanent guardian is a relative with whom the child has a relationship.
- (2) When the child is in Oklahoma Human Services (OKDHS) custody, a study of the proposed permanent guardian's home is completed and a report is provided to the court regarding the proposed permanent guardian's suitability, if permanent guardianship is in the child's best interests, and other information as the court requests. The child welfare (CW) specialist:
- (A) when the proposed permanent guardian is:
 - (i) a resource parent, updates Form 04AF003E, Resource Family Assessment - Family Profile; or
 - (ii) not an OKDHS resource parent:
 - (I) completes Form 04PP008E, Title 10A Permanent Guardianship Home Study; and
 - (II) conducts a national criminal history records search in addition to the other background search requirements for each proposed permanent guardian and each adult household member; and
 - (B) provides the report to the court as directed by the court, or no later than 14-calendar days prior to the permanent guardianship hearing.
- (3) A permanent guardianship is not permitted when the proposed guardian:
- (A) would be denied placement as a prospective foster or adoptive parent, per 10A O.S. § 1-4-705(C);
 - (B) is subject to the Oklahoma Sex Offenders Registration Act living with a person subject to the Oklahoma Sex Offenders Registration Act; or
 - (C) is the child's parent and his or her parental rights are terminated.
- (4) A permanent guardian is vested with the rights and responsibilities set forth in 30 O.S. §§ 1-101 et seq. relating to the powers and duties of a guardian of a minor, except for rights and responsibilities the child's parent retains, as set forth in the permanent guardianship decree.
- (5) OKDHS may not recommend a parent whose parental rights are terminated to seek guardianship of a child in OKDHS custody.
- (b) **Filing the 10A permanent guardianship motion.** The district attorney or child's attorney is responsible for filing a motion for permanent guardianship with the juvenile court in the deprived case. The proposed guardian signs the information verification contained in the permanent guardianship motion, per 10A O.S. § 1-4-710.
- (c) **Filing the Title 30 guardianship proceeding.** When a Title 30 guardianship is filed for the child to achieve the permanency plan of guardianship, the proposed guardian has the responsibility to obtain an attorney for this purpose. Per 10A O.S. § 1-4-101, the

written consent of the judge presiding over the deprived case must be obtained and filed in the Title 30 guardianship case, prior to the guardian being appointed for the child. Limited monetary reimbursement for attorney fees and costs is available when the attorney represents a proposed relative guardian in a Title 30 guardianship proceeding.

(d) **Types of guardianship assistance funding available.** Guardianship assistance for a Title 10A or Title 30 guardianship may be funded through the:

- (1) Temporary Assistance for Needy Families (TANF) Supported Permanency Program;
- (2) Title IV-E Subsidized Guardianship Program; or
- (3) state.

(e) **Requirements for guardianship without benefits.** A guardianship may be established without accessing a benefit funding source when the:

- (1) guardianship is in the child's best interests; and
- (2) conditions listed in 10A O.S. § 1-4-709 are substantially satisfied for a Title 10A guardianship, or a return home or adoption is not an appropriate permanency option for the child when a Title 30 guardianship was court-authorized.

(f) **Requirements for guardianship with TANF Supported Permanency Program benefits.** ■ 4

(1) A guardianship may be established with TANF Supported Permanency Program benefits subject to the availability of funds and OKDHS approval when the:

- (A) guardianship is in the child's best interests;
- (B) conditions listed in 10A O.S. § 1-4-709 are substantially satisfied for a Title 10A guardianship, or a return home or adoption is not an appropriate permanency option for the child when a Title 30 guardianship was court-authorized;
- (C) child in OKDHS custody is placed in a paid kinship foster home with a relative who resides in Oklahoma and the relative meets the specified degree of relationship as defined by the TANF program, per Oklahoma Administrative Code (OAC) 340:10-9-1(a);
- (D) child is 12 years of age and older or has a sibling 12 years of age and older who resides in the same relative foster home. The deputy director for programs may, for good cause, approve Supported Permanency for a child younger than 12 years of age;
- (E) court makes a finding that termination of the parent's rights is either not legally possible or not in the child's best interests, or adoption is not the child's permanency plan;
- (F) relative meets requirements for approval as a OKDHS foster home;
- (G) child is currently residing with the relative in Oklahoma and has for four of the previous six months;
- (H) relative is willing to assume legal responsibility for the child; and
- (I) court and, when appropriate, the child are in agreement with the plan for the relative to obtain legal responsibility for the child.

(2) TANF Supported Permanency Program assistance includes:

- (A) a monthly payment standard for the child, per OKDHS Appendix C-1, Maximum Income, Resource, and Payment Standards, Schedule XVII; ■ 1
- (B) a Medicaid card for the child's medical care; ■ 2 and

(C) an assigned Adult and Family Services worker who provides referrals for services, when needed.

(g) Requirements for Title IV-E Subsidized Guardianship benefits. ■ 5

(1) A guardianship may be eligible for Title IV-E guardianship assistance when:

(A) the guardianship is in the child's best interests;

(B) all conditions listed in 10A O.S. § 1-4-709 are substantially satisfied for a Title 10A guardianship, or a return home or adoption is not an appropriate permanency option for the child when a Title 30 guardianship was court-authorized;

(C) the child meets eligibility for Title IV-E kinship guardianship assistance payments, per Section 473(d)(3)(A) of Title IV-E of the Social Security Act (42 United States Code (U.S.C.) § 673(d)(3)(A)). The relative may reside in or out-of-state;

(D) the child was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home is contrary to the child's welfare and the child is Title IV-E eligible, per OAC 340:75-13-13, for at least six-consecutive months;

(E) the child is a sibling to a child eligible for, or receiving Title IV-E kinship guardianship assistance, and is residing or planning to reside in the same placement;

(F) the child is 12 years of age and older or has a sibling 12 years of age and older who resides in the same relative foster home. The deputy director may, for good cause, approve Title IV-E kinship guardianship assistance for a child younger than 12 years of age;

(G) termination of the parent's rights is either not legally possible or not in the child's best interests or adoption is not the child's permanency plan;

(H) the relative completed requirements to be an OKDHS-approved or tribal foster home;

(I) the child is currently residing with the relative and has for six consecutive months;

(J) the relative is willing to assume legal responsibility for the child and has a strong commitment to permanently care for the child;

(K) the child who is 14 years of age and older is consulted regarding the kinship guardianship arrangement;

(L) the child demonstrates a strong attachment to the proposed relative guardian; and

(M) prior to transferring legal responsibility, OKDHS and the proposed relative guardian sign Form 04MP049E, Title IV-E Subsidized Guardianship Agreement, outlining the assistance provided to the relative guardian.

(2) The Title IV-E Subsidized Guardianship agreement outlines the assistance provided to the relative that includes:

(A) a limited monetary reimbursement for legal fees and costs incurred in transferring legal responsibility of the child to the relative guardian is paid to an attorney representing the proposed relative guardian when a Title 30, instead of a Title 10A, guardianship is filed;

(B) a monthly payment standard for the child, per OKDHS Appendix C-20, Child Welfare Services Rates Schedule; ■ 1

(C) the manner in which the payment may be adjusted periodically, in consultation with the relative guardian, based on the relative guardian's circumstances and the child's needs;

(D) a Medicaid card for the child; ■ 2

(E) a right to a fair hearing, per OAC 340:75-1-12.6;

(F) the additional services and assistance for which the child and relative guardian are eligible under the agreement;

(G) the procedure by which the relative guardian applies for additional services; and

(H) assurance the agreement remains in effect if the relative guardian moves to another state.

(3) The child's case plan describes:

(A) how the child meets the eligibility requirements;

(B) the steps OKDHS took to determine a return to the home or adoption is not appropriate, and termination of the parent's rights is either not legally possible or not in the child's best interests;

(C) the efforts OKDHS made to discuss adoption with the child's relative foster parent and the reasons why adoption by the relative foster parent is not an option;

(D) the reason a permanent placement with a proposed relative guardian and receipt of a guardianship assistance payment is in the child's best interests;

(E) OKDHS efforts to discuss with the child's parent the kinship guardianship assistance arrangements or why efforts were not made; and

(F) when the child's placement with the proposed relative guardian does not include siblings, the reasons the child is separated from siblings during placement.

(h) **Successor guardian and eligibility for Title IV-E guardianship assistance.** In the event of the relative guardian's death or incapacity, the child's eligibility for a kinship guardianship assistance payment under this subsection is not affected by reason of the replacement of the relative guardian with a successor legal guardian named in the Title IV-E kinship guardianship assistance agreement, per 42 U.S.C. § 673(d)(3)(C).

(i) **Requirements for a guardianship with state-funded benefits.** ■ 6

(1) A guardianship may be established with state-funded assistance, when:

(A) the guardianship is in the child's best interests;

(B) all conditions listed in 10A O.S. § 1-4-709 are substantially satisfied for a Title 10A guardianship, or a return home or adoption is not an appropriate permanency option for the child when a Title 30 guardianship was court-authorized;

(C) the child is not eligible for TANF Supported Permanency Program or Title IV-E Subsidized Guardianship; and

(D) the deputy director for programs, for good cause, approves state-funded payments to the guardian for the child's benefit.

(2) The state-funded benefit is a monthly payment standard for the child, per OKDHS Appendix C-20, Child Welfare Services Rates Schedule.

(j) **Court-ordered provisions within permanent guardianship providing for child's safety and well-being.** Per 10A O.S. § 1-4-710, the court, upon finding grounds exist for a permanent guardianship, may order visitation with the child's parent, siblings, or other relatives when contact is in the child's best interests, and any other provision necessary to provide for his or her continuing safety and well-being.

(k) **Child support ordered with permanent guardianship.** Per 10A O.S. § 1-4-710, the court orders the parent to contribute to the child's support pursuant to child support guidelines, per 43 O.S. §§ 118 and 119.

(l) **Permanent guardianship placement not supervised by OKDHS.** Per 10A O.S. § 1-4-710, the order appointing a permanent guardian does not require OKDHS placement supervision.

(m) **Permanent guardianship placement review period.** Per 10A O.S. § 1-4-710, the permanent guardianship order:

(1) requires the placement be reviewed within one year after transfer;

(2) requires the permanent guardian to submit records or reports the court deems necessary for the one year review;

(3) divests OKDHS of legal custody and supervision of the child with no further responsibility for the child's custody or supervision; and

(4) does not require periodic court reviews after the one year review when the parties and court agree the reviews are not necessary to serve the child's best interests, unless periodic reviews are otherwise required by the court.

(n) **Child returned to OKDHS custody when permanent guardianship terminated.** When a permanent guardianship, established per the Oklahoma Children's Code, is terminated due to the guardian's abuse or neglect of the child, death, or inability to care for the child, the court orders the child returned to OKDHS legal custody pending further hearing.

(1) OKDHS develops a new permanency plan for the child to present to the court within 30-calendar days from the permanent guardianship termination date.

(2) Unless parental rights were terminated, the child's parent is notified and is entitled to participate in the upcoming permanency planning hearing.

(3) The court may order reunification services again be provided to each parent or consider each parent for custody of the child with OKDHS supervision, when the parent can prove conditions previously existing at the time the permanent guardianship was granted were substantially corrected, and reunification is the best alternative for, and in the child's best interests. ■ 8

INSTRUCTIONS TO STAFF 340:75-6-31.4

Revised 9-15-23 2-2-24

1. Monthly payment standard. The monthly payment standard for guardianship payments is based on the child's age category per Oklahoma Human Services (OKDHS) Appendix C-20, Child Welfare Services Rates Schedule, or Appendix C-1, Maximum Income, Resource, and Payment Standards, Schedule XVII, as applicable.

(1) When the child enters a different age category, the payment standard is adjusted.

(2) Difficulty of care rate payments are not included in the Supported Permanency, monthly payment standard.

(3) Other income, such as Social Security disability, death benefits, and child support reduces the payment standard amount, or when in excess of the payment standard, eliminates the child's eligibility for Supported Permanency, per Oklahoma Administrative Code (OAC) 340:10-3-26.

- (4) A person who is included in a tribal Temporary Assistance for Needy Families (TANF) payment may not be included in another benefit in the same month. When the person meets the criteria of a tribal TANF service area and population, the entire household must be served by tribal TANF. When the household moves out of the tribe's service area, the state TANF benefits are re-certified.
2. **Medical coverage during TANF Supported Permanency and state-funded guardianships.** When guardianship is granted, the guardian re-applies for child's SoonerCare Choice while the child remains in a legal guardianship. Transportation for medical appointments is available through the SoonerRide program.
 3. **Medical coverage during Title IV-E guardianships.** When the guardianship is granted, an OKDHS custody medical specialist certifies and enrolls the child in ongoing medical benefits. A new medical card is sent to the guardian when enrollment is completed. Out-of-state Title IV-E funded guardianship medical coverage is through Interstate Compact on Adoption and Medical Assistance (ICAMA). Out-of-state medical coverage is not guaranteed on state-funded guardianships.
 4. **Process to determine guardianship funding type.** OKDHS may not recommend a parent who had his or her parental rights terminated for guardianship of a child in OKDHS custody.
 - (1) When considering supported guardianship, either through Supported Permanency, Title IV-E, or state-funded guardianship assistance, the permanency planning (PP) specialist:
 - (A) facilitates a Family Meeting (FM), per OAC 340:75-6-31.1 and explains the differences between adoption and guardianship to the proposed permanent guardian and child, as appropriate for the child's age, to ensure the child and proposed permanent guardian understand the various forms of permanency available when considering the child's long-term best interests; and
 - (B) during the FM, develops recommendations to present to the district attorney or child's attorney for incorporation into the guardianship order that include:
 - (i) parent-child visitation;
 - (ii) appropriate visitation between siblings who are not placed together; and
 - (iii) child support.
 - (2) Prior to sending Form 04MP050E, Request for Funded Guardianship, to the PP Program Unit, the PP specialist requests the court refer the case to Child Support Services (CSS) to establish current child support order for both parents of the child.
 - (3) When the PP specialist, PP supervisor, and district director determine permanent guardianship is the appropriate permanency plan and assistance is needed, the PP supervisor submits:
 - (A) Form 04MP050E to the regional guardianship lead; and

