

COMMENT DUE DATE: March 15, 2021

Date: March 5, 2021

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

SUBJECT: CHAPTER 75. CHILD WELFARE SERVICES **ITS ONLY**

Subchapter 1. General Provisions of Child Welfare Services
Part 1. Scope and Applicability
OAC 340:75-1-29 [AMENDED]
Subchapter 3. Child Protective Services (CPS)
Part 1. Purpose, Definitions, and Child Abuse and Neglect Hotline Protocol
OAC 340:75-3-130 [AMENDED]
Part 2. Investigative Protocols
OAC 340:75-3-200 [AMENDED]
Part 3. Child Safety Evaluation Criteria and Procedure
OAC 340:75-3-300 [AMENDED]
Subchapter 6. Permanency Planning
Part 7. Family and Child Individualized Service Planning Components
OAC 340:75-6-40.3 [AMENDED]
Part 8. Role of the Child Welfare Worker
OAC 340:75-6-48 [AMENDED]
Subchapter 11. Child Welfare Community-Based Residential Care
Part 17. Contracted Community-Based Residential Care Providers
OAC 340:75-11-233 [AMENDED]
OAC 340:75-11-233.1 [AMENDED]
OAC 340:75-11-237 [AMENDED]
OAC 340:75-11-238 [AMENDED]
OAC 340:75-11-239 [AMENDED]
Part 21. Residential Intensive Treatment Services
OAC 340:75-11-265 [AMENDED]
Part 25. Non-funded and Funded Contracted Level B Placements
OAC 340:75-11-300 [AMENDED]
Part 27. Residential Maternity Services
OAC 340:75-11-322 [AMENDED]
(WF 20-O)

SUMMARY:
CHAPTER 75. CHILD WELFARE SERVICES

Subchapter 1. General Provisions of Child Welfare Services

Part 1. Scope and Applicability

OAC 340:75-1-29 Instructions to Staff (ITS) are amended to update how to conduct CPS courtesy activities.

Subchapter 3. Child Protective Services

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

OAC 340:75-3-130 ITS are amended to determine how to resolve a dispute between a district and the Hotline over the appropriateness of a referral.

OAC 340:75-3-200 ITS are amended to provide guidance on evaluating visual inspection of child injuries not consistent with play or development.

Part 3. Child Safety Evaluation Criteria and Procedure

OAC 340:75-3-300 ITS are amended to address inspection of child injuries.

Subchapter 6. Permanency Planning

Part 7. Family and Child Individualized Service Planning Components

OAC 340:75-6-40.3 ITS are amended to require use of the Important People in a Child's Life/Family Tree when seeking permanency for a child.

Part 8. Role of the Child Welfare Worker

OAC 340:75-6-48 ITS are amended to update to include observing a child for injuries if older than 12 months.

Subchapter 11. Child Welfare Community-Based Residential Care

Part 17. Contracted Community-Based Residential Care Providers

OAC 340:75-11-233 ITS are amended to change the crisis stabilization time frame for residential Intensive Treatment Services from 72 hours to seven-calendar days.

OAC 340:75-11-233.1 ITS are amended to delete outdated contact information and correct an ITS formatting error.

OAC 340:75-11-237 ITS are amended to update the policy section reference for medical services.

OAC 340:75-11-238 ITS are amended to update the policy section reference for medical services and form numbers.

OAC 340:75-11-239 ITS are amended to revise facility liaison responsibilities.

Part 21. Residential Intensive Treatment Services

OAC 340:75-11-265 ITS are amended to change the crisis stabilization time frame for residential Intensive Treatment Services from 72 hours to seven-calendar days.

Part 25. Non-funded and Funded Contracted Level B Placements

OAC 340:75-11-300 ITS are amended to include referenceto family-style living programs.

Part 27. Residential Maternity Services

OAC 340:75-11-322 ITS are amended to revise facility liaison responsibilities.

SUBCHAPTER 1. GENERAL PROVISIONS OF CHILD WELFARE SERVICES

PART 1. SCOPE AND APPLICABILITY

340:75-1-29. Child Welfare Services case responsibility ■ 3 through 7

Revised 7-1-13

From intake through case closure, the Child Welfare Services case may be assigned to more than one child welfare (CW) specialist and may involve more than one county. For example, a hotline, child protective services, permanency planning, and adoption specialist may be assigned during the life of the case. In other cases, a child may be adjudicated as a deprived child in one county, while the child's parent, legal guardian, or legal custodian resides in another county, and the child is placed in another county. ■ 1 & 2

INSTRUCTIONS TO STAFF 340:75-1-29

Revised 9-15-20

1. (a) Initial meeting (IM) and process. The IM is an opportunity for the biological and resource parents to talk about the child's needs, share family information, build positive and supportive relationships between the parents, and develop the child and resource family support plan to assist with placement stability. The IM is held for children placed in all family-like settings including kinship, traditional, and therapeutic foster homes. (1) through (4) of this Instruction detail the child welfare (CW) specialist's role and responsibilities during the initial meeting process.

(1) The IM is scheduled and conducted by the assigned CW specialists within 30-calendar days of each placement. The IM is scheduled around the placement provider, parents, and child. Mandatory participants are:

(A) the assigned child protective services (CPS) specialist and/or supervisor at the first placement;

(B) the assigned permanency planning (PP) specialist and/or supervisor or lead specialist for all subsequent placements;

(C) the assigned resource specialist and/or resource family partner specialist or supervisor(s) for the current and previous placements;

(D) all biological parents. In cases of domestic violence (DV), separate IMs are conducted for the victim and the batterer. In cases where a child is in the permanent custody of the Oklahoma Human Services (OKDHS), the CW specialist assesses if including the biological parents is in the child's best interest; and

(E) the current and previous resource parent(s), when appropriate.

(2) The assigned ~~CPS~~ CW specialist is responsible for scheduling the first IM and the ~~PP~~ specialist schedules IMs for all subsequent placement changes.

(A) An IM is held in a neutral location on a date and time that works for the placement provider's, parents', and child's schedules.

(i) Every effort is made to change the meeting date and time to accommodate the parents' schedules; however, when a parent is

unable to attend, the specialist works to secure his or her presence by phone or virtual conference.

(ii) When parent participation is impossible, the CW specialist gathers important information about the child using the "All About Me!" section of Form 04PP023E, Initial Meeting, as a guide and brings that information to the IM.

(iii) For absent parents, extensive and diligent efforts are made and documented to locate the parent prior to the meeting. Child information is gathered from the people who are caring for the child.

(iv) In DV cases, two separate IMs are conducted, one with the victim and one with the batterer when the dynamic within the DV warrants this. The victim may invite his or her advocate to attend all meetings.

(v) When all parents are not in attendance, the IM documentation must contain valid reasons why they did not attend.

(vi) Every effort is made to change the meeting date, place, or time to accommodate resource parent schedules; however, when resource parents are unable to attend, the specialist works to secure their participation by phone or virtual conference. When that is not possible, the meeting is rescheduled.

(vii) When the current placement provider refuses to attend in any capacity, the resource specialist or facility liaison addresses this with him or her and includes the information in the IM documentation.

(B) All parties are contacted and given the meeting date, time, and location. The specialist discusses the IM's purpose, the child's likes, dislikes, and needs with each attendee. All other discussions are conducted in different meetings. When a party is unable to attend the IM, the specialist makes an effort to ensure the party participates by phone or virtual conference.

(C) Form 04PP023E is provided with the CW specialist's contact information to the biological and resource parents to answer any questions they have about the process.

(D) The child and/or biological parent(s) are encouraged to complete and bring the "All About Me!" section of Form 04PP023E to the meeting.

(E) Extensive diligent search efforts are conducted to locate any absent parents and are documented in KIDS.

(3) During the IM, the CPS CW specialist ~~in the first meeting, or the PP specialist in all subsequent meetings:~~

(A) reviews the meeting's purpose and ground rules that emphasize the meeting is:

(i) conflict free;

(ii) child friendly; and

(iii) focused on the child's needs;

(B) facilitates a discussion of the child's routine, likes and dislikes, needs, education, sleeping and eating habits, allergies, medication, medical conditions or needs, extracurricular activities, community and family

- connections, contact information for any connections, and techniques and/or things that provide security and comfort to the child;
- (C) establishes goals, boundaries, and methods to facilitate an ongoing line of communication between biological and resource parents and those present;
- (D) discusses what supports the resource parents may need for the child moving forward including, but not limited to, child care, transportation, services, respite, and contact with other parties;
- (E) uses Forms 04MP015E, Important People in the Child's Life/Family Tree, and 04PP023E to guide the facilitation process;
- (F) develops and documents a child and resource family support plan using Form 04PP024E, Child and Resource Family Support Plan, and places it in the KIDS File Cabinet;
- (G) provides a copy of Form 04PP024E to each of the mandatory IM participants listed in (a)(1) of this Instruction;
- (H) reviews the support plan with the resource specialist at least quarterly to make sure all services, resources, and supports are in place to ensure placement stability. When the support plan needs updating, the PP specialist schedules a family meeting with the resource specialist, child, biological family, and resource family to discuss changes;
- (I) discusses and completes the child's educational needs using Form 04MP072E, The Best Interest Determination, per Oklahoma Administrative Code (OAC) 340:75-6-50; and
- (J) discusses the child's sleeping arrangements, per OAC 340:75-7-18. For a child 12 months old and younger, safe sleep consideration is essential.
- (4) Within five-business days of the IM date, the meeting is documented in KIDS Contacts by the PP CW specialist and includes:
- (A) Contact Type: ~~Face-to-Face or Telephone~~ Face-to-Face, Phone, or Virtual Conference;
- (B) Staff Participants: First and last names and job titles of staff attending;
- (C) Non-client/non-collateral participants including the resource parents' first and last names;
- (D) Purpose: Select Initial Meeting – Bridge and Support Plan; and
- (E) within the body of the contact:
- (i) the efforts made to ensure all parties attended the IM;
 - (ii) the details from the IM guide about the child(ren);
 - (iii) the details from the IM guide about the child and resource family support plan; and
 - (iv) identifying the staff responsible for implementing the child and resource family support plan.
- (b) Case transfer meetings. Ensuring a continuity of services for the child and family is important when cases are transferred. The case plan goal drives all decision-making. All CPS functions, including setting up the transfer meeting, are completed within 10-calendar days of the emergency custody hearing or

petition filing, whichever is earlier, and the case is transferred to a PP specialist. An initial case transfer meeting between CPS and PP is completed within 10-calendar days of the emergency custody hearing or petition filing, and:

- (1) includes the CPS and PP specialists; both supervisors; the family; and tribal CW worker, when applicable;
- (2) is preferably held in person or by teleconference, when the case is transferred to another district;
- (3) includes discussion of the ~~safety plan~~ Safety Plan, when applicable, and how safety threats are managed and controlled; and
- (4) includes a discussion of, but not limited to, the:
 - (A) safety threats to the child and safety plan, when applicable;
 - (B) referrals made for services and ~~safety plan~~ Safety Plan any barriers to service provision for the child or family;
 - (C) child's placement;
 - (D) demographic information;
 - (E) child's educational needs;
 - (F) child's medical and immunization histories;
 - (G) family's Native American heritage;
 - (H) previous court hearing results;
 - (I) next court date and any requests by the court or parties for specific information or action;
 - (J) visitation plan and the date the last visit occurred;
 - (K) diligent search and family-finding efforts for relatives;
 - (L) IM with the resource family, when applicable; and
 - (M) family meeting outcomes, when applicable.

(c) Transfer meeting between PP specialists. The transfer meeting between PP specialists includes the information in (b)(4) and:

- (1) an articulation of the specific adult behaviors that are safety threats to the child requiring OKDHS involvement with the family;
- (2) a description of interventions in place to affect behavioral changes in the family;
- (3) a description of specific behavioral changes needed in the family;
- (4) a discussion of successful and previous intervention attempts; and
- (5) a written case summary including the case history, legal history, and placement information.

(d) Case transfer meeting between CPS and family-centered services (FCS).

