Safety GuideBook

A Guide for all Programs to Assist in Making Sound Safety Decisions

OKLAHOMA
Human Services

Introduction

Safety evaluation is an ongoing process that begins at the time the call is received at the centralized Hotline and ends at case closure. Child welfare (CW) specialists and supervisors, regardless of their program assignment, are responsible for making sound safety decisions throughout the life of a case.

This compilation provides definitions, examples, and guidance on the appropriate way to assess and document comprehensive safety decisions from the initial call all the way through the case until case closure. This guidance is a tool for CW staff to utilize when assessing the protective capacities of the person(s) responsible for the child's (PRFC)'s health, safety, or welfare.

Updated enhancements to CW processes include, but are not limited to:

- Plans of Safe Care, screened out and accepted.
- Discontinuation of the Immediate Protective Action Plan (IPAP) relying solely on the use of Safety Plans to control safety threats including both present and impending danger.
- Combining the Safety Plan and Family Service Agreement into one form.
- Updating definitions related to present danger, impending danger, safe, and unsafe
- Enhancing the assessment process of protective capacities and ensuring they are a primary focus of each assessment process for **all** programs during each and every interaction from the beginning of a report to the case's end.
- Consistent articulation of how protective capacities are assessed which is required prior to making any safety decision, whether safe or unsafe, as well as prior to use of any potential safety plan monitor or potential resource provider
- Inclusion of the Six Key Questions into **every** assessment process during the entire life of a case in the CW journey from the intake process at the centralized Hotline to case closure to aid in ongoing case management
- Inclusion of the AOCS tool into ongoing of Permanency Planning (PP) and Family-Centered Services (FCS) cases to aid in case management
- Enhancements of how to apply the safety threshold into every assessment process during the entire life of a case
- Ensuring that articulation of the safety threshold is consistent across the state, as well as across all programs, and is utilized in ongoing cases for safety threat management
- Ensuring clear articulation of safety threats to include how behaviors and conditions influence impending danger and how that articulation relates to behavioral descriptions of what makes a child safe or unsafe.

Table of *Contents*

Table of Contents

Definitions

Definitions

The Assessment of Child Safety (AOCS) is first and foremost a process. The process is formally documented at times, in what is often referred to, as "the" or "an" AOCS. Understand, however, there is a crucial and important distinction between the AOCS process and the AOCS as a form.

AOCS process – is a manner in which specialists gain information surrounding the Six Key Questions that guide understanding of how a family functions and child safety within that family.
The AOCS process:

- gathers safety information through the Six Key Questions by telling the family's story throughout the entire life of the case;
- explores protective capacities for all PRFCs and how they impact child safety;
- articulates the presence or absence of safety threats as behaviors are measured against the five areas of the safety threshold; and
- determines how quality safety decisions are made in partnership with the family.

The AOCS process begins at the Child Abuse and Neglect Hotline with the information gathered from the caller. Once a referral is accepted and assigned, Child Protective Services (CPS) uses the AOCS process to identify and articulate the presence or absence of safety threats to determine child safety. When children are determined not to be safe and intervention is necessary, Family-Centered Services (FCS) and Permanency Planning (PP) specialists utilize the AOCS process as an ongoing effort to explore how family behaviors and functioning changes over time. These specialists rely on the AOCS process to continually identify and articulate how safety threats are either remaining or how they are changing and resolving as the case and services progress to correct the identified unsafe behaviors.

- Each of the Six Key Questions builds upon each other; they are not separate processes.
  For example: child functioning determines each child's needs while adult functioning determines if and/or how those needs are met by each PRFC.
- Just as each of the AOCS Six Key Questions build on one another, any ongoing AOCS processes build upon the initial, or previous, AOCS. This helps identify underlying causes for maltreatment and any additional safety threats.
- The same AOCS process is used by all child welfare (CW) specialists regardless of program designation.

AOCS tool – is the formal documentation of an AOCS process produced in the AOCS form through KIDS. The AOCS process is documented periodically during a case.