- (B) ensures a copy of the completed FM report is in the child's document management system (DMS).
- (4) The PP specialist obtains final approval from the PP Program Unit for state-funded permanent guardianship assistance prior to the court entering the guardianship order.
5. Protocol for Supported Permanency TANF subsidized guardianship. The PP Program Unit staff approves the supported guardianship ~~is approved by the PP Program Unit~~ before the court enters the guardianship order. The PP specialist:
- (1) obtains the court order and, when appropriate, the child's approval to proceed with permanent guardianship as the permanency plan. The PP Program Unit staff approves the supported guardianship ~~is approved by the PP Program Unit~~ before the court enters the guardianship order;
 - (2) completes a Disclosure for Guardianship Form 04MP082E with the potential guardians for each child entering guardianship and uploads into the DMS;
 - ~~(2)~~(3) emails the court order and completed Form 04PP006E, Supported Permanency Referral, to the Supported Permanency TANF specialist within five-calendar days of the relative assuming legal guardianship to obtain an authorization letter;
 - ~~(3)~~(4) attaches information regarding each child's identified needs and suggestions for continued services for the family and attaches the:
 - (A) order transferring legal responsibility to the permanent guardian; and
 - (B) the TANF Authorization Approval Letter;
 - ~~(4)~~(5) informs the relative to contact the local OKDHS office to complete the TANF application for Supported Permanency when he or she has not had a personal contact from an Adult and Family Services worker within 10-calendar days of assuming legal guardianship; and
 - ~~(5)~~(6) closes the child welfare (CW) case upon completion of the custody transfer and referral to TANF.
6. Protocol for Title IV-E subsidized guardianship.
- (1) The PP specialist:
- (A) obtains the court order and, when appropriate, the child's approval to proceed with permanent guardianship as the permanency plan. The PP Program Unit staff approves the subsidized guardianship assistance agreement ~~is approved by the PP Program Unit~~ before the court enters the guardianship order;
 - (B) completes and emails Forms 04MP048E, Request for Title IV-E Subsidized Guardianship Assistance, and 04MP049E, Title IV-E Subsidized Guardianship Agreement, to the placement provider to sign and return. The PP Program Unit staff reviews the signed forms ~~are reviewed by the PP Program Unit prior to~~ before the court orders the permanent guardianship being ordered;
 - (C) completes the Disclosure for Guardianship Form 04MP082E with the potential guardians for each child entering guardianship and uploads into the DMS;

- ~~(C)~~(D) notifies the PP Program Unit no later than five-calendar days after the transfer of legal responsibility and includes a copy of the guardianship order; and
- ~~(D)~~(E) closes the CW case upon completion of the transfer of legal responsibility and notification from the PP Program Unit.
- (2) Prior to the court entering the guardianship order, difficulty of care (DOC) payments may be paid to guardians with PP Program's approval.
7. Protocol for state-funded guardianship. The programs deputy director reviews each state-funded request for guardianship assistance.
- (1) The PP specialist:
- (A) obtains the court order and, when appropriate, the child's approval to proceed with permanent guardianship as the permanency plan. The PP Program Unit staff approves the subsidized guardianship assistance agreement ~~is approved by the PP Program Unit~~ prior to the court entering the guardianship order;
- (B) completes and email Forms 04PP007E, Request for State-Funded Guardianship Assistance, and 04MP044E, State-Funded Guardianship Assistance Agreement, to the placement provider to sign and return. The PP Program Unit staff reviews the signed forms ~~are reviewed by the PP Program Unit prior to~~ before the court orders permanent guardianship being ordered;
- (C) obtains final approval from the PP Program Unit for state-funded permanent guardianship assistance prior to guardianship order being entered by the court;
- (D) completes the Disclosure for Guardianship Form 04MP082E with the potential guardians for each child entering guardianship and uploads into the DMS;
- ~~(D)~~(E) notifies the PP Program Unit no later than five-calendar days after the transfer of legal responsibility and includes a copy of the guardianship order; and
- ~~(E)~~(F) closes the CW case upon completion of the transfer of legal responsibility and notification from the PP Program Unit.
- (2) Prior to the court entering the guardianship order, DOC payments may be paid to guardians with PP Program's approval.
8. Fees for attorneys representing a proposed guardian in a Title 30 guardianship. The district attorney or child's attorney files motions for a Title 10A permanent guardianship in the deprived case. Limited monetary reimbursement for attorney fees and costs is available when the attorney represents a proposed relative guardian in a Title 30 guardianship proceeding. When it is necessary for a retained attorney to file a Title 30 guardianship proceeding, attorney fees and court costs for the Title 30 guardianship require special approval from the PP Program Unit and apply to each guardianship proceeding that results in a transfer of legal responsibility, but not to each child. The CW specialist:
- (1) requests approval for attorney fees and court costs from the PP Program Unit prior to the guardianship filing;

- (2) secures authorization for the retained attorney's services and payment through the Finance system;
 - (3) obtains detailed documentation of attorney fees and court costs to accompany reimbursement requests. The PP Program Unit staff must approve Requests requests for attorney fees and court costs over \$500 ~~must be approved by the PP Program Unit~~; and
 - (4) sends the authorization form to the retained attorney for reimbursement of attorney fees and court costs not to exceed \$2000.
9. Termination or modification of a permanent guardianship. A permanent guardianship may be terminated or modified by the court per Title 10A or Title 30 of the Oklahoma Statutes, as applicable, based upon clear and convincing evidence of a substantial change in material circumstances and the child's best interests.
 - (1) Parental reunification. The court may order reunification when it is in the child's best interests and may consider parental custody with OKDHS supervision when the parent can prove by a preponderance of the evidence services and conditions that existed when the permanent guardianship was granted were substantially corrected and reunification is the child's best alternative.
 - (2) Return to OKDHS custody. Section 1-4-711 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-711) requires the child be returned to OKDHS legal custody and OKDHS presents a plan to the court on the child's behalf within 30-calendar days. The court conducts a permanency hearing within 30-calendar days when the permanent guardianship is terminated due to a substantial change in material circumstances that includes, but is not limited to, the:
 - (A) permanent guardian is unable to properly care for the child;
 - (B) child was abused or neglected while in the permanent guardian's care;
 - or
 - (C) child's permanent guardian is deceased.
 - (3) When permanent guardianship termination results in the child's removal from the permanent guardian's home, the court determines if:
 - (A) the child's continuation in the guardian's home is contrary to the child's welfare; and
 - (B) reasonable efforts were made to prevent the child's removal from the home or an absence of efforts to prevent the child's removal from the home is reasonable, due to an emergency.
 - (4) The previously assigned PP specialist is no longer responsible for legal custody or supervision of the child, nor is he or she responsible for evaluating new potential guardians.
10. Successor guardian and eligibility for Title IV-E Guardianship assistance. Per Section 473(d)(3)(C) of Title IV-E of the Social Security Act (42 United States Code (U.S.C.) § 673(d)(3)(C)) in the event of the kinship guardian's death or incapacity, the child's eligibility for a kinship guardianship assistance payment under this subsection is not affected by the relative guardian's replacement with a successor legal guardian that is named in the kinship guardianship assistance

agreement. A successor guardian is named in the kinship guardianship agreement at the initial guardianship's finalization.

(a) A person, or persons, the kinship foster parent wants named as the successor guardian is approved by OKDHS prior to the guardianship finalization. To approve a successor guardian(s), the proposed successor guardian(s):

- (1) is at least 21 years of age;
- (2) has an established relationship with the child, however is not required to be a relative;
- (3) is willing to assume legal responsibility for the child and has a strong commitment to permanently care for the child;
- (4) resides lawfully in the United States;
- (5) provides consent for an Oklahoma State Bureau of Investigation (OSBI) and Federal Bureau of Investigation (FBI) criminal records history search by signing Form 04AD003E, Request for Background Check;
- (6) provides the names, dates of birth, and Social Security numbers of all household members;
- (7) signs Forms 04MP048E and Form 04MP049E; and
- (8) provides a copy of his or her Social Security card and driver license.

(b) The PP staff conducts a background check of proposed successor guardian(s) and household members that includes:

- (1) an OSBI name and criminal records history search, including the Oklahoma Sex Offender Registry;
- (2) an FBI national criminal records history search;
- (3) a search of the Mary Rippy Violent Offender Registry;
- (4) a Restricted Registry search;
- (5) an Oklahoma Department of Public Safety report;
- (6) a search of the Oklahoma State Courts Network (OSCN) and Oklahoma District court records to determine if the proposed successor guardian(s) is part of any court action that may be detrimental to a child's safety and well-being;
- (7) a completed OKDHS records search using the Information Management System and KIDS with the adult's name, Social Security number, and birth date, recording the information on Form 04AF007E, Records Check Documentation Form, and filing in the supported guardianship record;
- (8) a search of all applicable out-of-state child abuse and neglect registries for the applicant or adult household member who has not lived continuously in Oklahoma for the past five years;
- (9) completing a search on the Juvenile Justice Information System, also known as the Juvenile Online Tracking System, of all children in the home 13 years of age and older; and
- (10) records the results in DMS.

(c) The PP field representative monitoring the subsidized guardianships reviews background information and the child's case to determine approval of the proposed successor guardian.

- (d) When a successor is established and the guardianship was ordered, if the guardianship is dissolved, the post-guardianship program field representative verifies the successor information and transfers the subsidy to the successor.
11. Permanent guardianship for a child in tribal custody. The tribal court may establish a permanent guardianship between a child in tribal custody and a relative or other adult approved by the tribe.
- (a)(1) The Indian Child Welfare (ICW) worker submits Form 04MP050E, Request for Funded Guardianship, to the PP Program Unit for approval.
- (b)(2) PP Program Unit determines if the request meets criteria for Title IV-E subsidized guardianship. Children in tribal custody are not eligible for a Supported Permanency TANF subsidized guardianship.
12. Guardianship assistance overpayments for Title IV-E and state-funded guardianships. Post-guardianship services follow policy within OAC 340:75-15-128.1 to rectify guardianship overpayment. The guardian is responsible for repayment, even when he or she is not responsible for the overpayment.
13. Guardianship assistance agreement for Title IV-E and state-funded guardianships.
- (a)(1) When the child reaches 18 years of age, the child may continue to receive assistance until the day of his or her 19th birthday, when he or she continues to attend high school or pursues general education development (GED).
- (b)(2) The guardian requests an extension of the guardianship beyond 18 years of age and the request includes a statement from school personnel documenting the child's high school attendance and anticipated graduation date.
- (c)(3) When the guardian fails to submit a request for adoption assistance to go beyond 18 years of age, the post-guardianship program field representative determines the guardian is no longer providing financial support to the child and the subsidy stops.

PART 8 CHILD WELFARE SPECIALIST ROLE

340:75-6-48. Oklahoma Department of Human Services (DHS) contacts with child, placement providers, parents, and service providers ■ 1 through 11

Revised 9-15-16

(a) **Child visitation required by the Oklahoma Children's Code.** Per Sections 1-4-707, 1-7-103, and 1-7-113 of Title 10A of the Oklahoma Statutes, DHS:

(1) visits each child in DHS custody a minimum of one time per calendar month, with no less than two visits per quarter in the home or out-of-home placement; and

(2) interviews or, when an infant, observes each child alone without the placement provider or parent present at least one time per month in an environment where the child would be able to talk freely about safety, permanency, and well-being. The parent or placement provider identifies a place in the home where this interview with the child can occur privately. Interviews always include discussing or, when an infant, observing the child's safety, permanency, and well-being.

(b) **Child visitation requirement following initial placement and subsequent**

placement changes. The assigned child welfare specialist visits each child in DHS custody in the child's placement on the day the placement is made, and a minimum of two times per month during the child's first and second month in each placement, and one time per calendar month thereafter.

INSTRUCTIONS TO STAFF 340:75-6-48

Revised ~~6-13-22~~ 2-2-24

- 1. Purpose of contacts.** The purpose of child welfare (CW) specialist contacts with the child, placement provider, and parent is to:
 - (1) ensure the child is safe;**
 - (2) ensure the child achieves permanency as expeditiously as possible;**
 - (3) ensure the child's needs are met;**
 - (4) provide timely and relevant information to the placement provider pertinent to the child's needs and permanency planning (PP) process, per Section 1-7-104 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-104);**
 - (5) continue to gather information regarding kinship and relative connections and document them in the Family/Kinship Connections screen in KIDS;**
 - (6) contact the child's tribe when the child is identified as a member or is eligible to be a member;**
 - (7) make efforts to ensure the child is placed in a kinship or relative home;**
 - (8) make efforts to ensure siblings are placed together, when possible;**
 - (9) encourage and guide the parent in the completion of his or her individualized service plan (ISP);**
 - (10) ensure the parent understands the ISP, how to correct the conditions that led to CW involvement, and the consequences of failure to make changes;**
 - (11) assess the parent's protective capacities and ability to provide a safe home environment for the child;**
 - (12) evaluate the home situation, ISP progress, behavior changes, and the correction of safety threats;**
 - (13) assist the parent in obtaining the identified services needed to change the behaviors and conditions that led to the child's removal;**
 - (14) advise the parent of his or her rights, roles, and responsibilities in connection with the ISP;**
 - (15) ensure the parent understands the importance of visitation in developing and maintaining a healthy parent-child relationship;**
 - (16) inform the parent and child of the other's situation, progress, and other related issues;**
 - (17) ensure the parent is aware of the next court hearing;**
 - (18) evaluate the quality of services delivered to the child and parent;**
 - (19) include the parent in decision-making by providing the parent with information about the child and services the child is receiving, such as medical care and education; and**
 - (20) support the placement provider, child, and parent and guide them in understanding how the CW and court systems function.**

2. Documenting contacts or visits using contact guide and addendums.
 - (1) ~~The CW specialist enters~~ contacts or visits with the child ~~are entered in~~ KIDS Contacts screen flagged as a specialist visit:
 - (A) as quickly as possible after the contact or visit occurs; and
 - (B) within five-business days after the contact or visit date.
 - (2) ~~The CW specialist uses the~~ contact guide and addendums ~~are used~~ when making contact with a child. The contact guide and age-specific addendums that provide a format to assist the CW specialist gather and document information obtained during a contact, are:
 - (A) Form 04MP007E, Quality Contacts with a Parent; and
 - (B) Form 04MP008E, Quality Contacts with a Child.
 - (3) For each child placed in a resource with an overfill, the assigned CW specialist documents the conversations with the resource parents regarding if the specialist is providing support to the provider and any specific plan or supports and any ongoing needs in the personal care/environment/clothing/diet field in KIDS during the monthly specialist visit.
3. Before face-to-face contact with the child or parents. The CW specialist:
 - (1) plans for the length and location of the contact or visit to support honest conversations;
 - (2) contacts all of the child's service and medical providers and reviews the most recent service provider report. Evaluates any behavior changes, current treatment plans, medical reports, and prescribed medications;
 - (3) reviews the child's educational needs, any Individualized Education Program (IEP), or other educational plans;
 - (4) reviews the case plan goal and makes a plan on how to discuss it with the placement provider and the child;
 - (5) contacts the foster home's resource specialist to discuss any written plans of compliance (WPCs), resource alerts, or concerns. Reviews the resource's file and any associated investigations; and
 - (6) identifies all issues and concerns to discuss during the contact.
4. Documenting parent contact summary.
 - (1) During each face-to-face contact with the parent, the CW specialist completes Form 04MP007E, including the Next Steps and Parent Input sections and documents the information in KIDS Contact labeled "Worker Visit-Parent."
 - (2) ~~The parent and CW specialist sign Form 04MP007E.~~
 - (3) The parent and CW specialist decide who keeps the original document.
 - (A) When the parent keeps the original document, the CW specialist:
 - (i) takes a picture of the completed ~~and signed~~ form with the CW specialist's work-issued cell phone before giving the original form to the parent; and
 - (ii) uploads the picture of the completed ~~and signed~~ form to the KIDS document management system (DMS) and then deletes the form's picture from the cell phone.