- (1) The case transfer meeting between the CPS and FCS specialists is completed within 10-calendar days after a ~~safety plan~~ Safety Plan is established and Form 04MP025E, Family Service Agreement, is signed and includes:
 - (A) the CPS and FCS specialists; both supervisors; the family; service providers; ~~safety plan~~ Safety Plan monitors; kin; informal supports; and tribal CW worker, when applicable;
 - (B) a discussion of the:
 - (i) results of Form 04KI030E, Assessment of Child Safety; and

(ii) ~~safety plan~~ Safety Plan and how the safety threats are being managed and controlled; and

(C) a discussion of, but not limited to, the:

(i) referrals made for services and any barriers to service provision for the child or family;

(ii) remaining safety threats;

(iii) behavioral changes demonstrated by the person responsible for the child (PRFC);

(iv) child's needs;

(v) action steps identified during the meeting, the name of the person responsible for completing each step, and the amount of completion time assigned to each step; and

(vi) a visitation plan developed for the child involved in an out-of-home ~~safety plan~~ Safety Plan using Form 04MP047E, Visitation Plan, and measures to ensure purposeful visits occur between the child, sibling(s), and PRFC. The visitation plan is updated as progress is made and the PRFC's protective capacities increase. A copy of the visitation plan is entered into the KIDS File Cabinet.

(2) The CPS specialist enters a KIDS contact with a purpose of "Family Accepted FCS" and changes the case type to FCS.

(e) Case transfer meetings are documented in KIDS Contacts with a purpose of "Transfer Meeting." The contact includes a summary of the meeting discussion, first and last names of everyone involved, meeting location, and resulting action steps.

2. Case location and responsibility.

(1) Use of secondary case assignment. The use of secondary case assignment is rare and must be staffed and approved by the county of jurisdiction district director and the county of service district director.

(A) Each district director must agree the circumstance warrants an exception to the use of new or continued use of a secondary assignment. When reviewing an exception request, consideration is given to keeping siblings together and using kinship placements in the decision-making process. These exceptions include, but are not limited to:

(i) an existing and meaningful long-term relationship between a child or parent and an assigned secondary CW specialist;

(ii) a case plan goal that warrants long-term placement outside of the region or adjoining county;

(iii) pending court action for the transfer of jurisdiction not in the region or adjoining county; or

(iv) extensive one-way travel time that consumes more than half of an eight-hour work day.

(B) When an exception is agreed upon and a secondary assignment remains or is made, the picklist assignment in KIDS is "County of Service."

(C) Emergency or short-term tasks in the county of service, such as placement disruptions, preliminary inquiry-related assignments, or

- medical treatment, require an agreement between the county of jurisdiction district director and county of service district director, without KIDS assignment. Each emergency or short-term task must be documented by the county of service in the KIDS Contacts screen.
- (2) **CPS investigation or assessment secondary case responsibility.** Primary assignment of a CPS investigation or assessment is with the county of residence for the primary alleged victim. A CPS courtesy activity may be assigned to the county where the child, sibling, PRFC, or alleged perpetrator is located, as necessary.
- (A) **When the primary alleged victim resides in two households for an equal amount of weekly or monthly time due to custodial arrangements, sometimes described as 50/50 shared physical custody, the primary assignment is with the county where the alleged abuse, neglect, or sexual abuse occurred. The home of standard weekend visitation is not considered a child's residence.**
- (B) **When the alleged victim, sibling, PRFC, or alleged perpetrator is temporarily not within the county of jurisdiction and the nature of the allegations or injuries to the child require an immediate response or the interview information is time-sensitive in order to make a safety decision, a CPS courtesy activity is requested.**
- (C) **For after-hours emergencies and Priority I investigations in non-contiguous counties, the Hotline is responsible for notifying both the county of residence and the CPS courtesy activity county.**
- (D) **A CPS courtesy activity is not utilized for investigative activities between contiguous counties, including those across regional boundaries. When an emergency situation may require the assignment of a courtesy activity to a contiguous county, the district directors are expected to work together to make the assignment.**
- (E) **When a report contains allegations against a biological parent and the child is in out-of-home care at the time the report is received, the primary assignment is to the county with the open permanency planning case assignment. A CPS courtesy request may be sent to conduct interviews when the alleged victim, sibling, or PRFC is located in a non-contiguous county.**
- (3) **Secondary case responsibility.** In the event that more than one CW specialist is assigned to the case with the approval of both district directors, the primary case is maintained in the county of jurisdiction.
- (A) **A recommendation to transfer legal jurisdiction of the deprived action rather than using secondary OKDHS responsibility may be appropriate, when:**
- (i) **none of the active case participants reside in the county of legal jurisdiction; or**
 - (ii) **all parental rights are terminated and the child resided in a stable placement in a county other than the county of legal jurisdiction for six months or longer.**

- (B) When a case is anticipated to close within six months, the CW specialist considers if transfer of legal jurisdiction expedites or impedes permanency due to the assignment of new parties, such as a new judge, child's attorney, or district attorney.
 - (C) Per OAC 340:75-19-26, when the child is in tribal custody, the primary case is assigned to OKDHS tribal program staff for the specific tribe and the secondary case is assigned to the custody specialist in the region where the child is placed.
 - (D) When assigned CW specialists disagree regarding the case plan or case actions after consultation between the respective CW supervisors, the CW supervisors contact the respective district directors to:
 - (i) review the matter and reach a consensus; or
 - (ii) consult with the PP Programs Unit for direction, when unable to reach a consensus.
 - (E) The county of jurisdiction specialist is the principal case coordinator and is responsible for:
 - (i) gathering information regarding the child's circumstances and, when applicable, each parent's circumstances or situation; and
 - (ii) preparing and submitting the progress report to the court of jurisdiction.
 - (F) Refer to OAC 340:75-3-510 for information regarding coordination between counties for completion and submission of Form 04KI003E, Report to District Attorney.
- (4) Alternative CW specialist making required visit. The CW supervisor:
- (A) reviews the unavoidable scheduling conflict or the assigned CW specialist's 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 specialist for the duration of the unavoidable scheduling conflict or the assigned CW specialist's extended leave; and
 - (E) documents the details of assignment and duration of the exception in the KIDS Contacts screen with the purpose of "Case Staffing." A secondary case assignment is not utilized for the reassignment of monthly specialist visit(s) or reassignment of all cases. A reassignment on the assignment screen in KIDS is used when all case duties are being reassigned in cases of extended leave.
3. Jurisdiction involving more than one state. In rare circumstances, OKDHS becomes involved with a family due to the abuse and neglect of a child where a previous child custody order was issued in another state. The Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), per Sections 551-101 through 551-402 of Title 43 of the Oklahoma Statutes (43 O.S. §§ 551-101 through 551-402), aids the court in determining which state court has jurisdiction over the child and must be followed.

- (1) The UCCJEA:**

 - (A) governs all proceedings related to child custody determinations. UCCJEA does not apply to child support proceedings, adoption proceedings, juvenile delinquency proceedings, nor proceedings for emergency medical care; and**
 - (B) provides that a child custody determination made by a court with jurisdiction is binding on all parties to the extent the determination may be modified.**
- (2) A state court has jurisdiction to make an initial child custody determination when the state is the home state of the child, either on the date the proceeding is filed or was the home state within six months of the proceedings. The court that made a child custody determination has continuing jurisdiction as the home state court until the:**

 - (A) court determines neither the child, parent, nor any person acting as a parent has a significant connection with this state and substantial evidence concerning the child's care and protection is no longer available in the state; or**
 - (B) child, child's parents, and any person acting as a parent do not presently reside in the state.**

 - (i) Home state is defined as the state where the child lived with a parent for at least six-consecutive months prior to the commencement of the proceedings or since birth for children six months of age and younger.**
 - (ii) Person acting as a parent is defined as a person, other than a parent, who was awarded legal custody by a court or has physical custody of the child for a period of six-consecutive months within one year prior to the filing of a child custody proceeding.**
- 4. Temporary emergency jurisdiction.**

 - (1) A state court that does not otherwise have jurisdiction may enter an emergency order when a child is present in the state and a child was abandoned or a child, sibling, or child's parent is subjected to or threatened with mistreatment or abuse.**
 - (2) When there was a previous child custody determination, the court making the emergency order must immediately communicate with the court that made the previous determination, to resolve the emergency, protect the child's safety, and decide duration of the emergency order.**
 - (3) When there was no previous order by another state court, the emergency order remains in effect until a court with jurisdiction enters an order. When no proceedings are filed in a state court with jurisdiction, then the emergency order becomes final.**
- 5. UCCJEA application to Indian tribes.**

 - (1) A state court must treat a tribe as if it were a state of the United States when applying 43 O.S. §§ 551-101 through 551-210.**
 - (2) A child custody determination by a tribe made in conformity with this act must be recognized and enforced.**
- 6. UCCJEA application to foreign countries.**

(1) A state court must treat a foreign country as if it were a state of the United States when applying 43 O.S. §§ 551-101 through 551-210.

(2) A child custody determination made in conformity with this act must be recognized, unless the child custody law of the foreign country violates fundamental principles of human rights.

7. **Child custody uniform procedures.** Uniform procedures exist to register and enforce child custody orders across the participating 49 states of the United States, and in Oklahoma these procedures are found at 43 O.S. §§ 551-301 through 551-317.

SUBCHAPTER 3. CHILD PROTECTIVE SERVICES

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

340:75-3-130. Child Abuse and Neglect Hotline ■ 5 through 14, and 16 through 20
Revised 9-15-17

(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), the Oklahoma Department of Human Services (DHS) established a statewide, centralized hotline that operates 24 hours per day to receive child abuse or neglect reports at 1-800-522-3511. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline.

(b) **Hotline tracking system.** Per 10A O.S. § 1-2-101, DHS 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 name; 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 focus is 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, DHS may make a referral to a DHS 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) **DHS response to reports of child abuse or neglect.** Per 10A O.S. § 1-2-105, DHS 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, DHS 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, DHS 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) there have been three or more reports accepted for assessment or investigation regarding the family per 10A O.S. § 1-2-102; ■ 2

(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 DHS 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), DHS 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. DHS redacts any information identifying the reporting party unless otherwise ordered by the court.

INSTRUCTIONS TO STAFF 340:75-3-130

Revised 9-15-20

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 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:

(A)(i) the district supervisor sends an email to *CWS.DisputedReferrals stating the referral number, referral name, priority assigned, due date, and the reason for requesting review;

(B)(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;

(C)(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;

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

(E)(v) if when the district staff 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.

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 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 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 ~~listed above~~ 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 when the PRFC's location is unknown or the PRFC refuses to provide 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~~ 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; and**
 - (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.

(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.

(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:

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

(B) plan of safe care referral is entered and assigned 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 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 and stored in the case file by scanning into the child's case KIDS File Cabinet.

(E) The CW specialist documents all information related to the injury in the child's case KIDS 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 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) When the 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) however, the The documentation is entered into the child's case KIDS Injury screen.

(A)(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.

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

12. 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.

13. 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.

14. 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.

15. Response to reporter concerning a screened-out report. When a report does not meet the ~~criteria for acceptance~~ criteria, 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. When a report does not meet the acceptance criteria for a reason of "duplicate" or "subsequent report to an open investigation, the reporter is informed that the reported information was screened-out to an open investigation.

16. 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.

17. 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.

18. 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~~ Safety Plan with no plans to end date the ~~safety plan~~ 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.

19. 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.