- CW specialists are always assessing for child safety through each and every interview and informal interaction during a case. While the AOCS process is continual, the assessment must sometimes be formalized through documentation.
  For example: during an investigation; during significant changes of an open ongoing case; when there is a new baby; when someone moves in or out of a home; when behaviors change that warrant visitation changes, reunification, or case closures; or 60-calendar days from the earlier: petition or removal.
- The AOCS tool is used throughout the life of the case when it is necessary to document continual AOCS process.

Caregiver protective capacities – relate to personal and caregiving behavioral, cognitive, and emotional characteristics specifically and directly associated with being able to protect a child from harm or threatened harm. A caregiver's protective capacities are specific qualities that can

be observed and understood as being a part of the way the person(s) acts, thinks, and feels that make him or her protective of the child.

- Diminished protective capacity is a reason for Child Welfare Services (CWS) intervention.
- Sufficiently enhanced protective capacity is a reason CWS intervention is no longer necessary.

Child safety meeting (CSM) – 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.

- A CSM includes at a minimum: the appropriate CWS staff, the child's parents, parent advocates or representatives, and supports.
- CWS may limit participants as determined to be in the child's best interests.

Contributing factors to abuse or neglect – are any action or omission that negatively affects the PRFC's ability to demonstrate protective capacities either directly or indirectly that in turn adversely impacts the ability to provide ongoing protection of a child as it relates to safety and well-being.

Family meetings – purpose is to plan and make decisions for and, involve and engage the family of the child in Oklahoma Department of Human Services custody.

Impending danger – the presence of a threatening family condition that is specific and observable, is out-of-control, is certain to happen in the next several days, and likely to have severe effects to a vulnerable child.

Maltreatment in care (MIC) – is defined as abuse or neglect children experience while in out-of-home care.

Plan of Safe Care – means a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant's and mother's or caregiver's health and substance use or abuse treatment needs.

Present danger – means an immediate, significant, and clearly observable family condition presently occurring and currently endangering or threatening to endanger a child.

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

Safety plan – is a written agreement between a family, safety plan monitor(s) and CWS that establishes how the safety threats/impending danger to the child will be managed to ensure the child's safety.

Safety threat – is the threat of serious harm due to child abuse or neglect occurring in the present or very near future when without another person's intervention, a child would likely or in all probability sustain severe or permanent disability or injury, illness, or death.

Safety threat intervention – means all actions and decisions required throughout the life of a case to assure that an unsafe child is protected, sufficient efforts were made to support and facilitate the PRFC(s) taking responsibility for the child's protection, and achieved the establishment of a safe and permanent home for the unsafe child.

Safety threshold – is the process that evaluates or measures family behavior to determine when impending danger exists.

1. An evaluation or measurement of the safety threshold occurs when family conditions are:
    a. specific and observable;
    b. out-of-control and, without intervention, abuse or neglect could occur in the near future;
    c. severe and imminent; and
    d. threatening to the safety of a vulnerable child due to the PRFC's behaviors.
2. The safety threshold is compromised when family behaviors, conditions, or situations manifest in such a way that child safety is threatened.
3. The safety threshold encompasses only those family conditions that are out of the control of a parent, caregiver, or others within the family. This includes situations where the parent, caregiver, or others are able to control conditions, behaviors, or situations, but are unwilling or refuse to exert control.

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

Process of
Assessing Safety

Process of Assessing Safety

The process of safety evaluation is ongoing throughout the life of case, beginning with the initial call to the centralized hotline and ending only at case closure. The process involves the gathering of sufficient information surrounding the 6 key questions, family observations, collateral information, child welfare and criminal history, and critical thinking by the assigned child welfare staff.

The process of safety evaluation involves the determination as to whether or not an alleged incident of child abuse and/or neglect has occurred, or is still present, as well as an overall assessment of the family's functioning level and abilities along with the sufficiency of the protective capacities of the PRFC(s).