(B) When the CW specialist keeps the original document, the CW specialist:

(i) allows the parent to take a picture of the completed and signed form with the parent's cell phone; and

(ii) scans the original form and saves it to KIDS DMS;

(4)(3) When a parent fails to show up as scheduled for monthly-contact or meets parent contact exception or special circumstances requirements in Instructions to Staff (ITS) of this Section, the CW specialist:

(A) contacts the parent; and

(B) discusses each item on Form 04MP007E and documents the parent's responses ; and

(C) ~~documents why the parent did not sign on the signature line.~~

(5) ~~When a parent refuses to sign Form 04MP007E, the CW specialist documents why the parent did not sign.~~

(6)(4) When the CW specialist is unable to locate a parent, the CW specialist enters a KIDS Contact ~~is entered~~ to indicate the diligent search efforts to locate the parent, per this Section's ITS.

5. Interviewing or observing the child.

(1) The CW specialist interviews the child ~~is interviewed~~ alone, or when an infant, conducts observations ~~are conducted~~ at least once every calendar month with no more than 31-calendar days between contacts with every child.

(2) When the child is older than 12 months of age, the CW specialist observes the child ~~is observed~~ for any visible injuries, including those that are the result of normal childhood play. When injuries are observed, the CW specialist thoroughly inspects the child ~~is thoroughly inspected~~ for additional injuries to include rearrangement of clothing, when necessary. When observed injuries appear to fall outside of normal childhood play, the CW specialist follows the preliminary inquiry ITS in Oklahoma Administrative Code (OAC) 340:75-3-130.

(3) When interviewing the child alone, the CW specialist asks the child about any injuries the child may have, both visible and non-visible. The structure and type of interview questions are dependent on the child's developmental functioning.

(4) The CW specialist initiates a conversation about safety at each monthly visit, providing an opportunity for the child to learn about safety and to disclose any potential unsafe circumstances.

(5) The parent or placement provider ensures a place where the child may be interviewed privately, affording the child an opportunity to discuss any unsafe conditions. The CW specialist may interview the child ~~may be interviewed~~ outside of the placement or home in an appropriate location in addition to the visit in the placement location.

(6) When the child is non-verbal, the CW specialist assesses safety through observation, per 10A O.S. § 1-7-113.

(7) When the child is younger than 12 months of age, the CW specialist observes the child unclothed during a routine bath, clothing change, or

diaper change, respecting the child's comfort by allowing the provider or parent to conduct the activity while the CW specialist observes.

(8) The CW specialist sees every child awake each month to properly assess the child's safety. A The CW specialist does not complete a specialist visit ~~may not be completed~~ by observing a sleeping child.

(9) The CW specialist completes at least one unannounced and unscheduled visit, per quarter for the child in any placement type.

(10) Best practice is to see the entire home or placement every month to ensure the environment is safe for the child. The CW specialist is required to see and document the entire home or placement ~~is seen~~ a minimum of one time per quarter.

(11) Interviews and observations increase in times of change or stress.

(12) At the discretion of the CW supervisor or district director, interviews increase when the child is in a court-ordered placement that would otherwise be unapproved by Child Welfare Services (CWS).

(13) When concerns were identified during the phone call with the resource specialist or facility liaison prior to the CW specialist's contact with the child, the CW specialist assesses all concerns during the contact in the child's placement.

(14) The CW specialist documents the prior conversation between specialists, the assessment of concerns with the placement provider, and follow up discussion, when warranted.

6. Contact at child's school. The CW specialist does not go to the child's school for the purpose of completing a face-to-face contact with the child, except in cases of transporting the child to and from school for appropriate purposes, such as family time, scheduled appointments, and extracurricular activities. The CW specialist ensures the child's confidentiality is respected. Academic progress is not disrupted for any purpose including, but not limited to, specialist visits and parent or sibling visitations.

7. Exception to the assigned CW specialist completing the visit with the child. Continuity and quality visitation is best achieved by the same CW specialist visiting the child each month. The CW specialist responsible for the child is required to complete the specialist visits; however, another CW specialist may make the required monthly contact in the child's placement or home to assess the child's safety, permanency, and well-being needs when there is an urgent, unavoidable scheduling conflict including, but not limited to, extended leave for the CW specialist responsible for the child.

(1) When an alternate CW specialist conducts the visit, the CW specialist responsible for the child makes the next required face-to-face visit with the child as quickly as possible.

(2) Prior to an alternative CW specialist making the required visit, the CW supervisor:

(A) reviews the unavoidable scheduling conflict or extended leave, assesses the frequency of another CW specialist completing the required contacts, and either grants or denies the exception;

(B) informs the CW specialist responsible for the child of the decision;

- (C) assigns the monthly contact to another CW specialist;**
- (D) ensures the child is seen consistently by one assigned alternative CW specialist for the duration of the assigned CW specialist's unavoidable conflict or extended leave; and**
- (E) documents the details of assignment and duration of the exception in the KIDS Contacts screen selecting the purpose of "Case Staffing." A secondary case assignment is not used for the reassignment of monthly specialist visits or reassignment of all case duties. A reassignment on the assignment screen in KIDS is used when all case duties are reassigned in cases of extended leave.**

8. Child contact requirements.

(1) Placement in a family-like setting. The CW specialist completes a visit to the child's placement within 24 hours of placement. Best practice is for the CW specialist to complete visits per:

- (A) 1st visit from 2nd through 15th day of placement;**
- (B) 2nd visit from 16th through 30th day of placement;**
- (C) 3rd visit from 31st through 45th day of placement; and**
- (D) 4th visit from 46th day through 60th day.**

(2) Placement at a shelter. The CW specialist has face-to-face contact with the child placed in a shelter within 24-hours of the child's entry into a shelter and a minimum of once every seven-calendar days while the child remains in the shelter.

(3) Inpatient treatment. When the child requires admission to an inpatient facility, procedures, per OAC 340:75-16-30 ITS, are followed. No later than 24 hours after a child's admission into an inpatient treatment facility, the CW specialist contacts the facility liaison and the facility liaison supervisor by phone and email to provide notification of the child's placement. In addition to the required monthly visitation for all placement types, when a child is admitted in any inpatient treatment facility, the CW specialist contacts the child's therapist or other mental health professional and the facility liaison by phone at least once per week and inquires about the child's progress to facilitate the discharge plan, per OAC 340:75-16-30.

(4) Child in Office of Juvenile Affairs (OJA) custody. When the child in Oklahoma Human Services (OKDHS) custody is also adjudicated delinquent and placed in OJA custody:

- (A) OJA is responsible for placement and services to the child;**
- (B) CWS retains responsibility for, related services, and works closely with the assigned OJA specialist to ensure continuity of care; and**
- (C) the CW specialist contacts, in person or by phone, the child, the parent, and the OJA worker on a monthly basis to discuss the child's safety, permanency, and well-being. The CW specialist:**
 - (i) obtains and documents the date, location, and substance of the OJA worker's monthly contact with the child;**
 - (ii) enters into KIDS Contacts screen the name of the OJA worker, selects Contact Type/Loc: as "Face to Face (Home or Placement Provider) and then selects source "Made by Non-OKDHS or Non-CW**

Staff" with the purpose of "Worker Visit." Refer to OAC 340:75-6-46; and

(iii) documents the phone conversation's substance with the placement provider or parent in Contacts flagged as "Worker Visit – No Contact."

(5) OKDHS supervision. Per OAC 340:75-6-85.5, the court may place the child under OKDHS supervision.

(A) During the first 60-calendar days after the court grants supervision, the CW specialist evaluates the child's safety in the home by making face-to-face contact with the child and the person responsible for the child's (PRFC) health, safety, or welfare together one or more times per week, as determined by the CW supervisor.

(B) After the initial 60-calendar days, the CW specialist continues face-to-face contact at least once every other week with the child and PRFC together unless, after a supervisory conference, a need for more frequent visits is determined.

(C) The CW supervisor documents any increase in the number of visits. Contact requirements are documented in the KIDS Contacts with a purpose of "Case Staffing."

(D) The court may establish in its orders a time frame for, and the frequency of, the CW specialist's contacts. Out-of-home supervision is carefully addressed, keeping in mind, the court's orders.

(E) When the child is in an out-of-home Safety Plan, the CW specialist has face-to-face contact with the child:

(i) in the Safety Plan caregiver's home within the first 14-calendar days the child resides in the home; and

(ii) at least once every calendar month thereafter in the caregiver's home with no more than 31-calendar days between contacts.

(F) The contact with the child in the Safety Plan caregiver's home is in addition to the weekly or every other week contact the CW specialist has with the child and PRFC together.

(G) More frequent contacts are made with the child during times of change or stress.

(H) The CW specialist ensures that ITS, of this section are applied, when relevant, for a child in OKDHS supervision.

(6) Contact with young adult 18 years of age and older in voluntary placement. The CW supervisor, CW specialist, young adult, and placement provider jointly determine the CW specialist's contact with the young adult 18 years of age and older who is in voluntary placement.

(A) A minimum of one face-to-face contact with the young adult is required in the placement location every 60-calendar days until case closure.

(B) During the months when the CW specialist's contact with the young adult is not in the provider's home, the specialist contacts the young adult and the provider by phone and discusses safety, permanency, and well-being.

(7) Contact with the child in OKDHS custody placed in out-of-state residential treatment center (RTC). When the child requires admission to an inpatient facility, procedures are followed, per OAC 340:75-1-86 ITS.

(A) The assigned CW specialist completes a worker visit on the day of admission to ensure the child's safety.

(B) The CW specialist contacts the child's therapist, other mental health professional, or facility Interstate Compact on the Placement of Children (ICPC) designee by phone at least once every seven-calendar days to inquire about the child's progress to facilitate the discharge plan. The CW specialist documents the substance of the phone conversation by entering into KIDS Contacts screen the name of the ICPC worker and selects contact source "Made by Non-OKDHS or Non-CW Staff" and selects "Worker Visit." as the purpose.

(C) The CW specialist contacts the child by phone at least once every seven-calendar days to facilitate a private discussion about the child's safety, permanency, and well-being. CW specialist documents a "Worker Visit - No Contact" with the substantive information from this phone call each week.

(D) An ICPC specialist is not assigned for out-of-state RTC admissions. The RTC facility, which is responsible for the child's supervision, protection, safety, and well-being, provides supervision. CWS is expected to enter into an agreement with the residential facility as to the program plan or expected level of supervision and treatment and the frequency and nature of any written progress or treatment reports.

(E) When the child in OKDHS custody is placed in out-of-state RTC through ICPC, per OAC 340:75-1-86, and the child's safety is in question the CW specialist needs to have face-to-face contact with the child.

(F) When the CW specialist travels out-of-state to see a child in RTC placement, the CW specialist seeks agreement from his or her supervisor and district director, explains the safety-related need to travel in an email to Permanency Planning Programs seeking authorization to travel, and completes Form 10AD002E, Out-of-State Travel Authorization, per OKDHS:2-21-109.

(8) Contact with child in ICPC placement with parent, relative, or placement provider.

(A) The OKDHS CW specialist:

(i) conducts phone calls with all verbal children, the parents when the children are placed at home, or the placement provider a minimum of one time every calendar month to discuss safety, permanency, well-being, and placement stability. Phone calls are documented in the purpose section of KIDS Contacts with the purpose "Worker visit – No Contact";

(ii) obtains the date, location, and substance of the ICPC worker's monthly contact with the child from the ICPC worker; documents the substance of the phone conversation each month by entering into KIDS Contacts screen the name of the ICPC worker; selects contact

source "Made by Non-OKDHS or Non-CW Staff"; and selects "Worker Visit" as the purpose; and

(iii) scans the quarterly report into the KIDS DMS and documents in KIDS Contacts that it was received and scanned.

(B) The OKDHS CW specialist ensures an agency caseworker in the receiving state:

(i) makes a face-to-face contact with the child in the parent, relative, or foster home no less frequently than every calendar month; and

(ii) submits a quarterly report on the content of the monthly contacts.

(C) When the required monthly contact with the assigned ICPC worker is unsuccessful:

(i) the CW specialist may conduct the required visit virtually, ensuring he or she speaks with all verbal children, parents, or the placement provider. Attempted and completed virtual visits are documented into KIDS Contacts screen with the purpose "Worker visit";

(ii) the assigned CW specialist continues to try and reach the assigned out-of-state ICPC worker to obtain the required monthly face-to-face contact and:

(I) enters it immediately upon receipt including any attempted contacts with the out-of-state ICPC worker into the KIDS Contacts screen per paragraph (8)(A)(ii) of this Instruction; and

(II) if the out-of-state ICPC worker does not respond for 10-business days past the required monthly worker visit date, the assigned CW specialist notifies ICPC at CWS.ICPC@okdhs.org and requests assistance; and

(iii) a virtual visit can only be used in lieu of a timely face-to-face visit no more than once a quarter.