20. 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

Revised 9-15-15

(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), the Oklahoma Department of Human Services (DHS) responds promptly to a report of child abuse or neglect by initiating an assessment of the family or an investigation of the report per DHS 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 DHS, 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 DHS 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 DHS 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, DHS 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, DHS provides a brief and easily understood written description of the investigation process. The notice includes a statement that:
 - (1) DHS 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 DHS since the report may have been made anonymously;
 - (3) the investigation is required by law to be conducted enabling DHS 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, DHS sends the PRFC a letter stating:
 - (A) DHS 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 DHS;
 - (5) the procedures DHS uses to conduct an investigation of alleged child abuse or neglect, include:
 - (A) a description of the circumstances that would cause DHS to seek judicial approval to remove the child from the home; and
 - (B) an explanation that the law requires DHS 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 DHS actions; or
 - (B) requesting a review of the findings made by DHS 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 how to obtain copies of the provisions;
- (10) the PRFC may request visitation and the process to use to acquire visitation 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).** DHS, per 10A O.S. § 1-2-102, forwards the completed assessment or investigation report and findings to any district attorney's 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, DHS 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, DHS 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) DHS, after making the referral to law enforcement, is not responsible for further investigation unless:

(A) DHS 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 of or a PRFC of another child, not the subject of the criminal investigation; or

(C) the appropriate law enforcement agency requests DHS, in writing, to participate in the investigation. When funds and personnel are available, as determined by the DHS Director or designee, DHS 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, DHS may request the DA make application, per 10A O.S. § 1-2-105 for a court order to compel access or examination of the child. 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, DHS may request and obtain, without a court order, copies of current and prior medical records of a child 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 DHS access to their personal behavioral health records or treatment plans requested by DHS that may be relevant to the alleged abuse or neglect, DHS requests the DA make application for a court order allowing DHS 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 DHS has reason to believe the PRFC may remove the child from Oklahoma before the investigation is completed, DHS 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 9-15-20

- 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 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 reports of abuse or neglect, 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 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 File Cabinet 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-offending 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 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 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, 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 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 decision to modify the requirement is documented in the KIDS Victim Interview screen.

(7) Assessment and investigation reports submitted to the district attorney (DA) are completed, per OAC 340:75-3-510.

(8) 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.

7. Gathering information during the assessment or investigation. The primary methods, used in gathering information during the assessment or investigation, are:

(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; and

(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 and/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; and
 - (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 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 a OKDHS employee identification card.
 - (3) The specific reported allegations are explained to the PRFC, per 10A O.S. § 1-2-106.
 - (4) 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 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 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 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 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 or 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 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 to medical examination procedures are approved by the CW supervisor as soon as possible after the child victim is observed. 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; or

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

(i) CW specialist may 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 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;
 - (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) by selecting from the drop-down menu, Face-to-Face (NA) Child Death, when the alleged child victim is deceased; 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 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 and/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 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 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 were 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) 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 and/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 name of the reporter is deleted. The name of the reporter 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 neglect by a PRFC;**
- (D) a child has unexplained or implausibly explained head trauma;**
- (E) a child was intentionally burned;**
- (F) a non-ambulatory child has a fracture to the body;**
- (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 a 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 name of the reporter is deleted. The name of the reporter is maintained on the copy that remains in the OKDHS file ensuring the information 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.**

PART 3. CHILD SAFETY EVALUATION CRITERIA AND PROCEDURE

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

Revised 4-9-19

(a) **Evaluating child safety.** Evaluating child safety is a primary child protective services (CPS) function. Safety refers to the child's present security and well-being when the child is assessed to be at risk of abuse or neglect. The safety evaluation is an adaptable and continuous process that is not complete until the child is safe and the case is closed.

(b) **Determining the need for protective or emergency custody.** The Oklahoma Department of Human Services (DHS) evaluates whether to recommend emergency DHS custody of a child based on the seriousness of the child's abuse or neglect and if the child is in need of immediate protection due to an imminent safety threat. A child taken into protective custody by law enforcement is not considered in DHS emergency custody. A child cannot be placed in DHS emergency custody, per Section 1-4-201 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-201) until:

(1) the court issues a child-specific emergency custody order; or

(2) DHS completes a safety evaluation, concludes the child faces an imminent safety threat, and the court issues a child-specific emergency custody order.

(c) **Protective custody for victims of human trafficking.** Any peace officer or district court, juvenile bureau, or Office of Juvenile Affairs employee, who has reasonable suspicion that a minor may be a victim of human trafficking and is in need of immediate protection, assumes protective custody over the minor and immediately notifies DHS. A child believed to be a victim of human trafficking is not considered in DHS emergency custody solely upon identification, but is transferred to DHS emergency custody, per 10A O.S. § 1-4-201.

(d) **Child safety meeting.** A child safety meeting is a collaborative decision-making process conducted to address each child's needs related to safety and to determine if the child's condition warrants a safety intervention including, but not limited to, a change in placement, and:

(1) includes, at a minimum, appropriate DHS staff, the child's parents and, when the parent requests, an advocate or representative, as participants; and

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

(e) **Alternatives to protective or emergency custody in cases of serious abuse or neglect.** When an alternative to protective or emergency custody is determined appropriate in circumstances where serious neglect or abuse is documented, a DHS form for an Immediate Protective Action Plan (IPAP), is completed and implemented when the person responsible for the child's (PRFC) health, safety, or welfare agrees to cooperate with DHS efforts to ensure the child's safety. The IPAP describes the present danger identified by the child welfare (CW) specialist and addresses actions to be taken to ensure the child's safety until a thorough safety evaluation is completed. The PRFC and identified safety monitors sign the IPAP and agree to cooperate with DHS oversight to ensure the child's safety.

(f) **Safety planning without court involvement in cases of serious abuse or neglect.** In circumstances where serious neglect or abuse is documented, and upon completion of a thorough safety evaluation, and when an alternative to DHS custody is appropriate, a DHS form for a Safety Plan is completed and implemented, when the PRFC agrees to

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

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

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

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

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

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

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

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

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

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

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

- (1) the child is located in a hospital, school, or child care program; and

(2) it is believed assumption of custody of the child from the hospital, school, or child care program can occur without risk to the child or the DHS employee.

(l) Medical care for child in protective custody.

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

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS TO STAFF 340:75-3-300

Revised 9-15-20

1. (a) Evaluating child safety.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Impending danger.

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

(A) specific;

(B) severe;

(C) observable;

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

(E) out-of-control; and

(F) applicable to a vulnerable child.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Evaluating need for protective or emergency custody.

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

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

(A) the imminent safety threat;

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

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

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

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

- (B) When the DA continues to deny the request after being contacted by the district director, the CW specialist, supervisor, district director, and regional director staff the case to determine further case planning. Poor prognosis indicators as outlined in OAC 340:75-4-12.1 are considered. The staffing is documented in a KIDS Case Contact.
- (C) When the DA denies a request for emergency custody, and the safety threat is determined to be manageable through a ~~safety plan~~ Safety Plan and family-centered services (FCS), the CW specialist attempts to engage the family in a ~~safety plan~~ Safety Plan and FCS.
- (D) When it is not possible to engage the family in a ~~safety plan~~ Safety Plan and FCS due to either an unmanageable safety threat or the family's unwillingness, the CW specialist completes Form 04KI003E, Report to District Attorney, within five-calendar days requesting court intervention by recommending a deprived petition. The CW specialist documents in a KIDS Case Contact, the DA's comments on Form 04KI003E, when court intervention is requested.
- (E) When Form 04KI003E requests court intervention by recommending a deprived petition, is denied by the DA and, OKDHS is unable to work the case preventatively, the DA is notified in writing that OKDHS is closing CW involvement with the court intervention recommendation, and no longer engages with the family on an ongoing basis.
- (F) When closing the case, OKDHS provides the PRFCs with all necessary contact and referral information for pertinent service providers. The service recommendations are documented in a KIDS Case Contact.
- (3) Law enforcement or a district court, juvenile bureau, or Office of Juvenile Affairs (OJA) employee may place a child that is believed to be a victim of human trafficking in protective custody. Upon notification from the agency assuming protective custody, OKDHS immediately begins conducting a safety analysis and prepares and presents Form 04CP008E to the ~~district attorney~~ DA within 23 hours of the notification requesting emergency custody of the child.
- (A) An emergency custody (show cause) hearing is conducted, per Section 1-4-203 of Title 10A of the Oklahoma Statutes and OAC 340:75-3-300.
- (B) A joint investigation is conducted with law enforcement, per OAC 340:75-3-110, and may involve coordination with other states when the child is not an Oklahoma resident.
- (C) OKDHS staff works jointly with the entity that assumed protective custody to determine the child's safest placement option, considering the safety of the victim and other children, and the victim's behavioral needs.
- (i) The child can be in OKDHS emergency custody and in the parent's or legal guardian's physical care when there is no reason to suspect the parent or legal guardian contributed to the exploitation or other abuse and/or neglect.
- (ii) A National Crime Information Center (NCIC) search is requested for every child that is recovered.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. Safety plan Plan.

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

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

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

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

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

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

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

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

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

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

(i) a monitor is identified;

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

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

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

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

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

(i) by whom;

(ii) under what circumstances and agreements;

(iii) within what time frame; and

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

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

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

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

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

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

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

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

(A) protective capacities;

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

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

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

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

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

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

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

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

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

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

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

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

(ii) child abuse or neglect;

(iii) domestic abuse;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(L)(M) documents information obtained regarding the assessment of the safety-plan Safety Plan monitor, household members, and other safety-plan Safety Plan participants as a Contact in KIDS and files copies of the completed forms in the KK case file associated with the CPS investigation. Records are not stored in the File Cabinet.

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

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

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

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

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

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

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

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

(1) The CW specialist prepares the family by:

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

(B) answering questions about court procedures;

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

(D) encouraging the parent, once he or she understands and accepts the reasons for the placement, to help explain the reasons for the placement to the child. This may comfort and reassure the child that the parent will work with the CW specialist to facilitate the child's return to the home;

(E) asking the parent to provide in-depth information regarding the child's schedule, routines, likes and dislikes, and medical needs to help the placement provider maintain continuity for the child. The CW specialist:

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

12. (a) Placement considerations.

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

(2) Placement with the non-offending parent, relatives, or kin is considered and siblings are placed together in the same home when appropriate and possible. When a child is an Indian child, the placement preference of the child's tribe is followed, per OAC 340:75-19-14. Per ITS # 8 of this Section, relative or kinship placements are assessed in terms of the child's safety and long-term needs. Relatives or kin are only considered, when the:

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

(B) relative or kin:

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

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

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

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

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

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

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

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

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

(d) Sibling placement. Every reasonable attempt is made to place siblings together when appropriate and possible. When it is not possible to place

siblings together initially, efforts begin the next business day and actively continue to place the siblings in the same home.

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

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

(f) Placement of medically fragile or disabled infant.

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

- (A) prematurity;
- (B) a history of respiratory distress;
- (C) oxygen dependency;
- (D) a diagnosis requiring special care beyond routine infant care;
- (E) being 6 weeks of age and younger; and
- (F) medical conditions or illnesses that may result in increased episodes of illness, prolonged hospitalization, and increased cost for care.

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

- (A) provider for the infant has undergone all necessary training required to meet the infant's medical needs;
- (B) setting has all of the necessary equipment required to meet the infant's medical needs, the placement provider knows how to use the equipment, and the equipment is in operating condition; and
- (C) provider is willing and able to:
 - (i) follow all medical requirements and orders as given by the infant's physician;
 - (ii) transport the infant to all medical appointments; and
 - (iii) keep the infant's CW specialist fully apprised of the infant's condition.

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

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

14. Protective services alert. A protective services alert is requested by contacting the CPS Programs Unit after diligent, yet unsuccessful efforts were made to locate the family, when:

- (1) a report indicates the child's safety is or will be at risk;**
- (2) it appears the family relocated within Oklahoma or to another state; and**
- (3) the child and family's address and whereabouts are unknown; or**
- (4) the child was abducted from OKDHS custody; or**
- (5) the CW specialist is aware of a pregnancy involving a mother or father who is a party to an open permanency planning case and the whereabouts of the mother or father are unknown.**

15. Child who left Oklahoma. When a child, for whom emergency custody or a pick-up order was requested, left Oklahoma prior to the order's execution, enforcement of the custody order and recognition of Oklahoma's jurisdiction by the other state must occur to have the child returned. Each situation is treated according to the laws and procedures of the state where the child is located.