A child welfare specialist during an investigation may substantiate an incident of child abuse and/or neglect and still find children to be safe in the home. It is also possible during the safety assessment process that the alleged maltreatment in the original report is unfounded, but other maltreatment is occurring in the home rising to the level of intervention.

The same assessment process is utilized for children who are active members of an on-going case, either permanency planning, or FCS where a child welfare specialist does not substantiate a specific incident of child abuse and/or neglect but must determine if the child(ren) remain Unsafe or become Safe based upon the on-going assessment process.

Regardless of if the assessment is an initial AOCS or an ongoing AOCS, a child welfare specialist will gather pertinent information through their interviews with the alleged victim(s), sibling(s), PRFC(s), collaterals, and professionals, along with examining the history and any supporting evidence. The safety assessment involves taking that pertinent information and utilizing critical thinking skills to determine what additional questions need to be asked in order to make the most accurate safety decision possible as well as to determine the most appropriate level of intervention and case planning goals.

Child Welfare and Criminal History Review

- The purpose of a complete review of all CW and criminal history is to promptly and effectively identify patterns of behavior, historical functioning, and presence of past and present problems allowing for a diligent assessment of child safety. History is a key indicator of future behaviors.

- Understanding the history of a family's functioning and associated behaviors reveals if a behavioral change occurred or services were established. In cases where neither of those is documented, it is likely the family is functioning as they have in the past.

- When there is prior CW history involving the adults and children listed in the current referral and/or case, the history is reviewed **prior** to initiating the assessment or investigation. Circumstances exist where the history cannot be reviewed prior to initiation, such as:
    - an urgent response is required and there is no time to review prior to initiating;
    - the referral is outside business hours and it's not possible to access the history; or
    - not enough demographic information is listed in the report.

- CW history is reviewed as soon as possible following assignment, but no more than 48-hours from initiation. If a history review is delayed, additional interviews maybe needed.

- When there is prior CW history on a Permanency Planning (PP) case, FCS, or Supervision case **ALL** CW history needs to be read and reviewed, and any ongoing referrals need to be read and reviewed.

    - ***CW specialists need to be mindful of name misspellings or incorrect data, such as birthdate or Social Security number, at the time of the initial referral. A subsequent search is completed by the CW specialist to ensure all PRFC history was connected at the time of the initial referral.***
    - ***The same CW review must be as thorough and complete for all potential safety plan monitors, potential guardians, and foster parents.***

Child Welfare History Reviews

- **System Searches - KIDS/IMS for old KKs.** Specialists must review all previous referrals, investigations/assessments, and cases in their entirety. Just reviewing the previous allegations and findings is not enough. It is imperative for specialists to be aware of prior referral dates, previous recommendations, interviews, and important collaterals/AOCS information. Specialists must also be aware of any after-care plans on closed FCS cases, as well as what the last completed AOCS stated upon closed out PP cases. Knowing all of this information is crucial for several reasons.

    - Having a clear understanding of the history prior to making contact with the family clues the specialist in to what next questions should be asked.
    - Prepares specialists for situations where the PRFC or collateral is being untruthful.
    - Knowing this information prior to contact saves the specialist and the family time if clarifying conversations about discrepancies can be conducted at the time of contact and interview.
    - Findings themselves change over time as do the criteria required to determine them. Findings from a decade ago may not require the same scope used today. Knowing

the finding to an old investigation is not very informative when the situation and circumstances surrounding that finding are not also known.
- There may be an outstanding safety threat, a Child Protective Services Alert (PSA) issued, or a recent unable to locate finding, which requires the newly assigned specialist to follow-up on and also address in the assigned case.

- **Closed CW Case.** When a PRFC or a child is the subject of an older referral or closed CW case, the assigned specialist reviews the details of each of those referrals/cases, regardless of the outcomes or dispositions. When there was a previous ongoing case, the specialist attempts to contact all previously assigned specialists for additional insight and agency perspective. The specialist's contact with other assigned specialists includes, but is not limited to, case updates, ongoing safety concerns, and any previous barriers to case closure.