(9) Contact with youth in a shelter, group home, RTC, or acute psychiatric facility.

(A) During monthly face-to-face contact with a youth placed in a shelter, group home, RTC, or acute psychiatric facility, the CW specialist completes the KIDS Contact Guide using questions in the "Guide to Safety Assessment in Residential Settings" (Guide). The Guide is available from CWS Specialized Placements and Partnerships Unit (SPPU) and includes questions related to:

(i) adjustment or behavior;

(ii) medical care, dental care, immunizations, or medications; and

(iii) personal care, environment, clothing, or diet.

(B) The CW specialist follows up with the facility staff to advise them of any concerns identified through using the Guide.

9. (a) Parent contact requirements. The CW specialist has face-to-face contact with the child's parent within the first 14-calendar days of the child's removal and a minimum of once every calendar month thereafter, with no more than 31-calendar days between contacts. Best practice is to see each parent weekly in person or by phone to create urgency toward permanency and offer

support to achieve the goal of reunification. The CW supervisor and specialist decide the location of the contact based upon case circumstances. Monthly face-to-face contact in the parent's home is best practice. The CW specialist makes a home visit when assessing the home for reunification purposes.

(b) Phone contact. Phone contact with the child's parent is allowed in place of face-to-face contact when the parent is incarcerated in a facility other than a local jail or lives out-of-state. The CW county of jurisdiction specialist is responsible for contact unless contact exception applies.

(c) Contact exceptions. Parent contact is not required when the below circumstances exist; however, consideration is given to the information a parent may be able to offer regarding the child's needs, family history, and kinship identification. Exceptions to contacts with the parent are documented as a "Contact Exception" and granted when:

(1) the parent's whereabouts are unknown. The CW specialist makes ongoing diligent efforts to locate the parent at least once a month. Efforts to locate the parent are documented in KIDS as a "Contact Exception."

Ongoing diligent efforts may include, but are not limited to:

(A) gathering information about current whereabouts and contact information from the child, other parent or persons responsible for the child, family members, service providers, and other collaterals;

(B) completing a search for the parent in other OKDHS records, such as KIDS and Information Management System;

(C) completing an online search of public records, such as Oklahoma Supreme Court Network, Oklahoma District Court Records, and Vinelink; and

(D) contacting OKDHS Child Support Services;

(2) parental rights are terminated;

(3) parent is incarcerated for an offense for which he or she is sentenced to the death penalty;

(4) length of the parent's incarceration is expected to surpass the date of the child obtaining the age of majority;

(5) the court finds reasonable efforts to reunite or to reunify the child and family are not required; or

(6) other justified reasons exist that are documented in the case record.

10. Service provider contact requirements. The CW specialist has phone contact at least quarterly and no later than 10-business days prior to each court hearing with any service provider for the child, parent, or family to obtain current information regarding the client's treatment status and obtain the service provider's recommendation regarding whether services are continued, terminated, or additional services are necessary.

11. Developmental Disabilities Services (DDS) specialist. When a child is involved with DDS and CWS, the CW specialist maintains monthly contact with the DDS specialist and coordinates with him or her to ensure the needs of the child are met in addition to the required worker visits.

SUBCHAPTER 7. FOSTER HOME CARE

PART 27. OKLAHOMA DEPARTMENT OF HUMAN SERVICES (DHS) RESOURCE FAMILY PARTNER (RFP) FOSTER CARE PROGRAM

340:75-7-280. Resource Family Partner (RFP) foster care

Revised 9-15-22

(a) **RFP foster care purpose.** RFP foster care services are provided, per Oklahoma Administrative Code (OAC) 340:110-5, by a private, licensed child-placing agency that contracts with OKDHS to meet, per OAC 340:75-7, the child's foster care needs through service coordination and delivery in conjunction with OKDHS.

(b) **Admission to RFP foster care.** Admission to RFP foster care is administered by the OKDHS RFP Liaison Unit. ■1&2

(c) **Roles and responsibilities.**

(1) **OKDHS RFP liaison.** The OKDHS RFP liaison is the contact person for the RFP agency regarding home approval, determining placement eligibility, and contract monitoring.

(2) **RFP agency.** The RFP agency:

(A) ensures the availability of qualified and trained providers and staff;

(B) coordinates requests for placements with OKDHS;

(C) coordinates placement and discharges with the child welfare (CW) specialist;

(D) coordinates with the CW specialist to afford the child all services that promote the child's progress; and

(E) ensures the child's total needs are met while the child is in an RFP placement.

■3

(e) **Discharge from an RFP home.**

(1) **Notice.** When the child discharges from an RFP home, the CW specialist coordinates the discharge with the RFP agency and the home, and advance notice is provided, per OAC 340:75-6-86(c).

(2) **Provider information.** Information and items given to the new provider include the:

(A) child's current medications with instructions for dosage and use;

(B) equipment or supplies required for the child's special care;

(C) dates of follow-up appointments;

(D) personal items or clothing OKDHS purchases, including disposable diapers; and

(E) Women, Infants, and Children vouchers, non-perishable food, or other items obtained for the child.

~~INSTRUCTIONS TO STAFF 340:75-7-280~~

~~Revised 9-15-22~~

~~1. Admission to Resource Family Partner (RFP) foster care. The Oklahoma Human Services (OKDHS) RFP liaison provides admission notification in writing to the:~~

~~(1) RFP agency;~~

~~(2) child welfare (CW) specialist;~~

~~(3) CW supervisor; and~~

~~(4) resource supervisor.~~

~~2. Placement decision. The OKDHS RFP liaison notifies the CW specialist of the~~

~~placement availability and the CW specialist coordinates the placement with the RFP agency.~~

~~3. Notification. Following each placement or discharge by a CW specialist, the RFP agency notifies the OKDHS RFP liaison.~~

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. ■ 3

(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 ~~9-16-21~~ 2-2-24

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 in gathering and 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 CW specialist uses this 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, may administer 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 for 30-calendar days or longer;

(ii) placement provider, or out-of-home Safety Plan monitor, for a child who is in out-of-home 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; and~~

~~(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 the CW specialist makes 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 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) ~~The CW specialist enters the 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 qualified individual completes 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.

3. 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 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>.

SUBCHAPTER 15. ADOPTIONS

PART 6. ADOPTION PROCESS

340:75-15-41.1. Adoption placement considerations

Revised 9-17-18

(a) **Sibling placement.** Every reasonable attempt is made to place siblings together who were removed together whether in temporary or permanent placement. When separated, siblings are provided frequent contact or visitation, when appropriate. Each child's best interests determine if joint placement, contact, or visitation is allowed. When the child is a part of a sibling group, placement of the entire sibling group in the same placement is in the child's and siblings' best interests. Guidance on when siblings may be separated is found in Oklahoma Administrative Code (OAC) 340:75-6-85. ■ 1

(b) **Indian Child Welfare Act (ICWA) and placement.** The federal ICWA, Section 1915 of Title 25 of the United States Code, Oklahoma (ICWA), Section 40.6 of Title 10 of the Oklahoma Statutes (10 O.S. § 40.6), and OAC 340:75-19-14 define placement preferences for Indian children, unless the child's tribe established a different preference order by tribal resolution.

(c) **Multiethnic Placement Act (MEPA) of 1994.** The Oklahoma Department of Human Services (DHS) follows the MEPA provisions and the Interethnic Provisions of 1996, per OAC 340:75-1-9, unless the court finds that ICWA applies to the child.

(d) **Potential adoptive parent age.** When a potential adoptive parent 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 denial of placement, per 10A O.S. § 1-4-705. ■ 2

(e) **Child's placement preference.** In 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 given with or without the parents, foster parents, guardians, or any other parties being present. DHS determines if the child's best interests are served by his or her preference. DHS is not bound by the child's preference and may consider other facts in determining the placement, per 10A O.S. § 1-7-110.

(f) **Bars to placement.**

(1) Per Section 1356.30 of Title 45 of the Code of Federal Regulations, does not approve potential adoptive parents as resource parents when the applicant, or any person residing in the potential applicant's home, has a criminal conviction record for any of the felony offenses listed in (A) through (E). The felony offenses are:

(A) physical assault, battery, or a drug-related offense within the five-year period preceding the date of the petition; ■ 3

(B) child abuse or neglect;

(C) domestic abuse;

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

(E) a crime involving violence including, but not limited to, rape, sexual assault, or homicide, but excluding those crimes specified in paragraph (A) of this Subsection. Per Section 16 of Title 18 of the United States Code, a crime involving violence means an offense that:

(i) has as an element 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.

(2) Per 10 O.S. 7505-6.3, the court may choose to accept an individual as a potential adoptive parent for placement who has a felony conviction listed in (1)(A) and (C) of this subsection, when an evaluation of the individual considers the:

(A) crime's nature and seriousness in relation to the adoption;

(B) time elapsed since the crime's commission;

(C) circumstances under which the crime was committed;

(D) degree of rehabilitation;

(E) number of crimes committed; and

(F) showing by clear and convincing evidence that the child will not be at risk by such placement.

(3) DHS denies the application to become a resource parent, when, the applicant:

(A) or any person residing in the applicant's home has a conviction for any crime, felony or misdemeanor, specified in 57 O.S. § 582, whether the conviction occurred upon a:

(i) verdict;

(ii) plea of guilty; or

(iii) plea of nolo contendere; or

(B) is subject to, living with, or married to a person who is subject to the Oklahoma Sex Offender Registration Act.

(g) **Eligibility of foster parent 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 there is an existing, loving, emotional bond with a relative of the child, by blood or marriage, who is willing, able, and eligible to adopt the child. ■ 4

INSTRUCTIONS TO STAFF 340:75-15-41.1

Revised 1-31-18 2-2-24

- 1. Siblings.** Siblings are placed together, when possible, unless a joint placement is contrary to the safety or well-being of any of the siblings. A resource parent who wants to adopt a child in his or her care is advised that Oklahoma Statutes and Oklahoma Department of Human Services (DHS) rules supporting sibling relationships extend to adoption, when the child is part of a sibling group. Siblings are separated in adoptive placement only in certain circumstances per Oklahoma Administrative (OAC) 340:75-6-85.
- 2. Potential adoptive parent's age.** When the age difference between the Potential adoptive parent and child is more than 55 years, the district director and field manager are consulted.
- 3. Drug-related offenses.** An alcohol-related felony conviction is a drug-related offense and bars a person from approval as an adoptive parent, when the conviction occurred within five years preceding the date of the petition.

4. Application to adopt by a resource parent or relative.

(1) Resource parent or relative inquiry. When a resource parent or relative expresses interest in adopting a child in his or her care, a criteria staffing is held and ~~Form 04AN020E, Adoption Placement Criteria Staffing Documentation, is completed~~ documented in KIDS, per OAC 340:75-15-41.3, to determine if an adoptive family assessment is completed.

(2) Conversion assessment or family re-assessment. The conversion assessment begins with a review of the Form 04AF003E, Resource Family Assessment, for foster care. The conversion assessment is completed per Form 04AF002E, Guidelines for Resource Family Assessment - Family Profile, or Form 04AF029E, Resource Family Re-assessment Guide, when an integrated assessment was previously completed within 60-calendar days of the referral to the resource family assessment contractor.

340:75-15-41.2. Adoption consultation

Issued 9-17-18

The adoption and permanency planning specialists participate in the adoption consultation meeting no later than 10-calendar days after:

- (1) the child's name first appears on Report YI602, Adoption Permanency Plan Case Goal Report, listing the child with a permanency plan of adoption; or
- (2) an in-person, email, or phone notification from the permanency planning specialist or supervisor is received. ■ 1

340:75-15-41.2. INSTRUCTIONS TO STAFF

Issued ~~9-17-18~~ 2-2-24

1. (a) The adoption specialist documents the adoption ~~consultation is documented~~ on Form 04AN034E, Adoption Consultation Documentation. The consultation includes:

- (1) the child's legal status;
- (2) the barriers to termination of parental rights and the anticipated date the child will be legally free for adoption;
- (3) sibling placements, and if there is a need to request a sibling placement review per Oklahoma Administrative Code 340:75-6-85. The child welfare specialist brings the sibling placement review documents to the adoption consultation, when applicable;
- (4) the diligent search results and availability of a relative placement;
- (5) the potential adoptive caregiver's name, when applicable;
- (6) a date for the criteria staffing and persons to invite to the criteria staffing;
- (7) the plan to copy biological case records;
- (8) the responsibilities and action steps needed in relation to the child's tribal membership, when applicable; and
- (9) other relevant information.

(b) ~~The child's legal status and the barriers to termination of parental rights determine his or her quadrant (Quad) status.~~

- (1) ~~Quad 1: Legally free for adoption with an identified placement.~~
- (2) ~~Quad 2: Legally free for adoption without an identified placement.~~

- ~~(3) Quad 3: Not legally free for adoption with an identified placement.~~
~~(4) Quad 4: Not legally free for adoption without an identified placement.~~
(e) The adoption specialist scans Form 04AN034E is scanned into the child's case KIDS File Cabinet document management system.

340:75-15-41.3. Adoption criteria staffing ■ 1

Revised 9-15-22

(a) The adoption criteria staffing determines the type of adoptive placement that meets the child's long-term needs and best interests. The adoption criteria staffing does not constitute agency approval or authorization for an adoptive placement.

(b) Every effort is made to place the child with suitable relatives, per Section 1-4-706 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-706).

(c) A prospective adoptive parent who has the ability to meet the child's needs may be identified during the adoption criteria staffing.

(d) Factors in paragraphs (1) through (10) of this subsection are considered when identifying the placement that meets the child's long-term needs and best interests.

(1) **Siblings.** Siblings are:

(A) placed together when possible, unless a joint placement is contrary to the safety or well-being of any of the siblings; or

(B) separated for purposes of adoptive placement only in certain circumstances, per Oklahoma Administrative Code (OAC) 340:75-6-85.