(1) When the child's location is unknown, the:

(A) CW specialist:

- (i) contacts the CPS Programs Unit to issue a protective service alert;**
- (ii) immediately staffs with the CW supervisor to determine if national search efforts will be initiated;**
- (iii) when it is decided that a national search will be initiated, completes Form 04MP026E, Abducted Child Report, within one-business day of the staffing with his or her supervisor. An incomplete form delays the report to National Center for Missing and Exploited Children (NCMEC);**
- (iv) immediately emails completed Form 04MP026E to the CW supervisor for review and approval. Upon approval, the CW supervisor emails Form 04MP026E to the district director to report the missing child; and**
- (v) follows the National Center 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.

**SUBCHAPTER 6. PERMANENCY PLANNING
PART 7. FAMILY AND CHILD INDIVIDUALIZED SERVICE PLANNING
COMPONENTS**

340:75-6-40.3. Permanency Assessments

Revised 9-15-20

(a) The Assessment of Child Safety (AOCS) is a tool where all information gathered during in-depth assessments is documented. The AOCS builds upon the information documented in the initial Child Protective Services AOCS, lists all safety threats, and identifies any underlying causes of behavior related to those safety threats that led to the child's removal.

(1) An in-depth family assessment begins as soon as possible and is completed within the first 60-calendar days using the earliest date: after the child's removal, the filing of the petition, or the signing of the family service agreement.

(2) The assessment process identifies and evaluates the family's strengths, resources, protective capacities, and underlying causes of behavior that create the unsafe conditions and then integrates the information into a behaviorally-based individualized service plan.

(3) The assessment process is ongoing as information is gathered, obtained, and added to the assessment document. ■ 1 through 6

(b) **Ongoing assessment of child safety.** Evaluating child safety is a primary function of all child welfare (CW) specialists during the investigative process and ongoing casework. Safety is assessed by the CW specialist during every contact with the family. The safety evaluation is a continuous process that occurs throughout the life of the case. The ongoing evaluation determines if the behaviors and conditions that led to the child's removal continue to rise to the level of a safety threat and assesses for additional safety threats and for safety as the case progresses and in reunification. This process is documented on Form 04KI030E, Assessment of Child Safety. ■ 7 & 8

(c) **Preliminary inquiry.** A preliminary inquiry is conducted when the child, in an open permanency planning, trial reunification, Interstate Compact on the Placement of Children, or family-centered services case is reported to have a physical injury and the cause of the injury is unknown, per Oklahoma Administrative Code 340:75-3-130. ■ 9

INSTRUCTIONS TO STAFF 340:75-6-40.3

Revised 9-15-20

1. a. **Assessment of Child Safety (AOCS).** Form ~~04K1030E~~ 04KI030E, **Assessment of Child Safety**, is the tool used to document the information gathered during the initial in-depth assessment. Information documented in the initial AOCS, completed during the CPS investigation, is the foundation for the ongoing AOCS, conducted by the permanency planning specialist, used for a behaviorally-focused individualized service plan (ISP), any changes in the case, or case closure.

(b) Reunification not in the initial permanency plan. When the initial permanency plan is not reunification, such as when a petition includes a request for immediate termination of parental rights or the court finds reasonable efforts to reunite the child and family are not required, an in-depth assessment is completed on the child only, instead of the family.

(c) Case review. Prior to initiating the in-depth assessment, the child welfare (CW) specialist reviews the entire CW record, including previous child abuse or neglect investigations, reports to the district attorney, the AOCS, any previous CW case records, all family meeting reports, all transfer meeting contacts, all criminal history, and all other previous Oklahoma Human Services (OKDHS) history with the family.

2. Ongoing AOCS procedure. Family interviews for the initial in-depth assessment are conducted in the family home, when safe to do so. This assessment is completed when the family is ready to begin the process; however, the ongoing AOCS is completed no later than 30-calendar days from the signing of the family service agreement, or 60-calendar days from the child's removal, or the date the petition is filed.

(1) The assessment includes interviews with and observations of as many household members present, as possible.

(2) A child in placement may be brought to the home for the assessment when case circumstances and safety permit, affording an opportunity to observe parent-child interaction.

(3) Information is obtained from immediate and extended family, tribes, placement providers, kinship sources, service providers, schools, other OKDHS units or divisions, and the Office of Juvenile Affairs, when applicable.

(4) The assessment process helps the CW specialist establish rapport, learn the family's history, and observe the current functioning patterns within the family. The assessment identifies underlying causes of behavior that led to safety threats and serves to assess for protective capacities, resources, support systems, and family strengths.

3. Ongoing AOCS results. Information gathered and documented in the ongoing AOCS assists the CW specialist in developing a list of interventions needed to address the underlying causes of behavior related to child safety. These interventions are incorporated into the parent's ISP. The ongoing AOCS also assists the CW specialist continually assess child safety during the life of the case to determine if progression in visitation, trial reunification, or case closure is appropriate.

4. (a) Establishing rapport during the assessment. To establish rapport during the assessment, the parent is informed the initial goal is to reunify the child as soon as it is safe to do so. The CW specialist:

(1) informs the parent that Child Welfare Services (CWS) assists in obtaining the required services and encourages the parent to access the services immediately;

(2) discusses the court and permanency planning process with the family; and

- (3) provides OKDHS Publication No. 99-27 A Parent's Guide to Child Welfare Services, that explains what happens with the child, the parent's rights, and what is expected of the parent.
- (b) Problem resolution. When the parent and the CW specialist disagree and the CW specialist is unable to resolve the parent's complaint, the CW specialist:
- (1) advises the parent that staff performance and other staff-related complaints are addressed within the CWS chain of command; and
 - (2) provides the parent information regarding reporting complaints to the Office of Information and Referral.
5. Helpful assessment tool.
- (a) Form 04AN347E, Medical and Social History Report for Adoption, is a tool that assists in the assessment process and is an essential piece of concurrent planning. Form 04AN347E helps identify child and family needs and facilitates the identification and documentation of relative resources. The CW specialist:
- (1) requests current addresses and phone numbers for relatives identified during completion of Form 04AN347E; and
 - (2) removes the first page of Form 04AN347E that refers to adoption and files the page in the paper case record when reunification is the permanency plan.
- (b) Form 04MP015E, Important People in a Child's Life Family Tree, is an optional ~~a~~ tool that ~~may be~~ is used in gathering all potential connections for the child and aides in assessment of the family's support system. Gathering and entering this information into the Family/Kinship Connections screen in KIDS is started during the investigation, updated during the in-depth assessment process, and then updated at every monthly visit.
6. Ongoing AOCS. The purpose of the ongoing evaluation of child safety is to assess for safety threats that are barriers to reunification and case progression. The CW specialist consistently evaluates safety, family functioning, and protective capacities throughout the life of the case, during every contact with the family, until the child is safe in a permanent setting. The criteria for the information documented in the AOCS mirrors the guidance outlined in Oklahoma Administrative Code (OAC) 340:75-3-210.
- (1) Form 04KI030E, Assessment of Child Safety, is used to document the safety evaluation performed by the CW specialist. The form is completed whenever a safety evaluation is deemed necessary and, at a minimum, prior to:
- (A) beginning unsupervised and/or overnight visits;
 - (B) requesting reunification;
 - (C) considering reinstatement of parental rights;
 - (D) recommending closure of a court-involved or family-centered service (FCS) case;
 - (E) the birth of a child in an open case or upon learning of the birth;
 - (F) dissolving a ~~safety plan~~ Safety Plan;
 - (G) requesting changes to the ISP; and
 - (H) immediately following any significant changes in the family's living situation or circumstances.

- (2) Critical thinking is used when applying the safety threshold and evaluating protective capacities of the person responsible for the child's (PRFC) health, safety, or welfare. Every safety threat must meet the five safety thresholds.
- (3) The CW specialist completes all sections of Form 04KI030E. The relevant information from the previous Form 04KI030E is carried over in the current Form 04KI030E, enabling the CW specialist to tell a complete story of safety throughout the life of the case every time the safety evaluation is documented in the AOCS tool.
- (4) The assessment:

 - (A) addresses previous and any new allegations, circumstances, or concerns;
 - (B) identifies behaviors and conditions in the home that led to unsafe conditions and how those behaviors changed over the course of the family's involvement with OKDHS;
 - (C) evaluates the PRFC's protective capacities to address the safety needs of each child in the family;
 - (D) addresses any criminal history; and
 - (E) lists all previously identified safety threats and underlying causes of behaviors that led to CWS involvement.
- (5) The CW specialist explains to the family that the assessment includes separate and joint discussions with all family members and information gained from other sources to determine what actions or interventions, when any, are needed to address identified concerns.
- (6) Information is obtained from:

 - (A) immediate and extended family;
 - (B) the tribe, when applicable;
 - (C) placement providers;
 - (D) kinship sources;
 - (E) service providers;
 - (F) schools;
 - (G) other OKDHS units or divisions; or
 - (H) the Office of Juvenile Affairs, when applicable.
- (7) AOCS documentation must include:

 - (A) CW supervisor approval denoted by his or her signature;
 - (B) scanning the document into KIDS File Cabinet;
 - (C) saving the document as a word document on secure "U" drive in order to build upon it each time a new documentation episode is needed;
 - (D) completion of every section of Form 04KI030E and ensuring every section is updated with current information; and
 - (E) listing all safety threats and underlying causes, and any progress realized in correcting conditions that led to CWS involvement.
7. Six key questions. The information compiled for each of the six key questions indicates how the family functions and assists with making child safety determinations. The six key questions explain all previous safety threats and underlying causes, any progress to correct or manage those threats, any safety

plans Safety Plans in place, and any new safety threats that affect the child. The six key questions are completed and communicate the entire family story as it relates to the safety of the child and involvement in the CW system. The CW specialist may copy and paste information from the original Form 04KI030E, but must update the information.

(1) Maltreatment. The CW specialist assesses the extent of the alleged maltreatment, safety threats, and underlying causes to determine the next steps in the reunification process. All CW history, criminal history, underlying causes, and other relevant history are listed.

(2) Circumstances. The CW specialist assesses the circumstances surrounding the alleged maltreatment and considers the nature of what behaviors or conditions surround the maltreatment. The CW specialist documents all new referrals since the child was removed from the PRFC's care, new criminal history, and any new circumstances that may impact safety. The CW specialist updates information regarding maltreatment including, but not limited to the:

(A) PRFC's intent concerning the maltreatment;

(B) PRFC's explanation of family conditions;

(C) PRFC's acknowledgement and attitude about the maltreatment;

(D) history or pattern of maltreatment of the subject child or others by the PRFC;

(E) PRFC's criminal history;

(F) presence of other problems occurring in association with the maltreatment, such as PRFC substance use or abuse or mental health;

(G) PRFC and sibling's explanation of the maltreatment; and

(H) collateral information related to the circumstances and history.

(3) Child functioning. The CW specialist assesses each child separately with regard to his or her well-being, how he or she functions or behaves on a daily basis, and his or her role in the family. The CW specialist considers each child's general behavior, emotions, temperament, and physical capacity.

(A) 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;

(v) the child's vulnerability;

(vi) signs of positive interaction with PRFC(s); and

(vii) collateral information related to child functioning.

(B) Information gathered in this phase of the safety assessment includes the child's current:

(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;
- (ix) motor skills;
- (x) physical and behavioral health;
- (xi) functioning within cultural norms; and
- (xii) developmental functioning.

(C) The CW specialist observes the children with the parents and documents interactions, frequency, and the number of visits in KIDS Contacts. The CW specialist also documents the parent's understanding of the child's development and functioning now, as compared to the time of the removal.

(4) Parenting - discipline. The CW specialist assesses the disciplinary approaches used by the PRFC and the circumstances for using the discipline. Information gathered in this phase of the safety assessment includes:

- (A) methods and frequency of discipline used by the PRFC;
- (B) the PRFC's concept and purpose of discipline, such as providing direction, managing behavior, or teaching;
- (C) the context in which discipline occurs;
- (D) the PRFC's emotional state when disciplining;
- (E) if the PRFCs agree on the type and use of discipline;
- (F) the PRFC's perception of the effectiveness of utilized disciplinary approaches;
- (G) the PRFC's view of his or her own discipline experience as a child;
- (H) if the PRFC's discipline is based on reasonable expectations of the child, relative to age and developmental stage;
- (I) the influence of cultural practices on discipline;
- (J) the child's perception of the discipline methods based on individual conversation with the CW specialist, when the ongoing AOCs is being completed for reunification planning;
- (K) collateral information obtained related to family discipline; and
- (L) documentation of any ISP services initiated or completed regarding discipline and any displayed or verbalized behavioral changes.