- **Open CW Case.** When a PRFC or a child is the subject of an open CW case, all assigned specialists must be contacted prior to initiation. The Child Protective Services (CPS) specialist must make contact prior to initiation in order to understand firsthand what the Oklahoma Department of Human Services (OKDHS), meaning all programs, already knows about the family and the situation. All assigned specialists must maintain contact throughout the investigation to share what each program thinks and understands about the family and alleged incident. During an ongoing case when a PRFC is the subject of an additional open permanency, FCS, or supervision case, all assigned specialist must be contacted to have an understanding of what is occurring in the other case and the role the PRFC has in that case.

    - The specialist must contact all assigned specialists, as well as service providers already in place. Discussions include, but are not limited to: case updates; ongoing safety concerns, including current safety threats and the safety threshold, as well as the parent's protective capacity; behavioral changes; and barriers to case closure.
    - The specialist is responsible for reviewing and reading applicable ongoing case information that includes, but is not limited to: safety determinations, safety threats, safety plans, family service agreements, the ongoing AOCS, service provider reports, court-appointed special advocate (CASA) reports, court reports, and case contacts.

- **Child Protective Services Alert.** A PSA is always connected to an exclusive KK Case - **Protective Service Alert** and is not case connected to the CPS KK Case. If a PSA Case is found during the CW search, contact CPS Programs immediately (*STO.DCFS.CPSNotifications). Information relating to the PSA can be found in case contacts in the PSA KK.

- **Out-of-State Child Welfare Involvement.** When it is determined that the family had CPS involvement in another state, the CW specialist contacts CPS in the other state to obtain information and request records. Specialists also contact other state CW agencies when there is suspicion that the family resided in another state, and *might* have previous CW involvement. Specialists can make a verbal request or send a written request. CW contact information for all 50 states is located in the back of the CW 1005 training book, or https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=%205 .

    - Specialists make attempts to verbally gather information in cases where states permit it especially where records requests might have long waiting periods. Any records obtained from other states are uploaded into the File Cabinet. A contact or interview

is also documented with a brief summary of the information obtained to indicate how or if that information impacts safety.

- **Facebook or Other Social Media Source Searches.** When a child's safety indicates a need to search Facebook as part of an investigation, for example, a child's injuries or torture is allegedly posted on Facebook, designated individuals within the districts and regions can conduct searches of social media forums like Facebook or Instagram. Specialists needing such a search contact their region or district's designee. If the designee is not known, the Hotline Director or CPS Program Administrator has access to conduct the search. The information is searched, printed, and provided to the specialist.

- **PRFC Relationships and Pattern of Behavior.** Each assigned specialist reviews all individual CW history for each PRFC. PRFCs may be party to other open cases or referrals due to a legal PRFC relationship with other children outside of the open referral/case. CW specialists must be aware of all children not living with a PRFC either through a history review or by inquiring about ALL children belonging to any PRFCs in the open referral/case.
    - The CW specialist completes a **history search and review for any other children mentioned for each PRFC** to establish a full historical review of each PRFC.
    - The CW specialist and supervisor utilize the history review to assist in identification of patterns of behavior potentially leading to maltreatment. Some historical patterns gathered include, but are not limited to: coercive behaviors meant to control an individual; progression/escalation of coercive behaviors; pattern of coercive behaviors with different partners; ongoing or progression of substance use or abuse; history of substance use treatment interventions; behaviors indicative of substance use or abuse; ongoing/progression of a behavioral health instability or concern; history of behavioral health treatment; behaviors indicative of untreated or escalating behavioral health conditions; ongoing/progressing impulsive behaviors; and ongoing/progressing coping mechanisms indicative of maltreatment.
    - **While a thorough CW history review can disclose PRFC patterns of behavior, it can also provide a look at PRFC behavior changes.**
        - The changes can indicate positive and negative progressions. This view provides the CW specialist with an insight about supports, interventions, and strengths that contributed to child safety in the past.
        - When regression is identified, the history review assists the CW specialist in assessing what worked effectively for the PRFC in the past and/or indicate which services were ineffective at eliciting behavioral change.
    - **CW specialists use the patterns and behavioral changes revealed throughout the family's history to engage in quality conversation with the PRFCs and family in a strengths-based capacity to assess and ensure child safety.**
        - What are the PRFCs' and family's thoughts and feelings on what is going well; what has gone well in the past; and what has changed. Specialists need to review dates of referrals, previous recommendations, interviews, and important collaterals/AOCS information. Also, specialists review after-care plans on closed FCS cases and last AOCS on closed out PP cases. Mental health and medical records are considered and reviewed, when available.