(2) **Attachment.** The nature and degree of the child's attachment to the siblings, foster family, and significant others is assessed and considered as an indicator of the child's ability to attach to an adoptive family.

(3) **Age.** Age is evaluated as a factor in relation to the adoptive applicant's ability to parent the child into the child's adult years, provided age is not used as the basis to deny an applicant.

(4) **Health.** The adoptive applicant's health records are evaluated to determine if he or she has the:

(A) health to participate with the child in normal developmental activities; and

(B) ability to parent the child beyond the child's age of majority.

(5) **Culture.** Oklahoma Human Services (OKDHS) does not:

(A) rely on generalizations about the child's cultural identity needs based on a particular race or ethnicity; or

(B) presume from the adoptive applicant's race or ethnicity that the applicant is able or unable to maintain the child's ties to another racial, ethnic, or cultural community.

(6) **Indian child.**

(A) A child who is an Indian child as defined by the federal and state Indian Child Welfare Acts (ICWA), Section 1901 et seq. of Title 25 of the United States Code (25 U.S.C. §§ 1901 et seq.) and 10 O.S. §§ 40 through 40.9, is placed according to ICWA placement preference order or the Indian child's tribe's preference order as established by tribal resolution, per OAC 340:75-19-23.

(B) Prior to placing the Indian child outside ICWA preference order or the child's tribe's preference order, the CW specialist assigned to the child requests the court conduct a hearing to determine if good cause exists to allow placement of the

Indian child outside ICWA- or tribal-specified placement preference order. ICWA requires that:

- (i) a good cause hearing be held when a child's placement is outside the ICWA- or tribal-specified placement preference order;
- (ii) prior notice of the good cause hearing is given to all parties, including the tribe; and
- (iii) the court makes a finding as to whether good cause exists to not follow the ICWA- or tribal-specified placement preference order.

(7) **Religion.** The child in OKDHS custody is provided an opportunity for spiritual and moral development. When the child has made a religious commitment or the parent made a specific religious request, OKDHS makes reasonable efforts to find an adoptive family of like religious faith.

(8) **Language.** When the child's primary language is not English or is sign language, special consideration is given to identifying an adoptive family fluent in his or her language.

(9) **Education.** The child is provided the opportunity to develop his or her potential and is not subjected to unrealistic academic expectations.

(10) **Resources.** The adoptive family must have adequate resources to meet the child's financial, medical, health, educational, shelter, and emotional needs. Adoption assistance is a resource for the child who meets eligibility criteria, per OAC 340:75-15-128.

INSTRUCTIONS TO STAFF 340:75-15-41.3

Revised ~~9-15-22~~ 2-2-24

1. Adoptive placement criteria staffing procedures.

(1) The adoption specialist in collaboration with the permanency planning specialist schedules the time and place for the criteria staffing during the initial adoption consultation.

(2) When the child's permanency plan is adoption, the child welfare (CW) specialist completes Form ~~04AN020E~~ 04KI073E (KIDS-104), Adoptive Placement Criteria Staffing Documentation, in KIDS within 14-calendar days of the petition or motion to terminate parental rights to the child being filed.

(3) The child's assigned CW specialist completes ~~Form 04AN020E~~ the adoption criteria staffing screens in KIDS for each the prospective adoptive family considered.

(4) Prior to the criteria staffing, the permanency planning specialist and CW supervisor review and update Form ~~04AN020E~~ 04KI073E (KIDS-104) in KIDS to the extent possible.

(5) ~~The child's assigned CW specialist notifies certain criteria staffing participants including, but not limited to, the:~~

~~(A) adoption specialist;~~

~~(B) CW supervisor;~~

~~(C) resource specialist; and~~

~~(D) Developmental Disabilities Services case manager, when applicable.~~

(6) The adoption specialist invites certain criteria staffing participants, who include, but are not limited, to:

- (A) other persons with information that may assist with planning for the child;
 - (B) the applicable district director;
 - (C) an Indian Child Welfare tribal worker, when applicable;
 - (D) Office of Juvenile Affairs staff, when applicable;
 - (E) the therapeutic foster care (TFC) director, when applicable; and
 - (F) a SoonerStart representative service providers(s), when applicable;
 - (G) assigned Resource specialist;
 - (H) Developmental Disabilities Services case manager, when applicable;
 - (I) assigned Regional Mental Health Consultant, when applicable;
 - (J) child's assigned CASA, when applicable;
 - (K) child's assigned CW specialist and supervisor;
 - (L) assigned EFC staff, when applicable; and
 - (M) assigned YTS specialist, when applicable.
- ~~(7)~~(6) Each criteria staffing participant is required to review and sign Form 04AN020E 04KI073E (KIDS-104).
- ~~(8)~~(7) The assigned court-appointed special advocate (CASA), when applicable, reviews Form 04AN020E 04KI073E (KIDS-104).
- (A) Additional information CASA provides may be included on Form 04AN020E 04KI073E (KIDS-104).
 - (B) The child's assigned CW specialist requests that CASA sign Form 04AN020E 04KI073E (KIDS-104) verifying he or she reviewed the content and was provided notification of the criteria staffing's date, time, and location.
- ~~(9)~~(8) The child's assigned CW specialist:
- ~~(A)~~ attaches the most recently completed Form 04MP046E, Family Team Meeting Report, to Form 04AN020E;
 - ~~(B)~~ attaches a copy of the applicable court order or court minutes to Form 04AN020E 04KI073E (KIDS-104) when the court of jurisdiction has given gives specific direction or issued issues a court order regarding the child's adoptive placement. When a court directive or order is applicable, but not attached, the CW specialist identifies the directive or order is identified on Form 04AN020E 04KI073E (KIDS-104) as an action step to be completed with a due date;
 - ~~(C)~~(B) discusses the child's legal status and any legal barriers to adoption and updates Form 04AN034E, Adoption Consultation Documentation, when needed;
 - ~~(D)~~(C) discusses concerns regarding sibling placement and separation with the designated Permanency Planning Program Unit representative prior to submitting a request for sibling separation.
 - (i) Refer to Oklahoma Administrative Code (OAC) 340:75-6-85 for additional information regarding sibling separation and Permanency Planning Program Unit sibling placement reviews.
 - (ii) When a sibling placement and separation discussion is not completed prior to the criteria staffing, the need for a discussion is identified as an action step with a due date on Form 04AN020E

04KI073E (KIDS-104).

(iii) Sibling placement reviews are requested, per OAC 340:75-6-31.1 Instructions to Staff;

~~(E) attaches a copy of Form 04AF004E, House Assessment, to Form 04AN020E, when Form 04AF004E was previously completed for the child's relative. When Form 04AF004E is not attached, the need to obtain it is identified as an action step with a due date on Form 04AN020E; and~~
~~(F)(D) conducts a KIDS search of identified prospective adoptive parent(s).~~

(i) The results of each child protective services investigation and assessment, any policy violations, and written plans of compliance are included on Form ~~04AN020E~~ **04KI073E (KIDS-104).**

(ii) When the KIDS search results are not obtained prior to the criteria staffing, the need for the results is identified as an action step with a due date on Form ~~04AN020E~~ **04KI073E (KIDS-104).**

~~(10)(9)~~ The resource and CW supervisors review the completed Form ~~04AN020E~~ **04KI073E (KIDS-104),** including the documented action steps and sign it as mandatory reviewers.

(A) When the criteria staffing identifies no areas of concern are ~~not identified~~, the adoption specialist proceeds with the child profile referral and requests medical records from the Oklahoma Health Care Authority (OHCA).

(i) When the resource identified for the child is the family with whom the child currently resides, the adoption specialist completes:

(I) Form ~~04AF030E~~ **04AF038E, Family Resource Re-assessment Annual Update,** or an addendum to Form 04AF003E, Resource Family Assessment–Family Profile, is completed; or

(II) Form 04AF003E is ~~completed~~ when the family was never assessed using Form 04AF003E.

(ii) The child's CW specialist notifies the identified family of the criteria staffing results.

(B) When an area of concern or placement dispute is identified, the adoption specialist or resource supervisor promptly notifies the field manager. When a resolution is not reached following the field manager's review, he or she requests an internal CWS staffing including appropriate service providers, tribal workers, and other services affiliated with the case.

~~(11)(10)~~ **(10)** Post-criteria staffing responsibilities. During the criteria staffing, specific responsibilities are assigned including, but not limited to:

(A) documenting in the permanency planning case in KIDS:

(i) the adoptive placement criteria staffing in the Contacts screen; and

(ii) each service referral in the Adoption Efforts screen and completing the Quad screen within the Adoption Efforts screen;

~~(B) copying the child's biological KK paper case record;~~

~~(C) researching each OKDHS record related to the child, including Adult and Family Services records and medical records within the OHCA-~~

maintained database;

~~(D)~~(C) completing Form 04AN023E, Child Profile Referral, for submission to the profile contractor after the criteria staffing. The referral packet includes, at a minimum:

- (i) a copy of the child's biological KK case;**
 - (ii) a copy of the child's full-certified birth certificate;**
 - (iii) a copy of each legal order pertaining to the child's custody status and disposition including, but not limited to, the:
 - (I) affidavit and application for emergency custody and the initial order placing the child in OKDHS emergency custody;**
 - (II) initial deprived petition, any subsequent amended petitions, or post-adjudication petitions;**
 - (III) adjudication orders;**
 - (IV) order placing the child in OKDHS temporary;**
 - (V) order placing the child in OKDHS permanent custody;**
 - (VI) dispositional orders;**
 - (VIII) order terminating each parent's parental rights; and**
 - (IX) relinquishment of parental rights document, when any;****
 - (iv) KIDS reports, including Forms:
 - (I) 04KI028E, Family Functional Assessment, attached for each child and biological parent;**
 - (II) 04KI036E, Referral/Investigation/Assessment Contacts Report;**
 - (III) 04KI043E, Client Medical and Psychological Information;**
 - (IV) 04KI010E, Placement Worksheet; and**
 - (V) 04KI027E, Child Placement History;****
 - (v) Form 08HI003E, Authorization to Disclose Medical Records, for each medical, dental, and psychological record and Form 04MP001E, Consent for Release of Information, for each:
 - (I) educational provider identified in the case record; and**
 - (II) medical, dental, and psychological provider identified within the OHCA-maintained database;****
 - (vi) mailing Form 04AN012E, Perinatal Information, to the hospital where the child was born for hospital personnel to complete;**
 - (vii) Form 04AN347E, Medical and Social History Report for Adoption;**
 - (viii) Form 04AN026E, Caregiver's Assessment of Child;**
 - (ix) OKDHS Publication No. 85-67, My Feelings About Adoption, for children up to 13 years of age, and OKDHS Publication No. 05-09, Adoption Guidebook, for children 13 years of age and older; and**
 - (x) Form ~~04AN020E~~ 04KI073E (CWS-KIDS-104), Adoptive Placement Criteria Staffing Documentation Form;**
- ~~(E)~~(D) initiating completion of Forms 04AN347E, 04AN026E, and OKDHS Publications No. 85-67 and 05-09, when applicable.**

- (i) ~~The forms are completed by the adoption specialist, adoption transition specialist, or child's assigned CW specialist~~ completes the forms as part of the preparation for adoption. When appropriate, former foster parents and relatives, or other CW specialists, are**

contacted for additional information.

- (ii) The resource assessment contractor completes Form 04AN022E, Child Profile Assessment for Adoption, including attachments;
- ~~(F)~~(E) arranging for the child to be staffed at the next statewide adoption staffing after completion of Form 04AN022E, when there is not an identified adoptive family;
- ~~(G)~~(F) scanning copies of each recommended resource family assessment to the appropriate folder in Microsoft Outlook at Public Folders/All Public Folders/STO DCFS/Adoption/Staffing Lists for review within seven-calendar days after the statewide adoption staffing;
- ~~(H)~~(G) assisting with the selection and recommendation process; and
- ~~(I)~~(H) initiates the authorization process for the selected prospective adoptive placement no later than five-business days after the prospective adoptive parent's selection; and
- ~~(J) assisting with referrals for media recruitment, adoption parties, and adoption exchanges when there is not a recommended resource family for the child. When a prospective adoptive parent is not identified during the statewide adoption staffing, the CW specialist:~~
 - ~~(i) refers the child for child-specific targeted recruitment no later than 10-business days after the statewide adoption staffing, per OAC 340:75-15-82;~~
 - ~~(ii) works diligently to find a prospective adoptive parent for the child; and~~
 - ~~(iii) presents the child's case again at the next statewide adoption staffing.~~

PART 10. FAMILY ASSESSMENT AND PREPARATION PROCESS

340:75-15-82. Adoptive family recruitment ■ 3 & 5

Revised 9-17-18

(a) The Oklahoma Department of Human Services (DHS) recruits and develops adoptive families for children in DHS custody who are legally-free for adoption and recognizes each child has unique life experiences that require adoption service components to be child focused.

(1) DHS seeks an adoptive parent that meets the child's needs rather than seeking a child that meets the adoptive parent's needs.

(2) Potential adoptive family assessments are completed, per Oklahoma Administrative Code (OAC) 340:75-15-82 through 340:75-15-89.