(5) Parenting - general. The CW specialist gathers information to evaluate the overall family values and cultural influences within the family.

(A) The CW specialist assesses parenting practices used by the PRFC determining if the:

- (i) PRFC's primary parenting practices are developmentally appropriate;
- (ii) PRFC expresses empathy for the child; and
- (iii) PRFC recognizes danger or threats of danger to the child.

(B) The CW specialist assesses the PRFC's:

- (i) expressed new knowledge and understanding about parenting;
- (ii) interactions with the child; and
- (iii) plans for upcoming visitations, both supervised and unsupervised.

- (C) Information gathered in this phase of the safety assessment includes the PRFC's:**
- (i) reasons for parenting;**
 - (ii) satisfaction from parenting;**
 - (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.**
- (6) Adult functioning.** The CW specialist assesses adult functioning considering how the PRFC feels, thinks, and acts on a daily basis with focus on adult functioning and coping skills.
- (A) This key question determines if the PRFC:**
- (i) is committed to the child's safety;**
 - (ii) changed or is changing behaviors that compromised the child's safety;**
 - (iii) understands why the child was unsafe and the behavioral changes needed to keep the child safe; or**
 - (vi) is impeded by behavioral health or substance use or abuse issues in offering protection to the child.**
- (B) Information gathered in this phase of the safety assessment includes the PRFC's:**
- (i) coping and stress management abilities;**
 - (ii) self-control in discipline and relationships;**
 - (iii) problem-solving abilities;**
 - (iv) judgment and decision-making abilities;**
 - (v) home and financial management capabilities;**
 - (vi) employment history;**
 - (vii) domestic violence or substance use or abuse histories;**
 - (viii) behavioral health history;**
 - (ix) physical health and capacity; and**
 - (x) collateral information related to adult functioning.**
- (7) The information gathered for the six key questions is summarized to determine if family behaviors or conditions cross the safety threshold. The CW specialist completes section IV of Form 04KI030E. The CW specialist considers the totality of the information when making a safety determination, including any and all previous, or on-going OKDHS involvement with the family. The safety threat is identified by using the threshold criteria:**
- (A) specific and observable family condition;**
 - (B) severity;**
 - (C) involves a vulnerable child;**
 - (D) out of control; and**
 - (E) likely to occur in the near future.**
- 8. Pregnancy and newborns in an open case.** An AOCS is completed when a child is born into an open permanency planning case or family-centered service case.

- (1) A newborn is at serious risk of harm when:**
 - (A) reunification of a sibling currently in out-of-home care is not recommended;**
 - (B) there is a pending request for termination of parental rights to a sibling;**
 - (C) termination of parental rights to a sibling occurred and there is no evidence of correction of the conditions that caused termination of parental rights to the sibling; or**
 - (D) conditions that led to CW system involvement have not been corrected.**
- (2) When a CW specialist learns of a pregnancy involving a mother or father who is a party to an open case, the CW specialist:**
 - (A) requests the mother or father provide the name and phone number of the mother's physician and requests the mother sign a release of information to allow the CW specialist to consult with the physician. When the mother or father refuses to provide the information or the mother refuses to sign the release of information, the CW specialist contacts the district attorney to request a court order to obtain the physician's information and allow the CW specialist to release information to the physician;**
 - (B) contacts the physician and provides pertinent information regarding the mother's or father's CW history;**
 - (C) requests the mother or father and physician immediately notify the CW specialist when the child is born;**
 - (D) establishes contact with other known family members or service providers who may provide information about the newborn's birth when the mother or father refuses to disclose;**
 - (E) maintains weekly contact with the mother or father during the month prior to delivery;**
 - (F) requests a protective service alert, per OAC 340:75-3-300 Instructions to Staff, when at any time during the pregnancy, the location of the mother is unknown;**
 - (G) completes Form 04KI030E to assess for safety threats to the newborn child immediately upon the newborn's delivery and makes a referral for an investigation, when necessary, per OAC 340:75-3-400.**
 - (i) New allegations are not required to initiate court intervention on the newborn's behalf.**
 - (ii) A determination of:**
 - (I) child safety for the newborn is required; and**
 - (II) the need for court involvement; and**
 - (H) documents each contact in the KIDS Contacts screen.**
- 9. Preliminary inquiry. A preliminary inquiry follows instructions, per OAC 340:75-3-130 Instructions to Staff # 10.**

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 ~~8-12-19~~

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 was 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/visits using contact guide and addendums.
 - (1) Contacts/visits with the child are entered in KIDS Contacts screen flagged as a specialist visit:
 - (A) as quickly as possible after the contact/visits occurs; and
 - (B) within five-business days after the contact/visit date.
 - (2) 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 as well as 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/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.
 - (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 File Cabinet 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;
 - (ii) scans the original form and saves it to the KIDS File Cabinet; and
 - (iii) files the original form in the paper case.
 - (4) 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) # 9 of this Section, the CW specialist:
 - (A) contacts the parent;
 - (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) When the CW specialist is unable to locate a parent, a KIDS Contact is entered to indicate the diligent search efforts to locate the parent.
5. Interviewing or observing the child.
 - (1) The child is interviewed alone, or when an infant, 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 child is observed for any visible injuries, including those that are the result of normal childhood play. When injuries are observed, 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 found in 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.
 - ~~(2)~~(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.

~~(3)~~(5) The parent or placement provider ensures a place where the child can be interviewed privately, affording the child an opportunity to discuss any unsafe conditions. The child may be interviewed outside of the placement or home in an appropriate location in addition to the visit in the placement location.

~~(4)~~(6) When the child is non-verbal, the CW specialist assesses safety through observation, per 10A O.S. § 1-7-113.

~~(5)~~(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.

~~(6)~~(8) The CW specialist sees every child awake each month to properly assess the child's safety. A specialist visit cannot be completed by observing a sleeping child.

~~(7)~~(9) The CW specialist completes at least one unannounced and unscheduled visit, per quarter for the child in any placement type.

~~(8)~~(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 that the entire home or placement was seen a minimum of one time per quarter.

~~(9)~~(11) Interviews and observations increase in times of change or stress.

~~(10)~~(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).

~~(11)~~(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.

~~(12)~~(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 visitation, 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 being reassigned in cases of extended leave.

8. Child contact requirements.

(1) 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.

(2) Inpatient treatment. When the child requires admission to an inpatient facility, procedures, per Oklahoma Administrative Code (OAC) 340:75-16-30 Instructions to Staff (ITS), are followed. No later than 24 hours after a child's placement 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 placed 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.

(3) Child in Office of Juvenile Affairs (OJA) custody. When the child in Oklahoma Department of Human Services (~~DHS~~)(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."

(4) ~~DHS~~ OKDHS supervision. Per OAC 340:75-6-85.5, the court may place the child under ~~DHS~~ 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 must be 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 ~~DHS~~ OKDHS supervision.

(5) Contact with young adult 18 years of age and older in voluntary placement. The CW specialist's contact with the young adult 18 years of age and older who is in voluntary placement is determined jointly by the CW supervisor, CW specialist, young adult, and placement provider.

(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.
- (6) Contact with the child in ~~DHS~~ 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 placement 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-~~DHS~~ 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 placements. Supervision is provided by the RTC facility, who is responsible for the child's supervision, protection, safety, and well-being of the child. 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 ~~DHS~~ 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 ~~DHS~~ OKDHS:2-21-109.
- (7) Contact with child in ICPC placement with parent, relative, or placement provider.
- (A) The ~~DHS~~ 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-DHS~~ OKDHS or Non-CW Staff"; and selects "Worker Visit" as the purpose; and
 - (iii) scans the quarterly report into the KIDS File Cabinet and documents in KIDS Contacts that it was received and scanned.
 - (B) The ~~DHS~~ OKDHS CW specialist assures that 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.
- (8) 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/behavior;
 - (ii) medical/dental/immunizations/medications; and
 - (iii) personal care/environment/clothing/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. The CW specialist makes a home visit when assessing the home for reunification purposes. Exceptions to contacts with the parent are granted when:
 - (1) the parent's whereabouts are unknown. At least once a month, the CW specialist must make diligent efforts to locate the parent. Efforts are documented in KIDS as an "Attempted Worker Visit Parent Contact";
 - (2) parental rights were terminated; or
 - (3) other justified reasons exist that are documented in the case record.
- (b) Parent contact requirements – special circumstances. 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 an exception applies. Appropriate exceptions include, but are not limited to, when the:

- (1) parent is incarcerated for an offense that resulted in the death penalty;
- (2) length of the parent's incarceration is expected to surpass the date of the child obtaining the age of majority; or
- (3) court finds reasonable efforts are not required.

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 11. CHILD WELFARE COMMUNITY-BASED RESIDENTIAL CARE

PART 17. CONTRACTED COMMUNITY-BASED RESIDENTIAL CARE PROVIDERS

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

Revised 9-15-16

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

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

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

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

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

(f) CBRC placements must:

- (1) be licensed by DHS, or another approved licensing body, and are either operated by, or under formal contract with DHS; and
- (2) provide appropriate treatment interventions for children that improve the child's functioning level, resulting in a successful discharge to a less restrictive placement, such as his or her own home, relative home, foster family home, therapeutic foster

care, adoptive home, or successful adulthood. ■ 4

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

INSTRUCTIONS TO STAFF 340:75-11-233

Revised 9-15-20

- 1. Assessing a child for placement. The assigned child welfare (CW) specialist and CW supervisor assess each child's treatment needs, per Oklahoma Administrative Code (OAC) 340:75-6-85. When the child's treatment needs can no longer be met in the child's own home, relative home, or foster family home and the child does not meet the medical necessity criteria for inpatient psychiatric treatment, the assigned CW:**
 - (1) specialist requests treatment for the child in a community-based residential care (CBRC) placement;**
 - (2) specialist makes the placement request on KIDS Placement Recommendation screen after all information on Form 04KI010E, Placement Worksheet, on KIDS was completed;**
 - (3) specialist and CW supervisor ensure Form 04KI010E is complete prior to making the placement request on KIDS or the placement request will be denied by the Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU) and the child will neither be referred nor placed on the placement waiting list;**
 - (4) specialist and CW supervisor ensure the placement packet, per OAC 340:75-11-238 Instructions to Staff # 2(3), is completed on KIDS at the time of the placement request to allow the assigned CW specialist to make a timely placement when the placement is identified and the referral made; and**
 - (5) supervisor approves the placement on KIDS within five-business days of the decision for CBRC placement.**
- 2. Authorization of a placement request. CWS SPPU:**
 - (1) completes the referral and authorizes the placement of a child in Oklahoma Human Services or tribal custody in a more restrictive CBRC placement.**
 - (A) Exceptions to referral and authorization by CWS SPPU are:**
 - (i) residential intensive treatment services (ITS), ~~72-hour~~ seven-calendar days, short-term crisis stabilization services;**
 - (ii) non-funded family-style living programs; and**
 - (iii) funded and non-funded residential maternity services.**
 - (B) Authorization and referral to (i) through (iii) of subparagraph (A) are made by the respective CW facility liaison after inquiry from and consultation with the facility or assigned CW specialist; and**
 - (2) maintains the waiting list of children for CBRC placements when the need exceeds available resources.**
- 3. Voluntary care. The assigned CW specialist and CW supervisor determine if the youth in CBRC placement is eligible for voluntary care over 18 years of age, and when the eligible youth requests voluntary care, the assigned CW specialist**

completes requirements, per OAC 340:75-6-110.

4. **Case assignment and responsibility.** The assigned CW specialist retains assignment of the child's case record and is responsible for the child's permanency plan, per OAC 340:75-6-31 and 340:75-6-85.