Criminal History

- **A review of criminal history for all PRFCs is a vital aspect in assessing child safety**, PRFC safety, specialist safety, and patterns of behavior indicative of child maltreatment. Criminal history can be accessed from searches of:
  - Oklahoma Supreme Court Network (OSCN);https://www.oscn.net/v4/
  - Oklahoma District Court Records (ODCR). https://www1.odcr.com/ A review of OSCN and ODCR may also provide information pertaining to a PRFC who may be involved in a civil court action;
  - Oklahoma Department of Corrections. https://okoffender.doc.ok.gov/ Out-of-state criminal records must be checked when the alleged PRFCs were known to live in another state;
  - Oklahoma Sex Offender Registry; https://sors.doc.state.ok.us/svor/f?p=119:1
  - Mary Rippy Violent Crime Offender Registry,
    - https://vors.doc.state.ok.us/svor/f?p=101:1
  - Community Services Worker Registry and Nontechnical Services Worker Registry;
  - Juvenile Online Tracking System (JOLTS);
  - law enforcement (LE) Reports, name and address inquiries; and
  - 911 dispatch records/Call for Service.

- The CW specialist examines the criminal behavior patterns provided through the criminal history review to engage in conversation with the PRFCs and family in a strengths-based capacity to best ensure child safety. The CW specialist discusses criminal history as it relates to adult functioning. The specialists ask questions, such as what are the thoughts and feelings of the PRFCs and family regarding:
  - what is going well;
  - what went well in the past; and
  - what changed.

- The CW specialist contacts law enforcement and obtains police records when the report alleges domestic violence, substance use or abuse, or sexual abuse. This search also includes all jurisdictions, in which the alleged perpetrator resided, not just the place where the family lives now.

- When a criminal history review indicates a PRFC is named as a party in any sort of protective order (PO), including but not limited to an emergency protective order (EPO) or violence protective order (VPO), the CW specialist obtains the court records from the court of criminal jurisdiction and completes a full review of the context of the PO petition filing. All criminal records obtained are uploaded to the KIDS File Cabinet and summarized in applicable CW reports/contacts.

- The CW specialist attempts to speak with the LE officer involved and not just obtain the reports. Interviews with the responding officer can give more accurate and thorough information, often exceeding what is written on a police report.

- **PO - EPO or VPO.** To assess safety regarding any PO type, the actual affidavits and or/ application paperwork must be obtained to clarify for the specialist why the PO was requested and also any reasons it was dropped or dismissed.

Collateral Contribution

- Collateral contacts are essential in the safety evaluation process. A CW specialist not only gathers collateral information from the reporter and family, but also during diligent efforts to obtain information from professionals, paraprofessionals and community partners, and service providers who may have pertinent information or who have routine interactions with the family or individual family members. Collateral contacts occur at the front end of the case as well as throughout the entire life of the case to help inform all safety decisions. As a child becomes safe on open cases, informal supports are also contacted to gather additional information to aid in case closure goal development and planning.

    - Allegations of abuse and/or neglect with concerns related to a school-age child who is left in the care of another caretaker on a consistent basis, such as a babysitter, child care provider, or grandparent, also includes contact with the child's educator(s) or caregiver(s).