(b) **Recruitment program.** Adoptive family recruitment is an ongoing, proactive adoption services component. A comprehensive recruitment plan consisting of general, child-specific, and targeted recruitment is used. ■ 1

(c) **Minority adoption recruitment.** As part of the Multiethnic Placement Act of 1994 (MEPA), as amended by the Interethnic Provisions of 1996 (IEP), efforts are made to recruit potential adoptive families who reflect the ethnic and racial diversity of children in DHS custody for whom adoptive families are needed. ■ 2

- (d) **Adoptive family recruitment through adoption exchanges.** ■ 4
- (1) When funds are available for such purposes, DHS contracts with or joins the Oklahoma Children's Adoption Resource Exchange or other in-state, out-of-state, or national adoption exchange (adoption exchange) for purposes of increasing and promoting the placement and adoption of children in DHS custody, per Section 7510-2.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7510-2.1).
- (2) DHS provides certain, specified information to the adoption exchange.
- (e) **Photographs and descriptions provided to the adoption exchange.** DHS, per 10 O.S. §§ 7510-2.1 and 7510-2.2, provides a recent photograph and description of each child who is legally free for adoption and for whom no adoptive family has been found:
- (1) to the adoption exchange specified by DHS; and
- (2) within 90-calendar days of the date the child became legally free for adoption or as otherwise required by the adoption exchange.
- (f) **Exemptions to utilizing an adoption exchange.** Children who are exempt from 10 O.S. §§ 7510-2.1 through 7510-2.5 provisions, include those:
- (1) 12 years of age and older who choose not to be adopted, per the Oklahoma Adoption Act;
- (2) for whom permanent placement plans were made that do not include adoption, such as permanent placement with relatives or long-term foster care;
- (3) who, because of medical or psychological reasons as determined by a licensed psychiatrist, psychologist, or physician, are not ready for adoption;
- (4) who is missing from care and whose present location is unknown; and
- (5) who are currently in an adoptive placement, per 10 O.S. § 7505-6.3. ■ 6
- (g) **Child's status change reported to adoption exchange.** DHS reports any change in the child's status to an adoption exchange, per 10 O.S. § 7510-2.4 within 20-business days of the change.
- (h) **Withdrawing a child from an adoption exchange.** When a child is placed with an adoptive family, DHS notifies the adoption exchange that the child is no longer available, per 10 O.S. § 7510-2.5.

INSTRUCTIONS TO STAFF 340:75-15-82

Revised ~~9-17-18~~ 2-2-24

1. (a) **Adoptive home recruitment program.** Adoptive home recruitment events are ongoing and coordinated in each district. Resource staff participates in the development of district and regional recruitment plans and events. To facilitate the recruitment of resource families, resource specialists and adoption transition specialists:
- (1) develop an annual, local recruitment plan in coordination with regional adoption and foster resource staff; and
- (2) use a combination of child-specific and more general targeted recruitment strategies.
- (b) **The comprehensive recruitment plan includes, but is not limited, to:**
- (1) descriptions of the characteristics of children requiring placement;
- (2) specific strategies to reach all parts of the community;
- (3) diverse methods of disseminating both general and child-specific information;

- (4) strategies for ensuring each potential adoptive parent has access to the assessment process, including location and hours of services that facilitate access by all community members;
 - (5) strategies for dealing with linguistic barriers; and
 - (6) procedures for a timely search for potential adoptive parents for the child in Oklahoma Department of Human Services (DHS) (OKDHS) custody.
- (c) Response by Resource Unit to adoption inquiries. Resource staff responds quickly to the potential adoptive applicant who contacts ~~DHS~~ OKDHS as a result of recruitment efforts. Resource specialists are prepared to discuss the:
- (1) adoption process;
 - (2) types of children waiting for adoptive homes; and
 - (3) potential adoptive applicant's questions.
- (d) Requests to adopt a specific child.
- (1) Requests to adopt a specific child are referred to the child's child welfare (CW) specialist and may be reviewed through a criteria staffing, to assess if this is an appropriate plan for the child.
 - (2) When an approved resource parent requests to adopt a specific child, the request is communicated and a copy of the approved home assessment is provided to the child's CW specialist.
- ~~2. Indian adoptive home recruitment. Per the Indian Child Welfare Act (ICWA), efforts to recruit Indian adoptive homes are coordinated with tribal workers who provide a connection to Indian families.~~
- ~~3. Media recruitment. Media recruitment includes, but is not limited to television, newspapers, and public service announcements (PSA).~~
- ~~(1) Waiting Child television feature.~~
 - ~~(A) A child is referred to the Waiting Child television feature program by the applicable regional Resource Unit, when:~~
 - ~~(i) a statewide adoption staffing for the child was completed and no recommendations were received from the adoption specialists;~~
 - ~~(ii) the child is legally free for adoption; and~~
 - ~~(iii) an adoptive resource is not available to meet the child's needs.~~
 - ~~(B) Each inquiry received following a Waiting Child broadcast is documented as a KIDS Pre-Resource and transferred to the appropriate resource specialist.~~
 - ~~(C) Waiting Child referrals and resulting inquiries are recorded in the child's KIDS Adoption Efforts screen.~~
 - ~~(2) Newspaper. Referrals to appear in newspaper features are coordinated with the Resource Unit.~~
 - ~~(3) PSAs and the Foster Care and Adoption Support Center at 1-800-376-9729. The Oklahoma family interested in adopting is referred to the applicable resource supervisor and a resource specialist is assigned to contact the family.~~
- ~~4. National adoption recruitment via adoption exchanges. DHS contracts with an adoption exchange providing the best opportunities to identify adoptive resources.~~

- ~~(1) Sections 7510-2.1 through 7510-2.5 of Title 10 of the Oklahoma Statutes require the child be placed on an adoption exchange when the child:~~
- ~~(A) is legally free for adoption; and~~
 - ~~(B) was not placed for adoption or for whom no adoptive home was found within 90-calendar days after the termination of parental rights proceeding that made the child eligible for adoption.~~
- ~~(2) Referrals for the child who meets the criteria for placement on www.adoptuskids.org are submitted to the applicable adoption transition specialist with a recent color photograph and a one-page profile for adoption.~~
- ~~(3) The child's CW specialist discusses the listing with the child and notifies the adoption transition supervisor when the child objects. The child is required to be legally free for adoption prior to being listed on an exchange.~~
- ~~(4) The child's photograph and profile listed on the exchange are updated no less than annually and when any significant change occurs in the child's appearance or general functioning.~~
- ~~5. Website photo listing. DHS maintains an online photo listing of children waiting for adoptive homes. A child is referred to the DHS Adoption Program Information website at www.okdhs.org/programsandservices/adopt/ and www.adoptUSKids.org and www.adoptex.org, when:~~
- ~~(1) a statewide adoption staffing was completed for the child;~~
 - ~~(2) an adoptive home was not identified for the child; and~~
 - ~~(3) the child does not object to being listed on the Internet or other exchanges. A child who does object is exempt.~~
- ~~62. Exemptions. A child is exempt from listings on the Internet or other exchanges, when the:~~
- ~~(1) child is 12 years of age and older and chooses not to be adopted. The child's decision not to be adopted is addressed on an ongoing basis with the child, with emphasis on providing the child information about the adoption process. Documentation of the child's refusal to be adopted is included in the child's case record each time the issue is discussed with the child or at a minimum every 12 months;~~
 - ~~(2) child is missing from care and whose present location is unknown;~~
 - ~~(3) child's permanency plan is planned alternative permanent placement and not adoption;~~
 - ~~(4) child is not ready for adoption due to medical or psychological reasons as determined by a licensed psychiatrist, psychologist, or physician;~~
 - ~~(5) child is currently in an adoptive placement; or~~
 - ~~(6) youth signed Form 04MP069E, Custody Youth's Consent to a Public Release of Information, indicating he or she does not agree with the use of website, photo listings, photo displays, exchanges, and social media for child specific recruitment purposes.~~

340:75-15-84.1. Background information search ■ 11 & 12

Revised 9-15-21

(a) Background checks.

(1) **Mandate to conduct background searches.**

(A) Oklahoma Human Services (OKDHS) is mandated to conduct a criminal background and child abuse and neglect information system (KIDS) search for OKDHS and private adoptive applicants and adult household members, 18 years of age and older, per Section 7505-5.3 of Title 10 of the Oklahoma Statutes (10 O.S. § 7505-5.3).

(B) The background search for OKDHS adoptive applicants and adult household members includes a search of:

(i) Oklahoma State Bureau of Investigation (OSBI) name and criminal records histories;

(ii) the Oklahoma Sex Offender Registry;

(iii) the Mary Rippey Violent Crime Offender Registry;

(iv) the Oklahoma Department of Corrections (DOC) offender information;

(v) Federal Bureau of Investigations (FBI) national criminal history records based on the applicant's and each adult household member's fingerprints; ■

1

(vi) the applicant's or adult household member's involvement as a party in any court action found on the: ■ 7

(I) Oklahoma State Courts Network (OSCN); or

(II) Oklahoma District Court Records (ODCR);

(vii) Oklahoma Department of Public Safety records;

(viii) OKDHS records including child welfare records involving the applicant and each adult household member; and ■ 5

(ix) applicable out-of-state child abuse and neglect registries when the applicant or adult household member has not lived continuously in Oklahoma for the past five years. ■ 5

(I) When a child abuse and neglect registry is not maintained in the applicable state, the adoption specialist requests any information that can be provided.

(II) The applicant is not approved without state-maintained child abuse and neglect registry searches when a registry is maintained in the applicable state;

(x) the Restricted Registry; ■ 8

(xi) the Oklahoma State Department of Health Nontechnical Services Worker Abuse Registry; ■ 9

(xii) the Community Services Worker Registry; and ■ 10

(xiii) Juvenile Online Tracking System (JOLTS) records for any child not in OKDHS custody, 13 through 17 years of age, living in the home. ■ 6

(2) **KIDS and the private adoptive applicant.** The private adoptive applicant, adoption agency, or another person authorized to conduct home study investigations:

(A) completes a written request for a KIDS search using Form 04AN028E, Request for Child Abuse and Neglect Information System Search; and

(B) submits Form 04AN028E, with verification of impending adoption, to the Child Protective Services Programs Unit as directed on the form.

(3) **Exception to fingerprinting.** ■ 2 The OKDHS Director or designee may authorize an exception to the fingerprinting requirement and authorize use of an

alternative procedure for obtaining a national criminal history records search for any OKDHS and private adoptive applicant or adult household member, who has a severe condition that precludes him or her from fingerprinting, per 10A O.S. § 1-7-111. In limited, case-specific circumstances, OKDHS may not be able to obtain:

- (A) an individual's fingerprints as a result of his or her disability; or
- (B) legible fingerprints due to low quality, as a result of age, occupation, or other conditions, making it impossible for the National Crime Information Center to provide results.

(b) **Felony convictions.** ■ 3 & 4

(1) Per Section 1356.30 of Title 45 of the Code of Federal Regulations, OKDHS does not approve potential adoptive parents as resource parents when the applicant or any person residing in the potential applicant's home has a criminal conviction record for any of the felony offenses listed in (A) through (E) of this paragraph. The felony offenses are:

- (A) physical assault, battery, or a drug-related offense, when the conviction occurs within the five-year period preceding the petition date; ■ 4
- (B) child abuse or neglect;
- (C) spousal abuse or domestic abuse, per 10A O.S. § 1-4-705;
- (D) a crime against a child including, but not limited to, child pornography; or
- (E) a crime involving violence including, but not limited to, rape, sexual assault, or homicide, but excluding physical assault or battery. Per Section 16 of Title 18 of the United States Code, a crime involving violence means an offense that:
 - (i) 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.

(2) Per 10 O.S. § 7505-6.3, the court may choose to accept an individual as a potential adoptive parent for placement who has a felony conviction listed in (1)(A) and (1)(C) of this subsection, when an evaluation of the individual considers the:

- (A) crime's nature and seriousness in relation to the adoption;
- (B) time elapsed since the crime's commission;
- (C) circumstances under which the crime was committed;
- (D) degree of rehabilitation;
- (E) number of crimes committed; and
- (F) showing by clear and convincing evidence that the child will not be at risk by such placement.

(c) **Sex-related crimes.** OKDHS denies the application to become a resource parent, when an applicant:

(1) or any person residing in the applicant's home has a conviction for any crime, felony or misdemeanor, specified in 57 O.S. § 582, whether the conviction occurred upon a:

- (A) verdict;
- (B) plea of guilty; or
- (C) plea of nolo contendere; or

(2) is subject to, living with, or married to a person who is subject to the Oklahoma

INSTRUCTIONS TO STAFF 340:75-15-84.1

Revised ~~9-15-21~~ 2-2-24

1. (a) Oklahoma State Bureau of Investigation (OSBI) and Federal Bureau of Investigation (FBI) fingerprint-based records check process for the Oklahoma Human Services (OKDHS) applicant and adult household member, 18 years of age and older. The process the child welfare (CW) specialist follows for obtaining, sharing, and reporting an OSBI name and criminal history records search and an FBI national criminal history records search as outlined in (1) through (4) of this subsection.

(1) For offices with live scan fingerprinting, the CW specialist:

(A) makes an appointment for every applicant and adult household member to obtain fingerprints and submits Form 04AD003E, Request for Background Check, to the OKDHS Office of Background Investigations (OBI) for the OSBI records search and FBI national criminal history records search; and

(B) files a copy of Form 04AD003E for each applicant and adult household member in the resource file.

(2) For offices without live scan fingerprinting, the CW specialist:

(A) provides two fingerprint cards to the applicant and every person 18 years of age and older residing in the applicant's home;

(B) provides the applicant with an automated fingerprinting authorization obtained through Finance AS400;

(C) instructs the applicant to take the authorization and fingerprint cards to local law enforcement or a fingerprinting agency for fingerprinting services. The applicant returns the cards to the CW specialist once fingerprinting is completed;

(D) checks the applicant's and adult household member's fingerprint cards for accuracy and forwards the cards and Form 04AD003E, to OKDHS OBI for the OSBI records search and the FBI national criminal history records search; and

(E) when the fingerprint cards are rejected and reprinting is necessary, returns the cards to and instructs the person, whose fingerprints were rejected, to take the cards to the original vendor, who reprints the person's fingerprints at no additional charge.

(3) An individual missing fingers must submit fingerprint cards with the identifying information completed, stating the reason why he or she is missing fingers.

~~(4) Fingerprint results for each applicant and adult household member are placed in separate manila envelopes with the names and resource numbers written on the outside of the envelopes and stored in a locked file cabinet. The received date is documented as the processing date of the OSBI and FBI search results in the Child Abuse and Neglect Information System (KIDS) Criminal Background Check screen.~~

(b) Fingerprint addendum. The resource specialist completes Form 04AF033E, National Criminal History Records Search Results - Addendum, for each adult household member when the national criminal history record search results are received.