340:75-11-233.1. Placement services

Revised 9-15-17

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

- (1) ensure that children in Oklahoma Department of Human Services (DHS) custody or tribal custody are placed in the least restrictive community-based residential care (CBRC) placement that most appropriately meets their treatment needs;
 - (2) ensure equal access to CBRC placement resources by children in DHS custody or tribal custody statewide; and
 - (3) maintain the waiting list of children in DHS or tribal custody who need CBRC placements when the need for CBRC exceeds the availability of CBRC placements.
- 1 through 9

INSTRUCTIONS TO STAFF 340:75-11-233.1

Revised 9-15-17

1. **Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU) placement responsibilities.** To respond expediently to the volume of placement requests for children, CWS SPPU:
 - (1) completes a daily review of children's cases received via the KIDS Above TFC screen;
 - (2) assesses each placement request and notifies the assigned child welfare (CW) specialist and CW supervisor of receipt of the request by email;
 - (3) completes a daily review of the facility bed vacancy reports submitted daily by community-based residential care (CBRC) providers to the SPPU Vacancy Report@okdhs.org email inbox;
 - (4) evaluates the individualized treatment needs of children on the CBRC waiting list and identifies each child for referral to the appropriate CBRC placement as openings become available;
 - (5) makes the referral for placement to the CW facility liaison when a CBRC facility is identified and notifies the assigned CW specialist and CW supervisor of the referral, and, when requested, the district director;
 - (6) documents, on KIDS Placement Authorization screen, information used in reaching the placement recommendation and compliance with applicable laws and policies;
 - (7) completes documentation related to the placement episode when notified by the assigned CW specialist that the child is placed; and
 - (8) maintains a working placement case record until the end of the year the child reaches majority.
2. **Psychiatric admission.** Admission of a child to an acute psychiatric facility or a psychiatric residential treatment center (RTC) is made per Oklahoma Administrative Code (OAC) 340:75-16-30.

- (1) The CWS SPPU provides consultation to the assigned CW specialist and CW supervisor regarding the identification of appropriate placement resources for a child discharged from inpatient psychiatric care.
- (2) When the child enters inpatient psychiatric care ~~or within five business days following admission for monitoring purposes,~~ per Instructions to Staff (ITS) # 4 (5) of this Section, the assigned CW specialist begins discharge planning. ~~3. Dual adjudication placement. A child who is adjudicated deprived and in need of supervision or delinquent is placed per OAC 340:75-6-46.~~
- 3. Dual adjudication placement. A child who is adjudicated deprived and in need of supervision or delinquent is placed, per OAC 340:75-6-46.**
- 4. Placement priority for a child in Oklahoma Department of Human Services (DHS) (OKDHS) custody or tribal custody.**
- (1) The child's treatment needs, placement history, current location, trauma history, and readiness for placement determine placement referral priority.
- (2) Priority is given on the waiting list when a child is:
- (A) ready for discharge from an inpatient psychiatric treatment facility; or
 - (B) in a CBRC facility and needs a more or less restrictive level of CBRC care.
- (3) CWS SPPU establishes the waiting list according to the:
- (A) level of care the child requires;
 - (B) child's current location;
 - (C) date of the placement request;
 - (D) child's county of jurisdiction; and
 - (E) child's permanency plan.
- (4) The assigned CW specialist's supervisor facilitates assignment of the placement request to CWS SPPU by approving the KIDS Placement Recommendation screen that indicates his or her review of Form 04KI010E, Placement Worksheet, for completion and accuracy. Refer to OAC 340:75-11-233 ITS.
- (5) The assigned CW specialist is responsible for:
- (A) electronically providing CWS SPPU initial and updated collateral case information needed to justify CBRC placement, including, but not limited to, documentation of previous placement episodes, psychological evaluations, behavioral health diagnoses, hospital letters, facility progress reports, critical incident reports, and discharge summaries. CWS SPPU maintains all information in the working placement case record; and
 - (B) maintaining regular and ongoing contact with CWS SPPU via SPPUGrouphomerequest@okdhs.org email inbox to inform of any changes in the child's location or need for CBRC placement.
- 5. Report of vacancies. The CW facility liaison or the provider immediately reports CBRC vacant beds to SPPUVacancyReport@okdhs.org email inbox when a bed becomes vacant or in advance when a planned discharge results in a vacant bed.**
- 6. Placement procedures. When the assigned CW specialist receives the referral,**

the assigned CW specialist:

- (1) immediately contacts the CBRC facility and CW facility liaison where the child is referred;
 - (2) makes arrangements for transportation and ensures the child is placed, per OAC 340:75-11-238, within three- business days from the date of the placement referral to Level D+ and Level C group homes and within two-business days from the date of placement referral to a Level E group home; and
 - (3) immediately documents the placement in the child's KIDS Placement screens. Authorization of the placement episode by CWS SPPU unlocks the KIDS Enter-Exit screen.
7. **Behavioral health gatekeeping process.** The process of admitting a child into an acute psychiatric facility or RTC begins ~~with a phone screening through the Oklahoma Healthcare Authority (OHCA) at 1-800-522-0114,~~ by contacting the Mobile Crisis Unit at 1-833-885-2273 or by taking the child in Oklahoma Human Services (OKDHS) custody to the nearest psychiatric hospital for a face-to-face screening by a behavioral health professional.
8. **Placement request for a child in inpatient treatment.**
- (1) The assigned CW specialist immediately initiates a placement request on the KIDS Placement Recommendation screen, for any child in DHS OKDHS or tribal custody who is placed in inpatient psychiatric care whose discharge plan recommends placement in a CBRC facility.
 - (2) The assigned CW specialist and CW supervisor ensure Form 04KI010E is updated to reflect inpatient treatment history and discharge recommendations.
 - (3) The assigned CW specialist provides information to CWS SPPU on the child's projected length of stay as authorized by OHCA or as determined by discharge planning by the treating facility.
9. **Admission to a psychiatric facility.** When a child is admitted to a psychiatric facility from a CBRC placement, the assigned CW specialist initiates a new placement request on the KIDS Placement Recommendation screen within three-business days to reflect inpatient admission.

340:75-11-237. Rights of a child in community-based residential care (CBRC)

Revised 9-15-17

(a) Child's rights.

(1) A child is not subjected to unreasonable silence rules, group punishment for inappropriate individual acts, profanity, verbal abuse, or threats of unnecessary or unauthorized physical force by staff, or "make work"; provided that nothing herein prevents a child from performing routine housekeeping tasks or maintenance work directly related to a vocational program, such as specific skill training.

(2) Except in situations that pose a serious threat to the child's life or health, a child has the right to refuse medications. Refused medications cannot be administered unless a court order is obtained authorizing forcible administration. Necessary medication prescribed by a physician may be forcibly administered by staff trained in medication administration and who are familiar with the child's condition. ■ 1

(3) A child:

(A) is not punished by:

- (i) physical force;
- (ii) deprivation of nutritious meals;
- (iii) deprivation of family visits; or
- (iv) solitary confinement;

(B) has the opportunity to participate in physical exercise daily;

(C) has daily access to a shower;

(D) is allowed his or her own clothing or individualized clothing that is clean per Oklahoma Administrative Code (OAC) 340:110-3-154.1;

(E) has constant access to writing material and may send mail without limitation, censorship, or prior reading;

(F) may receive mail without prior reading, except that mail may be opened in the presence of the child, without being read, to inspect for contraband or when authorized by the court for the protection of the child;

(G) has access to email, mail, social media, and phone calls with family and friends that are not monitored or restricted unless for the child's protection. Denial of email, mail, social media, phone contact, or visitation with family members occurs only by order of the court when it is determined contact with a specifically identified family member is not in the child's best interest per OAC 340:75-6-30;

(H) has a right to communicate and to visit with his or her family on a regular basis and to communicate with persons in the community provided the communication or visitation is in the child's best interest;

(I) has timely access to medical care as needed;

(J) is provided access to educational programs, including teaching, educational materials, and books; ■ 2

(K) has a right to access his or her attorney; and

(L) has access to grievance and appeal procedures, per OAC 340:2-3-45 through 340:2-3-49.

(4) A child's visitation with family is not contingent upon the child's behavior and family visitation is not denied by the CBRC.

(5) A child's behavioral health needs are met, protected, and served through the provision of guidance, counseling, and treatment programs staffed by competent, professionally qualified persons.

(b) All CBRC programs, whether operated by Oklahoma Department of Human Services (DHS) or under contract with DHS, must comply with Section 1-7-105 of Title 10A of the Oklahoma Statutes, OAC 340:110-3-154.1, and OAC 340:110-3-154.2.

(1) The use of mechanical restraints and medication for behavior management are prohibited in DHS operated and contracted programs. The use of physical force, when authorized, is the least force necessary under the circumstances and is permitted only with an approved, non-pain producing, passive, positive, youth development curriculum:

(A) for self-protection;

(B) to separate children who are fighting;

(C) to restrain children in danger of inflicting harm to themselves or others; or

(D) to deter children who are in the process of leaving the facility without

authorization.

(2) The approved, non-pain producing, passive, positive, youth development curriculum includes:

(A) graded alternatives using a combination of psychological and physical techniques to ensure safety with emphasis toward:

- (i) de-escalation of the situation;
- (ii) elimination of abuse to persons with acting out behavior; and
- (iii) injury reduction; and

(B) physical contact aspects are utilized only when the child's behavior poses an imminent danger to self or others when all other methods were exhausted. Physical contact may only last until the imminent danger has passed.

(3) CBRC placements providing care and treatment for children in DHS custody or tribal custody are not locked for the purpose of deprivation of liberty or for disciplinary purposes.

INSTRUCTIONS TO STAFF 340:75-11-237

Issued 9-15-17

- 1. For procedures related to the administration of psychotropic medication, refer to Oklahoma Administrative Code (OAC) 340:75-6-88 340:75-14-3 Instructions to Staff.**
- 2. For more detailed information regarding education policy refer to OAC 340:75-6-50.**

340:75-11-238. Assigned child welfare (CW) specialist general responsibilities for children placed in community-based residential care (CBRC)

Revised 9-15-16

The assigned CW specialist has general responsibilities for children in Oklahoma Department of Human Services custody placed in any CBRC placement. ■ 1 & 2

INSTRUCTIONS TO STAFF 340:75-11-238

Revised 9-15-20

1. Assigned child welfare (CW) specialist role.

(1) The assigned CW specialist's role and responsibilities for a child in Oklahoma Human Services (OKDHS) custody, in out-of-home placement are defined in Oklahoma Administrative Code (OAC) 340:75-6-31 and 340:75-11-233 Instructions to Staff (ITS).

(2) The assignment of a CW facility liaison to the contracted community-based residential care (CBRC) placement provider does not diminish the assigned CW specialist's role and responsibilities for a child in OKDHS custody in contracted CBRC placement, such as:

- (A) intensive treatment services;
- (B) substance use or abuse treatment services;
- (C) specialized community homes;
- (D) family-style living programs, non-funded and funded Level B placements;
- (E) residential maternity services placements;

- (F) non-funded and funded Level C placements;
- (G) Level D placements;
- (H) Level D+ placements; and
- (I) Level E placements.