    - Allegations of maltreatment with concerns related to medical neglect, including but not limited to: diabetes, asthma, or failure to thrive, must include consultation with the child's primary care physician (PCP), and/or the assigned medical specialist. In CPS cases, this also includes a reporter who is another medical professional other than the PCP or specialist.

    - When the CW specialist is aware the child needs to be seen or was seen by a medical professional, then the medical professional is contacted. For example, when the child was seen at the emergency room, the medical records must be gathered and the treating physician must be consulted. Additionally, the assigned region's CW nurse must be consulted in to sufficiently assess safety regarding instances of:
        - failure to obtain medical attention;
        - failure to obtain psychological attention;
        - fabricated or induced illness;
        - failure to thrive (FTT) or with an injury characteristic of FTT;
        - malnutrition; and/or
        - untreated medical condition.

    - When a child or the family is receiving services on a regular basis, the professional or behavioral health provider needs to be contacted and asked pertinent questions about progress and treatment needs/responses.

    - It is imperative that reports with domestic violence concerns include not only a timely request for any and all previous LE reports involving the PRFC(s), but also a name inquiry for the PRFC and dispatch records for calls to the specific address.

    - Instances where a child is placed in out-of-home care requires continual discussion with the child, placement providers, and collaterals about who visits the home, how often, if there is any additional caretakers for the child, and/or if the child goes to visit other adults or homes. Follow-up information regarding these topics is pertinent to determining ongoing child safety.

Identification of *Present and Impending Danger*

Why differentiating the two might be important…
Instances happen in which:

- present danger exists in a case.
- impending danger exists in a case.
- present danger and impending danger are co-occurring or exist at the same time in a case.

Either danger, present or impending, may result in a safety plan; however, a child remains in OKDHS custody and enters into an ongoing FCS case for impending danger because a continued or ongoing threat to child safety must be controlled with a safety intervention. A child enters into OKDHS custody and remains in OKDHS custody due to a presence of impending danger.

Differentiating between the two types of danger is important to consider when safety planning.

Safety planning for impending danger indicates a cycle and/or pattern of danger exist that require long term intervention and behavior correction…

- Safety interventions that result in FCS cases are due to instances of impending danger and upon investigation and/or case closure imminence must be understood and articulated in the ultimate safety decision.
- Present danger alone, might result in an initial safety plan, but does not result in opening an ongoing case of FCS or permanency planning without that cycle and/or pattern of impending danger.

Safety planning for present danger indicates the situation is unsafe at the moment but will/may change quickly…

- Report identifies specific information about the volatility of family circumstance that suggests there is a heightened need to respond to the situation promptly. The information collected thus far is all that can possibly be gathered up to this point and suggests a significant safety risk or threat to the child. There may be times in which additional information is required to fully determine if the existing safety threat is actually impending (rather than solely present) but that information cannot be ascertained at the moment for one reason or another. Such situations are typically emergency instances.

  ***For example**, a PRFC becomes incarcerated or incapacitated and is unavailable for contact. Pertinent information is pending a medical consult or forensic interview.*
- Without knowing that pertinent information, a safety threat may be currently identified. Safety plans are established until the pertinent information can be obtained and utilized in the assessment process. The pertinent information will likely be a determining factor in the ultimate and final safety decision. The result can be either a decision of safe when present danger is ameliorated or unsafe when the evidence shows imminence also exists.

Present Danger

There are times present danger exists requiring an immediate safety intervention which is best accomplished through implementation of a safety plan. Usually during situations of present danger, a safety plan is required before all of the information can be gathered that is necessary to determine whether or not impending danger exists. In some of those instances once additional information is gathered, the present danger dissipates and safety interventions are no longer warranted or imminence is clear and requires a longer term intervention.

Impending Danger

Impending danger refers to the presence of a continuous/on-going threat(s) to child safety due to PRFC behaviors, attitudes, motives, emotions, and/or situations.