~~(1) When no record is found or the results are the same as the OSBI name-based search, the addendum is completed and filed in a manila envelope with the national criminal history record search results based on fingerprints.~~

(2) When the results are different from the OSBI name-based search, the resource specialist:

~~(A)(1) discusses the results with the applicant or adult household member; and~~

~~(B)(2) completes Form 04AF033E; and~~

~~(C) files the addendum in the manila envelope with the appropriate national criminal history record search results based on fingerprints.~~

(c) OSBI record of arrest and prosecution (RAP) Back service. Rap Back is a service offered to Oklahoma non-criminal justice government agencies for non-criminal justice purposes, such as the resource parent application, continued approval decisions, and trial home reunification.

(1) The Rap Back service is not associated with the national criminal history records search and details only subsequent Oklahoma arrests after an individual's fingerprints were submitted to OSBI and FBI for non-criminal justice purposes.

(A) A yearly OSBI background check is not necessary because RAP Back reports are sent when a resource parent or adult household member is arrested.

(B) Fingerprinting for a national criminal history records search is necessary every five years for active resource parents.

(2) OKDHS OBI receives and distributes RAP Back reports are received and distributed by OKDHS OBI to the Resource Unit where the report:

(A) is scanned into the KIDS Resource File Cabinet document management system (DMS); and

(B) on any open resource is emailed to the assigned resource specialist, resource supervisor, and resource field manager. A phone call is made to the resource field manager to verify receipt.

(3) The resource specialist:

(A) obtains the police report and disposition of the criminal arrest or charge detailed on the RAP Back report;

(B) determines, upon consultation with the resource supervisor and resource field manager, if a written plan of compliance, an abuse or neglect referral, or the home's closure is warranted;

(C) contacts the resource parent to address and assess the information, when an abuse and neglect referral is not assigned;

(D) ensures the safety and well-being of each child placed in the resource home; and

- (E) documents the information in the KIDS Resource Criminal Background screen.
- (4) The Resource Unit and OKDHS Legal Services (LS) provide consultation regarding RAP Back information and related action steps.
- (5) The Resource Unit scans RAP Back reports received regarding persons in a closed resource home ~~are scanned~~ into the KIDS Resource File-Cabinet DMS ~~by the Resource Unit~~.
- (6) OKDHS OBI maintains an electronic log of RAP Back reports.
2. Exception to fingerprinting procedures. An individual with a severe physical condition that prevents him or her from caretaking and being fingerprinted may not be required to submit a fingerprint card. The CW specialist may request a fingerprint exception from OBI.
- (1) The resource specialist submits an email to OKDHS OBI staff requesting an exception to fingerprinting for the non-caretaker with the severe physical condition.
- (2) OBI requests a fingerprinting exception from the OKDHS Director or designee. Upon authorization, OBI requests an OSBI name-based criminal history search.
- (3) The OBI notifies the resource specialist ~~is notified~~ by email and a copy of the document granting the permanent exception to the fingerprint requirement is filed in the resource file and scanned into the KIDS Resource File-Cabinet DMS.
- (4) The resource specialist documents the fingerprint exception into the KIDS Crime screen.
- (5) The resource specialist continues the individual's assessment, as with any other adult household member, including determining the level of interaction with the child.
3. Certain felonies prohibit applicant approval. OKDHS does not grant exceptions for felony convictions listed in Oklahoma Administrative Code (OAC) 340:75-15-84.1 for a potential or an approved adoptive parent, or for anyone residing in the potential or approved adoptive home.
4. Drug-related offenses. An alcohol-related felony conviction is a drug-related offense and prohibits approval of an applicant as a resource parent, when the conviction occurred within five years preceding the application date.
5. Restricted Registry. OKDHS does not grant exceptions for applicants who are registrants on the Restricted Registry.
6. Child abuse and neglect information.
- (1) A search of child abuse and neglect records is required for all OKDHS and private adoptive applicants using the Information Management System (IMS) and KIDS. Each adult household member is searched using name, date of birth, and Social Security number. When the applicant or any household member discloses previous CW involvement in another state, regardless of when it occurred, the resource specialist requests the records from that state.
- (A) The resource specialist completes all searches for OKDHS applicants and the OKDHS applicant's adult household members. The resource

specialist records the information is recorded on Form 04AF007E, Records Check Documentation, filed files in the resource file, and scanned scans into the KIDS Resource File-Cabinet DMS.

(B) Child Protective Services Programs Unit staff conducts a search for the private, potential adoptive applicant.

(C) Search results are forwarded to the agency or other person authorized, per Section 7505-5.4 of Title 10 of the Oklahoma Statutes, to conduct home study investigations.

(2) Out-of-state child abuse and neglect registry checks. When the applicant or adult household member has not lived continuously in Oklahoma for the past five years, applicable out-of-state child abuse and neglect registries are obtained.

(A) The potential adoptive parent is not approved without the state-maintained child abuse and neglect registry check results, when a registry is maintained in the applicable state.

(B) When information cannot be obtained from another state, the resource specialist documents the name of the state and efforts made to obtain the information in the resource record.

(C) When a state maintains a child abuse and neglect registry and does not respond to a OKDHS information request, the resource field manager notifies a Foster Care and Adoptions deputy director who contacts the Administration for Children and Families regional office for assistance and enters the contact in the KIDS resource case.

(3) Child abuse and neglect registry not available in Oklahoma. Oklahoma does not maintain a child abuse and neglect registry as referenced in the federal Fostering Connections to Success and Increasing Adoption Act.

7. Juvenile Online Tracking System (JOLTS) search. The information obtained from a JOLTS search regarding a child, 13 through 17 years of age, is used to determine if the child poses a risk to a child in OKDHS custody. The resource specialist completes a JOLTS search on any child, 13 through 17 years of age, living in the home, and documents the results on Form 04AF007E. The resource specialist files Form 04AF007E ~~is filed~~ in the resource file and scanned scans into the KIDS Resource File-Cabinet DMS. The CW specialist attempts to obtain associated Oklahoma Office of Juvenile Affairs and law enforcement report when a JOLTS record is found.
8. Court records search. A search is completed to determine if the applicant or any adult household member is, or was, a party to a court action and, if so, the disposition of the criminal charges or court involvement. When the court records search indicates the applicant or any adult household member is named in any protective order case, a traffic case involving drugs or alcohol, or a criminal case that is not an automatic bar to the applicant being considered as a resource parent, the resource specialist obtains copies of the court information and the underlying law enforcement records. This ~~The resource specialist reviews and discusses this~~ information ~~is reviewed and discussed~~ with the applicant or adult household member to assess the home's suitability and safety for a child's placement in the home. The resource specialist

documents the results are documented on Form 04AF007E, filed files in the resource file, and scanned scans into the KIDS Resource File Cabinet DMS. The resource specialist searches the:

- (1) Oklahoma State Courts Network at www.oscn.net;**
 - (2) Oklahoma Department of Corrections (DOC) offender information and lookup at <http://doc.ok.gov/> <https://okoffender.doc.ok.gov/>;**
 - (3) Oklahoma District Court Records at www.odcr.com; and**
 - (4) Mary Rippy Violent Crime Offender Registry search at <http://sors.doc.state.ok.us/>. To search for violent and/or sex offenders, the resource specialist conducts a free, self-initiated search of the Mary Rippy Violent Crime Offender Registry ~~is conducted~~ at the website by selecting:
 - (A) Violent Offenders Registry and reading the website, agreeing to the terms, and entering the search information; and**
 - (B) Sex Offenders Registry and reading the website, agreeing to the terms; and entering the search information.****
- 9. Restricted Registry.** The resource specialist completes a search at <https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/>. When an individual's name is located on the Restricted Registry, the applicant is denied.
- 10. Oklahoma State Department of Health (OSDH) Nontechnical Services Workers Abuse Registry.** The resource specialist completes a search at <https://www.phin.state.ok.us/nar/>. When an individual's name is located on the OSDH Nontechnical Services Workers Abuse Registry, the information is included in the overall assessment. When an individual's name is located on the OSDH Nontechnical Services Workers Abuse Registry, the applicant cannot be approved without a resource field manager's approval.
- 11. Community Services Worker Registry.** The resource specialist completes a search at <https://cswrpublic.okdhs.org/cswrpublic>. When an individual's name is located on the Community Services Worker Registry, the information is included in the overall assessment. When an individual's name is located on the Community Services Worker Registry, the applicant cannot be approved without a resource field manager's approval.
- 12. Guide to assess background history.** The resource specialist utilizes the Assessment of Background Information of Resource Applicants, included on CWS Numbered Memo 15-13, is utilized by resource specialists to assess the applicant's and household member's criminal histories, CW histories, JOLTS information, or other concerning histories, such as protective orders, traffic offenses, money judgement, or multiple marriages.
- 13. Information and history assessment.**
- (a) Background information.** Information that includes:
 - (1) physical violence;**
 - (2) sexual components; or**
 - (3) substance use or abuse must be reviewed and approved or denied by the resource field manager.**
 - (b) CW history.** The resource specialist and resource supervisor review all referrals, whether screened-out or accepted, investigations, reports to the district attorney, and appeals.

(1) When an applicant or household member has a child abuse and neglect history, consideration is given to the:

- (A) nature of the referral;**
- (B) assessment conclusion or investigation finding;**
- (C) nature and seriousness of the alleged or confirmed abuse or neglect in relation to the current request to adopt;**
- (D) time elapsed since the referral;**
- (E) circumstances under which the abuse or neglect occurred;**
- (F) degree of rehabilitation, including verifiable documentation;**
- (G) number and disposition of referrals; and**
- (H) child's safety in the adoptive home.**

(2) The resource field manager, or when he or she is unavailable, a Foster Care and Adoptions deputy director is included in the CW history assessment. For assessment purposes, the applicant is approved or denied based on the CW history.

(3) The resource specialist documents the discussion and basis for the decision are documented in a KIDS Pre-Resource Contact.

(c) Criminal or delinquency history. The resource specialist and resource supervisor review all criminal arrest and conviction histories for each applicant, adult household member, or a child with a JOLTS record.

(1) When assessing criminal or delinquency history, a:

- (A) homicide includes any type of murder, manslaughter, or other charge involving a person's death; and**
- (B) relevant misdemeanor may include, but is not limited to:**
 - (i) assault and battery;**
 - (ii) alcohol- or drug-related offenses;**
 - (iii) domestic violence; or**
 - (iv) other offenses involving the use of physical force or violence against the person or property of another.**

(2) According to Oklahoma Statutes, a deferred sentence means a defendant entered a plea of guilty or nolo contendere; however, the court agreed to withhold a legal finding of guilt on the condition the defendant completes the terms of the deferred sentence imposed by the court. As such, the plea entered by the defendant is not a conviction to the underlying criminal charge but may be considered in determining the applicant's suitability to be an adoptive parent although the applicant was granted a deferred sentence.

(3) The resource specialist and resource supervisor consider all relevant issues when assessing the applicant's appropriateness or suitability to be an adoptive parent.

(4) Assessment of charges and convictions include consideration of, but are not limited to, the:

- (A) nature and seriousness of the criminal history;**
- (B) type of crime committed and charges including a detailed description of how and why the crime was committed;**
- (C) time elapsed since the crime or conviction;**
- (D) length of the deferment or length and type of sentence imposed;**

- (E) completion date of the deferment and/or sentence;
 - (F) assignment of a probation or parole officer and the officer's contact and location information;
 - (G) degree of rehabilitation, positive changes the applicant has made in his or her lifestyle since the arrest or conviction and a description of how and why the changes occurred;
 - (H) applicant's self-evaluation regarding how the experience may influence children placed in the home;
 - (I) child's safety in such a placement; and
 - (J) information obtained from the applicant's references regarding knowledge of his or her previous and current lifestyle is considered when assessing the applicant's criminal history.
- (5) The resource supervisor consults the resource field manager regarding concerning background information, including JOLTS. When the resource field manager is unavailable, a Foster Care and Adoptions deputy director is consulted. For assessment purposes, the applicant is approved or denied based on the criminal history.
- (6) OKDHS LS is consulted as needed.
- (7) The resource specialist documents the discussion and basis for the decision ~~are documented~~ in a KIDS Pre-Resource Contact.

340:75-15-87. Assessing the adoptive applicant ■ 2 through 7

Revised 9-15-22

- (a) **Resource family assessment (RFA).** ■ 1 Oklahoma Human Services (OKDHS) or the RFA contractor conducts an assessment into the adoptive applicant's and each household member's background and other circumstances and conditions to determine if the home is suitable and can provide a safe environment for the child in OKDHS custody available for adoption, per Oklahoma Administrative Code (OAC) 340:75-7-18.
- (b) **Photographs.** ■ 8 The adoptive applicant provides recent photographs of himself or herself as a component of the assessment summary.
- (c) **Required pre-service training.** ■ 9 The adoptive applicant must complete required pre-service training designed to evaluate the strengths, needs, and challenges associated with parenting a child and meeting his or her special needs, per OAC 340:75-7-14.

INSTRUCTIONS TO STAFF 340:75-15-87

Revised ~~9-15-22~~ 2-2-24

1. **Resource family assessment (RFA) process.** The resource specialist ensures a safe environment, per Oklahoma Administrative Code (OAC) 340:75-7-18 for a child in Oklahoma Human Services (OKDHS) custody who requires an adoptive home by:
 - (1) completing the initial consultation with the family in the family's home;
 - (2) evaluating the prospective adoptive resource home to assess the location, condition, and ability to accommodate children requiring adoption using Form 04AF004E, House Assessment, and Form 04MP061E, Water Safety Agreement;
 - (3) evaluating each prospective adoptive parent and adult household

member's child welfare and criminal background history;
(4) enrolling the prospective adoptive applicant in pre-service training;
(5) completing and submitting Form 04AF009E, Referral for Resource Family Assessment, to the RFA contractor within five-business days of receipt of the completed application, with:

(A) Form 04AF004E, completed at the initial home visit by the resource specialist;

(B) Form 04AF001E, Resource Family Assessment Application;

(C) Form 04AF007E, Records Check Documentation;

(D) Form 04AD003E, Request for Background Check, for each application and adult household member; and

(E) other forms or documents the applicant provides to the resource specialist;

(6) reviewing and assessing information received regarding the prospective adoptive applicant during pre-service training; and

(7) determining the RFA assessment's outcome by:

(A) confirming in writing all decisions made regarding the assessment and application process;

(B) providing the adoptive applicant with an explanation of the reasons the assessment is denied, when applicable; and

(C) providing the adoptive applicant with a copy of the RFA without the reference and protected information sections when the assessment is approved.