2. Assigned CW specialist responsibilities. The assigned CW specialist is responsible for:

- (1) accurately completing and, at the time of placement, providing Form 04KI010E, Placement Worksheet, to the placement provider. Form 04KI010E is required for placing a child in CBRC placement as the form includes the history and current situations of the child's family, and the child's physical and behavioral health status, psychological needs, medical needs, education, and placement factors;
- (2) making the request for the contracted CBRC placement in the child's KIDS Placement Recommendation screen. The CW supervisor approves this request, within five-calendar days of the assigned CW specialist's and CW supervisor's decision that contracted CBRC placement or services are necessary to meet the child's treatment needs;
- (3) providing the placement provider, copies of:
 - (A) completed Form 04KI004E, Placement Provider Information;
 - (B) completed Form 04KI005E, Child's Individualized Service Plan (ISP);
 - (C) completed Form 04KI006E, Strengths and Needs Assessment, ~~court-approved~~ or Form ~~04KI028E~~ 04KI007E, Family Functional Assessment CPS Family Assessment Report;
 - (D) completed Form 04KI008E, Treatment Plan, or Form 04KI012E, Individualized Service Plan (ISP), as applicable;
 - (E) completed Form 04FC011E, Placement Agreement for Out-of-Home Care;
 - (F) child's birth certificate;
 - (G) immunization records;
 - (H) court order for OKDHS custody;
 - (I) most recent psychological evaluation;
 - (J) current social history;
 - (K) Social Security number or Form SS-5, Application for Social Security Card;
 - (L) medical card or Form 04KI002E, Title IV-E Eligibility Determination;
 - (M) school records, including Individual Education Programs, or the name and address of the last school attended; and
 - (N) successful adulthood assessment when the child is 14 years of age and older;
- (4) transporting the child for admission with:
 - (A) clothing or a clothing authorization when the child does not have suitable clothing for seven-calendar days. Emergency clothing authorizations for a child placed in a non-funded CBRC placement or family-style living program may be provided every 90-calendar days, per OAC 340:75-13-45; and
 - (B) a 30-calendar day supply of medications, in labeled prescription

containers with instructions, currently prescribed for the child to allow for uninterrupted treatment until alternate follow-up medical care is received. The assigned CW specialist documents the receipt and release of all medication on Form 04MP012E, Receipt and Release of Prescription and Over-the-Counter Medication(s), per OAC ~~340:75-6-88~~ ITS # 8 340:75-14-3 ITS # 10 (A);

(5) providing the placement provider with input into the development, review, or revision of the child's individualized treatment plan that is completed by the placement provider within 30-calendar days of placement. Review of the contractor's individualized treatment plan is required at least once every 90-calendar days or more frequently as determined by the child's treatment needs;

(6) notifying Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU) when the child is placed with the contractor;

(7) documenting the child's placement in KIDS Placement screens;

(8) providing completed ~~Forms 04KI025E, Change in Placement Notification for Child's Attorney, and 04KI026E~~ 04KI006E, Change in Placement Notification for Judge, per OAC 340:75-6-86 when there is a change in the child's living arrangements;

(9) contacting the child and placement provider, per OAC 340:75-6-48;

(10) advising the placement provider of the local post adjudication review board review meetings, dates and times of court hearings, and any case staffing requiring the provider's input, or possible attendance;

(11) entering the placement end date in KIDS Placement screens, obtaining the child's next placement, and transporting the child for immediate interview and placement after the contractor receives the placement referral;

(12) developing the child's discharge plan and attending discharge staffing with at least a 48-hour notice from the provider;

(13) approving and arranging visitation, including transporting and supervising the visit, when necessary;

(14) ~~completing Form 08MP030E, Authorization for Bus Transportation, when bus travel within Oklahoma is necessary for the child;~~

~~(15)~~ initiating a referral for the child likely to meet the medical necessity criteria for acute or residential treatment care (RTC);

~~(16)~~(15) locating an inpatient facility, when the child requires acute or RTC inpatient treatment;

~~(17)~~(16) when the child requires transportation by law enforcement officials, arranging transportation by the county of jurisdiction or the county of placement Sheriff's office. The court may issue an order, per Section 1-8-107 of Title 10A of the Oklahoma Statutes, directing the county sheriff, or designee, of the county where the court is located to provide transportation for a child who is the subject of a deprived proceeding, regardless of where the child is placed within the state, for the purposes of transferring the child from:

(A) his or her current placement to a designated inpatient treatment facility;

- (B) the inpatient treatment facility to a court hearing;
- (C) an out-of-county placement to court for hearing and returning the child back to the out-of-county placement; and
- (D) any location to placement when requested by OKDHS for the purpose of ensuring the safekeeping of the child and the OKDHS employee;
- ~~(48)~~(17) providing the sheriff's office with the mailing address to CWS SPPU program staff to file the claim for mileage, meals, and hourly wage;
- ~~(49)~~(18) submitting Form 23CO106E, Authority to Purchase, to CWS SPPU program staff with all necessary identifying information for reimbursement to the sheriff's office for transportation services; and
- ~~(20)~~(19) reporting any earned income of the child to the assigned custody specialist on Form 08MP013E, Information/Referral for Other Services.

340:75-11-239. Child welfare (CW) facility liaison's general responsibilities for children placed in community-based residential care (CBRC) and CBRC placement providers

Revised 9-15-17

CW facility liaisons have responsibility for assisting CW specialists with placement of children in Oklahoma Department of Human Services (DHS) custody into CBRC, ensuring the safety of children in DHS or tribal custody placed in CBRC, monitoring CBRC contract compliance, and supporting and linking CBRC placement providers, assigned CW specialists, and community partners. ■ 1 through 46

INSTRUCTIONS TO STAFF 340:75-11-239

Revised ~~9-15-17~~

1. Child welfare (CW) facility liaison responsibilities for assisting community-based residential care (CBRC) providers and assigned CW specialists with placement of children into CBRC. The CW facility liaison:

- (1) assists the placement provider in obtaining all required information about the child from the assigned CW specialist;
- (2) provides Form 15GR005E, Notice of Grievance Rights - Minors in ~~DHS~~ OKDHS Custody - Youth in Voluntary ~~DHS~~ OKDHS Care, to the child within 24 hours of placement and annually thereafter and includes the name of the local grievance coordinator (LGC) on this form, per Oklahoma Administrative Code (OAC) 340:2-3-47. After receiving a completed grievance form, the CW facility liaison:
 - (A) notifies the Office of Client Advocacy (OCA) and provider's LGC regarding any grievances filed on the child's behalf concerning the CBRC program; and
 - (B) contacts the district director for the child's assigned CW case specialist about grievances filed on the child's behalf concerning an Oklahoma Department of Human Services (~~DHS~~) (OKDHS) employee, policy, or procedure; and
- (3) maintains the waiting list of children referred for residential intensive treatment services, family-style living programs, non-funded Level B, and residential maternity services when the number of children referred exceeds

resource availability in these placements; and

~~(4) ensures the provider submits vacant bed reports daily to SPPUVacancy~~ Report@okdhs.org email inbox.

2. CW facility liaison responsibilities to ensure the safety of children placed in CBRC include:

(1) remaining alert to and reporting any alleged or suspected abuse, neglect, or maltreatment of a child ~~to the DHS Child Abuse and Neglect Hotline (Hotline) at 1-800-522-3511;~~

(2) following protocol when Hotline referrals are received regarding CBRC contractors. The CW facility liaison:

~~(A) is informed~~ receives the referral assignment in KIDS by the CW facility liaison supervisor ~~or Child Welfare Services (CWS) Specialized Placements and Partnerships Unit (SPPU) program staff that~~ when a referral regarding a CBRC facility was is assigned to OCA for investigation. ~~CWS SPPU program:~~

~~(i) staff notifies the CW facility liaison supervisor of the assigned referral within 24 hours of receipt of the email notice from the Hotline;~~

~~(ii) staff documents the email notice of the assigned investigation from the Hotline in the KIDS Contacts screen of the referral; and~~

~~(iii) staff's notification to the CW facility liaison supervisor of the assigned referral is documented in the KIDS Contacts screen of the referral;~~

(B) documents, in the KIDS Contacts screen of the referral, when notified that the OCA investigator determined a plan for immediate safety (PFIS) was necessary and established to ensure safety per OAC 340:2-3-34 Instructions to Staff. OCA:

(i) electronically or by phone, notifies CWS SPPU within 24 hours of the development of, or changes to, a ~~plan for immediate safety~~ PFIS; and

(ii) uploads the established or updated ~~plan for immediate safety~~ PFIS into the KIDS File Cabinet of the investigation within 24-hours of the development of, or changes to, a plan for immediate safety;

(C) contacts the CBRC contractor within two-business days of notice from OCA that a ~~plan for immediate safety~~ PFIS was created with the facility. The CW facility liaison:

(i) reviews the OCA ~~plan for immediate safety~~ PFIS with the contractor;

(ii) assesses child safety and ensures facility follow-up with the ~~plan for immediate safety~~ PFIS by:

(I) visiting the facility weekly;

(II) making observations of interactions at the facility;

(III) having discussions with facility staff and children;

(IV) gathering information related to action steps in the ~~plan for immediate safety~~ PFIS;

(V) collecting documentation regarding ongoing and completed action steps by the facility; and

(VI) documenting and scanning information from (I) through (V)

- into the KIDS ~~Contacts~~ Contact screen or the File Cabinet of the investigation;
- (D) reviews the OCA exit notice and completed OCA investigative report ~~sent to CWS SPPU program staff from OCA,~~ for any noted concerns. Receipt and review of the OCA exit notice is documented in the KIDS ~~Contacts~~ screen of the investigation ~~by CWS SPPU program staff.~~ The CW facility liaison:
- (i) begins follow-up within seven-business days when concerns are noted by OCA and assists the CBRC administrator or designee in completing a finalized corrective action plan (CAP) or a finalized facility action step (FAS). The CAP or FAS is finalized within 10-calendar days of CWS SPPU CW liaisons facility liaison's contact to address substantiated abuse, neglect, or areas of concern noted by OCA;
 - (ii) ~~conducts weekly follow-up with the CBRC contractor until documents the CAP or FAS is complete and issues are resolved in the resource KK case in KIDS;~~
 - (iii) ~~documents the CAP or FAS in the KIDS Facilities Services Plan (FSP) screen on the resource, and enters a contact in the KIDS Contacts screen on the resource~~ conducts weekly follow-up with the CBRC contractor and documents the follow-up in Referral Contacts in KIDS until the CAP or FAS is complete and issues are resolved; and
 - (iv) reviews completed documentation with CW facility liaison's supervisor who approves closure of SPPU's involvement in the assigned referral;
- (E) the SPPU CW facility liaison supervisor is notified of all screened out Hotline reports. ~~Upon request of CWS SPPU program staff, conducts reviews of screened out Hotline reports for safety assessment and contract and licensing compliance regarding children in DHS and tribal custody placed in contracted CBRC.~~ The CW facility liaison supervisor reviews the screened-out reports to determine if assignment to a CW facility liaison is needed. The CW facility liaison supervisor enters a contact in the referral documenting the review's result. The role of the CW facility liaison regarding screened out reports referrals that were assigned includes:
- (i) ~~initiating a CAP or FAS and documenting in the KIDS FSP screen the referral within five-business days of receipt of the referral, when allegations warrant of assignment by the CW facility supervisor and documenting the contact in the KIDS Referral screen.~~ The CW facility liaison's supervisor or ~~CWS SPPU program staff~~ may require expedited modify the initiation or completion of the CAP or FAS of a referral, when necessary. Follow-up includes, but is not limited to, speaking with youth, direct care staff, nursing staff, and reviewing charts;
 - (ii) ~~addressing any concern or contract violation with the CBRC administrator or designee through the CAP or FAS and documenting~~

~~the contact in the KIDS Contacts screen in the resource requesting closure in the Policy Violation screen when there are no concerns and all documentation was entered in KIDS;~~

~~(iii) documenting, in the KIDS FSP screen, weekly follow-up on action steps required on the addressing identified concerns with the facility, when applicable, and developing a CAP or FAS. Follow-up may include observations, charts, or policy and procedure review, and discussions with the child and CBRC staff;~~

~~(iv) completing CAP and FAS follow-ups weekly until the issues are resolved. Contacts are documented in the KIDS Referral Contacts screen;~~

~~(iv)(v) documenting in the FSP CAP and FAS when action steps are achieved and resolution of the concerns occur. The CW facility liaison's supervisor reviews the completed documentation in the KIDS FSP and Contacts and approves closure of SPPU referral follow-up **in** the Policy Violation screen or provides direction to the CW facility liaison for further actions, when necessary;~~

~~(v) scanning the completed and signed CAP or FAP into the KIDS Referral File Cabinet and sending a copy to the CBRC contractor; and~~