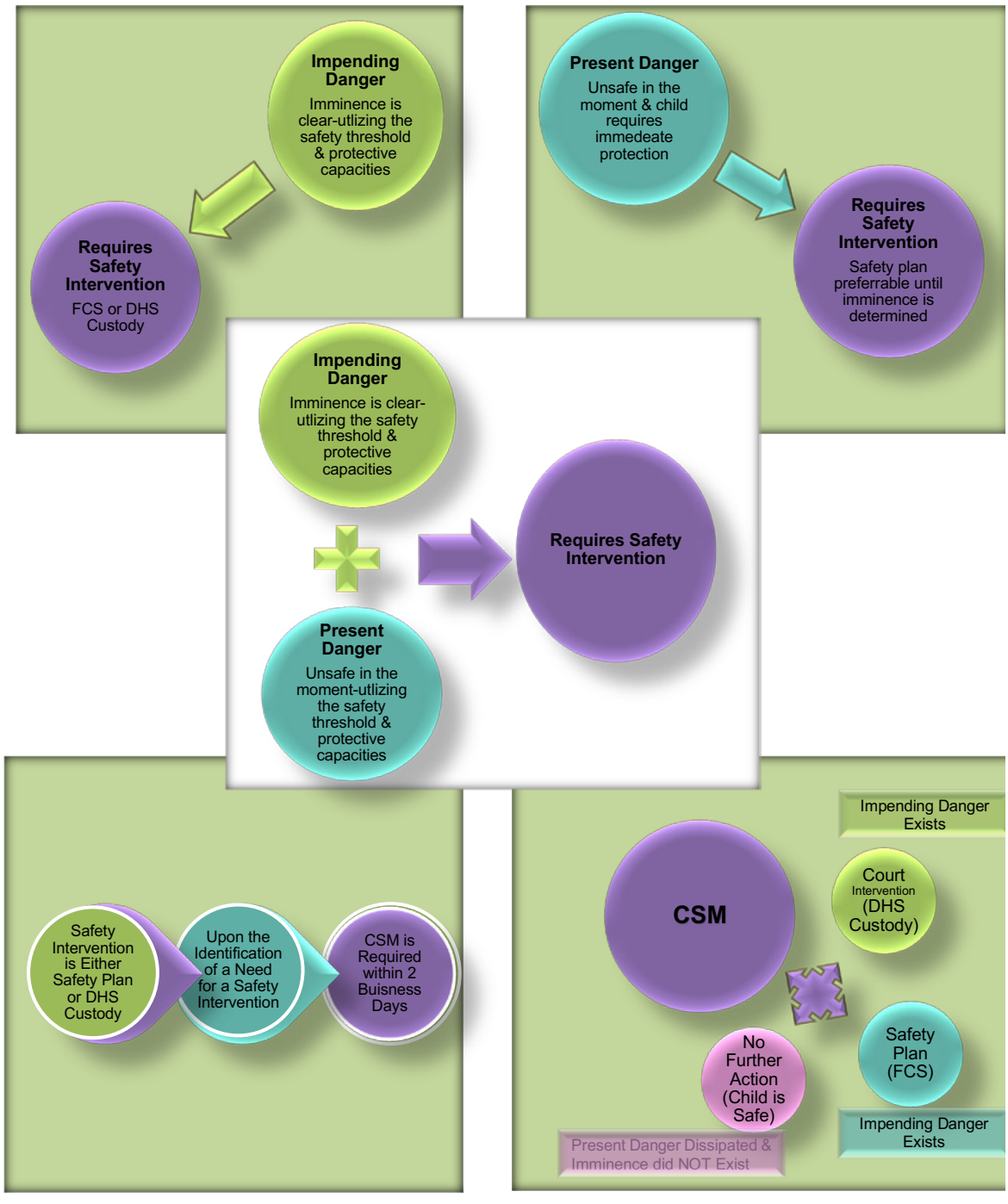
Identifying impending danger requires thorough information collection regarding family/PRFC functioning to sufficiently assess and understand how a family's conditions occurred.