2. Assessing the applicant through the interview process.

(1) The RFA contractor assists the adoptive applicant with:

(A) understanding the types of parenting issues faced by families who adopt children with special needs;

(B) gaining insight through feedback about the applicant's strengths, needs, and potential challenges associated with parenting the child with special needs;

(C) assessing the gender, age range, and race of child the applicant prefers to adopt, and the special needs the applicant feels he or she is capable of parenting. Special needs, per OAC 340:75-15-7, may include the:

(i) child being part of a sibling group;

(ii) child's age;

(iii) child's race;

(iv) child's mental, physical, or emotional disabilities; or

(v) child being at high risk for developing a physical or mental disability; and

(D) completing Form 04AF018E, Child Needs Information List, by explaining the conditions listed.

(2) When the applicant applies to adopt a specific child, the assessment summary addresses:

(A) the applicant's relationship to the child;

(B) the child's needs; and

- (C) whether the applicant can meet the child's special needs on a permanent basis and into the child's adulthood.
- (3) When assessing an applicant, the most important criterion is the applicant's ability to parent a child not born to him or her. Factors considered in relation to the applicant's ability to parent an adopted child, include the applicant's:
- (A) marital status;
 - (B) income level;
 - (C) education;
 - (D) age;
 - (E) health; and
 - (F) commitment to parent the child on a permanent, long-term basis.
- (4) The resource specialist or RFA contractor uses tools to assess the applicant's strengths and challenges related to parenting a child with special needs. These tools are used in connection with the narrative obtained through the interviews, and include the:
- (A) Genogram;
 - (B) Family Network Diagram; and
 - (C) Eco-Map.
- (5) The resource specialist allows the applicant to determine the pace at which the assessment proceeds. Some applicants are ready to quickly move through the assessment, while others need more time to process information.
3. Checking applicant references. Only a trained resource specialist or an RFA contractor solicits and reviews information received from references the applicant provides regarding the applicant's parenting strategies and skills. The applicant must have the three personal references in (1)(A) and the references (1)(B) through (H) of this subsection, when applicable. The resource specialist or RFA contractor:
- (1) documents all information provided voluntarily and by applicant-provided references. The resource specialist or RFA contractor explains to each person contacted as a reference the program expectations and the needs of children who come into OKDHS care. The resource specialist or RFA contractor:
 - (A) ~~Three~~ interviews three personal references are interviewed by phone or in person, only one of whom can be a family member.;
 - (B) ~~When~~ when applicable, contacts all adult children ~~are contacted~~ by letter, phone, or in person to complete Form 04AF015E, Resource Family Reference Letter for Adult Children.;
 - (C) ~~The~~ for applicants whose occupation involves direct care for children, contacts the applicant's current ~~or most recent~~ employer ~~is contacted~~ by letter, phone, or in person using Form 04AF011E, Resource Family Reference Letter for an Employer. ~~When the applicant is self-employed, a reference is obtained from a customer.;~~
 - (D) ~~When~~ when applicable, contacts school teachers, counselors, or administrators who have recently served the applicant's child are

~~contacted~~ by letter, phone, or in person using Form 04AF014E, Resource Family Reference Letter for School Personnel, to assess the applicant's involvement in educational issues.;

(E) ~~When~~ when the applicant's child is homeschooled by the applicant, contacts a person with knowledge of the applicant's homeschooling experience ~~is contacted~~ by letter, phone, or in person using Form 04AF025E, Resource Family Reference Letter for Homeschooling.;

(F) ~~When~~ when the applicant currently receives or received behavioral health services in the past 10 years, contacts the behavioral health care professional ~~is contacted~~ using Form 04AF013E, Resource Family Assessment Reference Letter for Behavioral Health Professionals. The resource specialist or RFA contractor uses Form 13HI003E, Authorization to Disclose Medical Records, to obtain permission from the applicant to receive his or her behavioral health information. In addition to Form 04AF013E, the resource specialist requests behavioral records from the behavioral health professional.;

(G) ~~When~~ when the applicant's child currently receives or has received behavioral health services in the past 10 years, contacts the behavioral health care professional ~~is contacted~~ using Form 04AF012E, Child's Behavioral Health Reference Letter. The resource specialist or RFA contractor uses Form 13HI003E to obtain permission from the applicant to receive the child's behavioral health information. In addition to Form 04AF012E, the resource specialist requests behavioral records from the behavioral health professional.;

(H) ~~When~~ when the required references do not total at least six, the resource specialist obtains additional personal references;

(2) ~~References may be contacted~~ contact references for an interview when the reference fails to respond to the reference letter request or when information contained in the response requires clarification. No additional references are contacted without the applicant's specific written permission.;

(4) ~~When~~ when voluntary references contact the resource specialist to provide information, includes the information ~~is included~~ in the assessment summary.;

(5) ~~When~~ when guarded reference information is received, fully explores the issues ~~are fully explored~~ with the applicant without revealing the source of the information.

4. ~~Checking other adult references. References are obtained~~ The resource specialist or RFA contractor obtains references for any individual in the home, 21 years of age and older. When there are concerns about a younger adult in the home, references are requested. Only a trained resource specialist or an RFA contractor solicits and reviews information received from references the other adult provides about his or her parenting strategies and skills. The other adult must have the one personal reference in (1)(A) and the references (1)(B) through (E) of this subsection, when applicable. The resource specialist or RFA contractor:

(1) documents all information from voluntary and other provided references. The resource specialist or RFA contractor explains the program's expectations and the needs of children who come into OKDHS care to each person who is contacted as a reference. The resource specialist or RFA contractor:

(A) One interviews one personal reference is interviewed by phone or in person and cannot be a family member;

(B) ~~When~~ when applicable, contacts all adult children are contacted by letter, phone, or in person to complete Form 04AF015E, Resource Family Reference Letter for Adult Children;

(C) ~~The~~ contacts the current ~~or most recent~~ employer of the other adult in the home ~~is~~ contacted by letter, phone, or in person using Form 04AF011E, Resource Family Reference Letter for an Employer. ~~When the adult is self-employed, a reference is obtained from a customer;~~

(D) ~~When~~ when the other adult currently receives or received behavioral health services in the past 10 years, contacts the behavioral health care professional ~~is~~ contacted using Form 04AF013E, Resource Family Assessment Reference Letter for Behavioral Health Professionals. The resource specialist or RFA contractor uses Form 13HI003E, Authorization to Disclose Medical Records, to obtain permission from the other adult to receive his or her behavioral health information. In addition to Form 04AF013E, the resource specialist requests behavioral records from the behavioral health professional; and

(E) ~~When~~ when the required references do not total three, the resource specialist obtains additional personal references;

(2) does not deny the continuation of the resource application process based solely on information a reference provides. When a reference provides information requiring further explanation from the other adult, the resource specialist or RFA contractor discusses the nature of the information without revealing the source; and

(3) requests consultation with the resource supervisor and field manager to determine the significance of the information a reference provides, who:

(A) has a history of abuse, neglect, or both that includes victimization by the other adult; or

(B) has other concerns about his or her ability to parent.

5. Applicant's and household members' physical health.

(1) The applicant completes Form 04AF017E, Resource Parent Health History, ~~is completed by the applicant~~. The narrative summary, completed by the resource specialist or RFA contractor, describes the applicant and household member's:

(A) health history;

(B) health insurance coverage; and

(C) assesses the applicant's ability to care for a child into the child's adult years.

(2) Form 04AF039E, Child(ren)'s Health Statement, from the family physician is required for each child in the household who is not in OKDHS custody to

- verify the child is free from communicable diseases. A copy of each child's immunization record, or when the child is not immunized, Form 08TA017E, Immunization Certificate of Exemption, is required.
6. **Age.** When the age difference between the applicant and the child is more than 55 years, the field manager and district director are consulted at the time of the local adoptive placement criteria staffing, per OAC 340:75-15-41.1.
 7. **Marital and significant relationship history.** Documentation validating the current marriage is necessary to determine eligibility to adopt and protect the legal status of the prospective adoptive child.
 - (1) When there is a child from a previous marriage, the child's role in the family is discussed and financial and emotional child support are documented.
 - (2) The ability of the applicant to develop and sustain healthy relationships is assessed and documented in the assessment summary.
 8. **Photographs.** The applicant is encouraged to incorporate photographs, such as those of parents, relatives, home, work-space, school, pets, activities, other children in the family, and the neighborhood into a family Life Book. The Life Book is 8 ½ X 11 inches and filed with the assessment.
 9. **Pre-service training.** During pre-service training, information about the adoption process is provided to the adoptive applicant allowing the applicant to decide whether adoption is appropriate for the applicant's family.
 - (1) The dates the applicant attended pre-service training and a description of the applicant's response or reaction to the information provided is included in the Training section of the assessment summary.
 - (2) The resource specialist assures the adoptive applicant completes the pre-service training timely.
 - (3) An exception to the training requirement, per OAC 340:75-7-14, is requested from the field manager.

SUBCHAPTER 19. WORKING WITH INDIAN CHILDREN

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 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 ~~9-16-21~~ 2-2-24

1. 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 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 tribal IV-E program staff when the child in Oklahoma Human Services custody is removed from or returned to the tribal resource home.
3. OKDHS tribal IV-E program staff participates in 10-day staffings and enters approvals in KIDS for the tribal resource worker and the tribal permanency worker in tribal resource cases.

340:75-19-26. Foster care maintenance payment for the child in tribal custody ■ 3

Revised 9-15-22

(a) Oklahoma Human Services (OKDHS) provides foster care maintenance payment to approved tribal-certified foster homes for the placement of the child in tribal custody when OKDHS has a contractual agreement with the child's tribe for the payment of foster care and the tribe submitted Form 04TB004E, Indian Child Welfare Program Referral, along with a copy of the court order and case plan to the assigned OKDHS tribal program staff.

■ 1 & 2

(b) The tribe sends copies of updated case plans and current court orders to tribal IV-E program staff. The Indian child's tribe immediately notifies tribal IV-E program staff via Form 04TB003E, Indian Child Welfare Program Update, of any change in the child's placement or custody.

(c) The child's tribe provides services and supervises the child's placement when the child is in tribal custody. ■ 1

(d) The child's tribe makes application on behalf of the child for any financial benefits, such as Social Security, to which the child is entitled. When the child is determined eligible, the child's tribe immediately notifies tribal IV-E program staff by submitting Form 04TB003E with updated information. The foster care maintenance payment is reduced by the dollar amount of the benefit.

(e) Each tribe develops and implements policies and practices per federal regulations related to Titles IV-B and IV-E. Tribes may request technical assistance from OKDHS regarding:

- (1) federal law, policy, and regulation;
- (2) accountability for fiscal and program operations;
- (3) reporting procedures; and
- (4) compliance with the terms and conditions of tribal and OKDHS agreements.

(f) When OKDHS identifies questionable foster care practices or circumstances that may jeopardize continued federal funding, the situation is reviewed and reconciled by a panel of tribal and OKDHS officials on a case-by-case basis. When reconciliation is not possible, both parties may present views to the OKDHS Director who determines if continued payment is made on behalf of the cases affected.

INSTRUCTIONS TO STAFF 340:75-19-26

Revised 9-15-22 2-2-24

1. Tribal IV-E program staff role.

(1) Responsibilities. Tribal IV-E program staff:

- (A) reviews Form 04TB004E, Indian Child Welfare Program Referral, and:
 - (i) contacts the tribe when additional information is needed; and**
 - (ii) uses information on Form 04TB004E to open a KIDS case;****
- (B) completes the tribal Adoption and Foster Care Analysis and Reporting System (AFCARS) fields in KIDS, including the case plan goal screen in KIDS;**
- (C) completes Form 04KI002E, IV-E Eligibility Determination; and**
- (D) completes the certification for Title XIX for children in tribal custody.**

(2) Transfer of jurisdiction to a tribe. When jurisdiction of an Indian child is transferred from OKDHS to a tribe, the tribal IV-E program staff:

- (A) reviews the court order, case plan, and Form 04TB004E the Indian child welfare (ICW) worker provides; and**
- (B) when the child is placed in a tribal-certified foster home or the tribe is in the process of certifying a placement as a tribal-certified foster home, ensures the child's KIDS removal and KIDS case remain open and documents the placement as soon as possible; or**
- (C) when the child is moved to a non-IV-E reimbursable placement and the child will not be placed in a foster care placement within the next 30-calendar days end dates the child's KIDS removal.**

(3) Child returns to foster care placement. When a child in tribal custody returns to a foster care placement after a removal is end dated, tribal IV-E program staff:

- (A) verifies with the tribe if the new placement in foster care is a new removal episode or a continuation of the previous removal episode;**
- (B) when the new placement is a continuation of the previous removal, re-opens the KIDS case and contacts the KIDS Help Desk to lift the removal end date; and**
- (C) notifies the custody specialist of the re-opened, removal episode to ensure appropriate actions are taken to ensure continued Title IV-E eligibility.**

(4) Case assignments. Tribal IV-E program staff:

- (A) maintains the primary KIDS case; and**
- (B) updates the KIDS case to show current placement and status of the child in tribal custody.**

2. Claims adjustments. The tribe contacts tribal IV-E program staff for assistance with foster care claims. Tribal IV-E program staff enters the information for adjustment on the foster care claim when the child receives other financial benefits.

3. Compliance. Tribal IV-E program staff conducts an annual, on-site or as needed, visit with each tribe who has a contractual agreement for foster care to review cases and address compliance issues. Tribal IV-E program staff:

- (1) in coordination with the tribe, facilitates a review panel of both tribal and OKDHS representatives to review cases when there are questionable foster**

care practices or circumstances.

(A) Tribal IV-E program staff documents the results of the panel review.

(B) When the panel is unable to resolve the situation, tribal program staff facilitates a meeting with the OKDHS Director to determine further action; and

(2) in conjunction with OKDHS Legal Services and Office of Inspector General, provides reasonable technical assistance to tribes, upon request, to ensure compliance with:

(A) federal law, policy, and regulation;

(B) accountability for fiscal and program operations;

(C) reporting procedures; and

(D) compliance with terms and conditions of tribal and OKDHS agreements.