~~(vi) documenting all contacts and closure of the CAP or FAS in the KIDS Referral Contacts screen; and~~

~~(3) knows and retains a copy of being knowledgeable about the CBRC contractor contractor's disaster plans. The CW facility liaison scans the plans, titled Facility Disaster Plan, into the KIDS Resource File Cabinet as "other," and maintains contact with the facility and CWS SPPU program staff during a disaster event.~~

3. CW facility liaison CBRC contract monitoring responsibilities. The CW facility liaison responsibilities for monitoring CBRC contracts include:
- (1) maintaining knowledge of CBRC contract requirements and reporting violations to the CW facility liaison's supervisor who determines when CWS SPPU program staff are notified;
 - (2) reviewing contractor's ~~policy and procedures, child's charts~~ monthly reports, incident reports, and restraint reports, ~~and medication administration during required weekly visits~~ as received;
 - (3) visiting with all children placed at the facility ~~at least once a month~~ during required weekly visits;
 - (4) observing interactions and engagement between children and contractor staff during weekly visits;
 - (5) ~~evaluating~~ assessing the CBRC physical plant for safety and cleanliness. Observing all rooms at the facility at least once per month during required weekly visits;
 - (6) spending a minimum of four hours per week at the CBRC facility and being knowledgeable, of the program's practices through ~~chart reviews,~~ observations, and discussions with children and facility staff, ~~of the contractor's~~ The CW facility liaison is aware of the contractor's:

(A) treatment planning;

- (B) treatment plan reviews;
 - (C) discharge planning for children; and
 - (D) quantity and quality of service provision.
 - (i) Participation in case staffings, and contractor meetings, ~~and review of case records~~ assists in gaining knowledge about the contractor.
 - (ii) The time a CW facility liaison spends per week at the facility is increased or decreased by the CW facility liaison's supervisor with CWS SPPU program staff notification and approval, depending upon the needs of the placement provider and children. Modified protocol is documented in the resource KK case in the KIDS Contacts screen;
 - (7) participating in the annual on-site CWS contract performance review (CPR) and program assessment conducted by CWS CPR staff and documenting follow-up in the resource's KIDS FSP screen when contractual violations are noted in the CWS CPR reports;
 - ~~(8) reviewing and signing Form 04CB001E, Community-Based Residential Care (CBRC) Leave Tracking, for each child and reviewing the respective funded contractor's Form 04CB002E, Child Welfare Services Claim for Purchase of Residential Care, at the facility each month for accuracy;~~
 - ~~(9) knowing Child Care Services (CCS) licensing standards and reporting any observed violation to CCS, CW facility liaison's supervisor, and CWS SPPU program staff electronically and documenting the notification in the KIDS Contract Screen of the resource; and~~
 - ~~(10) reviewing all reports received electronically or created in KIDS from OCA, the Oklahoma Commission on Children and Youth, the Oklahoma Health Care Authority, and law enforcement for possible contract violations. When review of information indicates violations occurred, the CW facility liaison implements a safety plan, ~~for immediate safety or~~ and a CAP and ~~adds the information to the FSP;~~ and~~
 - (10) completing the quarterly review form by the 15th day of the month following the review period.
 - (A) SPPU administration reviews the quarterly review and places it in the resource KK case in the KIDS File Cabinet.
 - (B) When concerns are noted during the quarterly review, the CW facility liaison staffs with the CW facility liaison supervisor to determine if a Safety Plan , CAP, or FAS is needed.
4. CW facility liaison responsibilities for CBRC contractors, CW specialists, and CWS SPPU. The CW facility liaison assists CBRC contractors, assigned CW specialists, and CWS SPPU program staff by:
- (1) providing consultation to the placement provider about DHS OKDHS policy and contractual requirements for children in CBRC placements;
 - (2) supporting the placement provider in maintaining effective working relationships with community partners, assigned CW specialists, and CW supervisors;
 - (3) entering face-to-face documentation in the child's KIDS Contacts screen as "other" when interaction, observation, or indirect information about the child in placement is received or occurs;

- (4) assisting the child's assigned CW specialist in arranging admission to an acute or residential treatment center when the child meets medical necessity criteria for admission;
- ~~(5) providing the assigned CW specialist the CWS SPPU email inbox to file the claim for mileage, meals, and hourly wage when the sheriff's office transports the child to inpatient care;~~
- ~~(6) ensuring upon receipt, the group home gives the child the \$40 monthly allowance and the \$10 monthly allowance for each child's infant and/or child; and~~
- ~~(7)~~(6) documenting any facility concerns and follow-up in the resource KIDS Resource Contacts screen.

5. CW facility liaison responsibilities for transition planning for youth in CBRC placements include:

- (1) attending the initial transition meeting within 30-calendar days of the youth's placement into the CBRC;
- (2) attending the ongoing transition meetings every 90-calendar days for each youth place in the CBRC;
- (3) reviewing progress toward transition goals and communicating with the youth's CW team monthly;
- (4) completing the Foster Care Placement Request form and forwarding it to the CW specialist and the adoption transition unit (ATU) specialist, when applicable; and
- (5) emailing the regional foster care field manager and the ATU administrator, when applicable, when a youth is identified to discharge from CBRC.

6. CW facility liaison responsibilities for youth placed in youth services shelter care and youth service shelter care providers consist of:

- (1) spending a minimum of two hours every two weeks at the youth services shelter and being knowledgeable of the shelter's practices through observations and discussions with youth and shelter staff. The CW facility liaison will be aware of the youth service shelter's:
 - (A) discharge planning for youth; and
 - (B) quantity and quality of service provision.
 - (i) Participation in case staffings and meetings assists in gaining knowledge about the youth services shelter.
 - (ii) The time a CW facility liaison spends every two weeks at the shelter is increased or decreased by the CW facility liaison's supervisor with CWS SPPU program staff notification and approval, depending upon the needs of the placement provider and children. Modified protocol is documented in the resource KK case in the KIDS Contacts screen;
- (2) participating in schedule intakes. If the CW facility liaison is unable to attend the intake:
 - (A) the liaison reviews the intake information;
 - (B) staffs the information with the CW specialist and youth service shelter;
 - (C) provides assistance and recommendations to support successful

- placement of the youth;
(D) documents activities in the KK case of the youth services shelter; and
(E) emails the Shelter Discharge Form to the CW specialist at the time of placement when transition planning is initiated;
(3) reviewing the youth's transition plan, providing assistance with discharge planning and documenting activities in the KK case of the youth services shelter;
(4) ensuring the youth's placement is accurate in KIDS by comparing the youth shelter's census to the youth's placement screen weekly;
(5) reviewing the youth services shelter's incident reports as received. Any identified concerns will be staffed with the CW facility liaison supervisor;
(6) completing the Quarterly Review Form by the 15th day of the month following the review period.
(A)The Quarterly Review Form is reviewed by SPPU administration and placed in the resource KK case in the KIDS File Cabinet.
(B) When concerns are noted during the quarterly review, the CW facility liaison staffs with the CW facility liaison supervisor who contacts the SPPU Office of Juvenile Affairs (OJA) liaison.

PART 25. NON-FUNDED AND FUNDED CONTRACTED LEVEL B PLACEMENTS

340:75-11-300. Family-style living program, non-funded and funded, contracted Level B placements

Revised 9-15-20

(a) Family-style living programs, non-funded, Level B placements are provided by residential agencies that provide the equivalent to foster home placements for children requiring a home-like environment with a full-time house parent or parents.

(b) Family-style living programs, non-funded and funded, contracted Level B services include:

- (1) group treatment for each child, as needed, focusing on maintenance issues and daily living matters;
- (2) individual treatment for each child, as needed;
- (3) active teaching and redevelopment of the child's basic living and social skills, both on-site and in the community. At minimum, the focus is on the restoration of skills for:
 - (A) personal health and hygiene;
 - (B) maintenance of the living environment, including food preparation;
 - (C) money management;
 - (D) job skills readiness, acquisition, and retention;
 - (E) community awareness and mobility, including the use of community resources;and
- (F) socialization skills and techniques, including communication;
- (4) developing and implementing policy and procedures for delivery of successful adulthood skills training to youth, using an approved curriculum for teaching independent living skills;
- (5) assisting in the provision of federally-mandated successful adulthood services that include coordinating with the assigned child welfare (CW) specialist to ensure:

- (A) the life skills assessment is completed with each youth, 14 years of age and older, and implementing the plan produced by this assessment; and ■ 1
- (B) each youth 14 years of age and older, attends one community contractor seminar each year; ■ 1
- (6) ensuring the youth applies for Medicaid upon his or her 18th birthday, when he or she remains in placement in voluntary care to complete his or her secondary education, per Oklahoma Administrative Code (OAC) 340:75-6-110; and
- (7) providing 24-hour on-call and on-site crisis intervention and behavior management services to each child, as needed.
- (c) Contracted Level B placements are provided in a setting licensed as a child-placing agency or residential child care facility that is not located in a hospital, either medical or psychiatric, or a psychiatric residential treatment center.
- (d) The contractor:
 - (1) does not provide 24-hour awake supervision of children;
 - (2) may provide clothing for the child in Oklahoma Department of Human Services (DHS) custody. Emergency clothing authorizations may be accessed per OAC 340:75-13-45; ■ 2
 - (3) completes a written incident report describing any extreme behavioral incident or major rule violation, including the contractor's response, submits the original to Child Welfare Services (CWS) Specialized Placements and Partnerships Unit program staff, a copy to the child's assigned CW specialist and CW facility liaison, and files a copy in the child's case record;
 - (4) meets the staffing guidelines defined in the DHS contract;
 - (5) complies with children's rights per OAC 340:75-11-237;
 - (6) complies with all general requirements per OAC 340:75-11-240;
 - (7) provides placements of children at no cost to DHS for non-funded, contracted Level B services;
 - (8) maintains documentation of each child's unapproved absence from the program and leave days set forth in the funded, Level B contract and reports leave days on Form 04CB002E, CWS Claim for Purchase of Residential Care; and
 - (9) is paid by DHS at a fixed daily rate for funded, Level B services. The fixed daily rate is a blend of Title IV-E funds, per eligibility of each child served, and state funds. The contractor submits Form 04CB002E for payment to the CWS Contracting and Acquisition Unit.

INSTRUCTIONS TO STAFF 340:75-11-300

Revised 9-15-16

- 1. Successful adulthood services. The assigned child welfare (CW) specialist;**
 - (1) ensures the youth's basic life skills assessment is completed; and
 - (2) arranges for the youth to attend seminars, per Part 13 of Oklahoma Administrative Code 340:75-6-110.
- 2. Clothing. The assigned CW specialist provides quarterly emergency clothing authorizations for family-style living programs and non-funded, Level B group homes.**

PART 27. RESIDENTIAL MATERNITY SERVICES

340:75-11-322. Responsibilities of the assigned child welfare (CW) specialist and CW facility liaison for children in contracted residential maternity services placements

Revised 9-15-16

(a) The assigned CW specialist has responsibilities for children in Oklahoma Department of Human Services custody placed in contracted residential maternity services placements. ■ 1

(b) The CW facility liaison to contracted residential maternity services placement providers has specific duties and responsibilities. ■ 2

INSTRUCTIONS TO STAFF 340:75-11-322

Revised 9-15-16

1. Assigned child welfare (CW) specialist responsibilities. Refer to Oklahoma Administrative Code (OAC) 340:75-11-238 Instructions to Staff.
2. CW facility liaison responsibilities. In addition to responsibilities listed in OAC 340:75-11-239 ITS, the CW facility liaison:
 - (1) maintains the waiting list of children referred for maternity residential services placement when the number needing services exceeds the availability of placements;
 - (2) ~~authorizes the placement on KIDS Placement Authorization screen;~~
 - (3) ~~tracks the use of leave days for each child in funded placement and verifies accuracy of leave days by signing Form 04CB001E, Community-Based Residential Care (CBRC) Leave Tracking, each month for each child; and~~
 - (4) ~~reviews the funded contractor's Form 04CB002E, CWS Claim for Purchase of Residential Care, each month for accuracy of claims payment.~~