Impending danger is the presence of a threatening family condition that is specific and observable, out-of-control, certain to happen in the next several days, and likely to have severe effects to a vulnerable child.

When impending danger is identified, a child may be determined to be unsafe when an appropriate and available non-maltreating PRFC with sufficient caregiver protective capacities to manage the impending danger and assure child safety is not in the home.

The safety threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the nine available safety threats is based on a specific description of how negative family conditions meet all aspects of the safety threshold criteria.

The safety threshold is the child welfare services process for evaluating family behaviors to measure if those behaviors present impending danger to the child. This evaluation and/or measurement includes determining if conditions are severe, specific and observable, out-of-control without some sort of intervention, the dangerous behaviors are likely going to reoccur, and behaviors threaten the safety of a vulnerable child. The PRFC's behaviors, actions, and/or emotions are to be consistently measured using the threshold in order to determine if or when behaviors negatively impact performance as a PRFC and ultimately affect the child. This includes situations where the parent, caregiver, or others are able to control conditions, behaviors, or situations, but are unwilling or refuse to exert control.


Impending Danger
Imminence is clear-utlizing the safety threshold & protective capacities
Requires Safety Intervention
FCS or DHS Custody
Present Danger
Unsafe in the moment & child requires immedeate protection
Requires Safety Intervention
Safety plan preferrable until imminence is determined
Impending Danger
Imminence is clear-utlizing the safety threshold & protective capacities
Present Danger
Unsafe in the moment-utlizing the safety threshold & protective capacities
Requires Safety Intervention
Safety Intervention is Either Safety Plan or DHS Custody
Upon the Identification of a Need for a Safety Intervention
CSM is Required within 2 Buisness Days
Impending Danger Exists
CSM
Court Intervention (DHS Custody)
No Further Action (Child is Safe)
Safety Plan (FCS)
Impending Danger Exists
Present Danger Dissipated & Imminence did NOT Exist

Safety Threats

Living arrangements seriously endanger a child's physical health

This safety threat refers to conditions in the home that create life-threatening conditions or threaten to seriously endanger a child's physical health. Remaining in the environment could result in severe injuries and/or health-related issues. This threat is illustrated in the following examples.

- Housing is unsanitary, filthy, infested, or a health hazard.
- The house's physical structure is decaying or falling down.
- Wiring and plumbing in the house are substandard and exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, or stoves are hazardous and accessible.
- Natural or man-made hazards are located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.

PRFC(s) in the home lacks knowledge, skills, motivation, or abilities to perform parental duties and responsibilities

Basic parenting that directly affects the child's safety is the concern, including the PRFC's failure to provide adequate food, clothing, shelter, supervision, and/or protection from harm. The PRFC(s) either does not understand how to provide, or lacks the ability to provide, the most basic care, such as: feeding an infant or young child, hygiene care, immediate supervision, or protection from harm. The PRFC(s) may be hampered by cognitive, social, or emotional influences or deficiencies. There is a distinguishable difference between a PRFC(s) who lacks the knowledge and skills necessary to provide basic minimal care and one who chooses not to. A PRFC(s) may be very capable or may have plenty of pertinent knowledge, but simply does not act to provide for his/her child. Additionally, a PRFC(s) may have circumstances beyond his/her control rendering them incapable of providing basic care, such as legal issues, employment schedules, incarceration, or living proximity.

Examples.

- PRFC's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of basic minimal care.
- A young or intellectually limited PRFC(s) may have little or no knowledge of a child's needs and capacity.
- PRFC(s) does not know what basic care is or how to provide it, such as how to feed, diaper, protect, or supervise according to the child's age.
- PRFC's knowledge and skills are adequate for some children's ages and development, but not for others, for example, being able to care for an infant, but cannot control a toddler.
- PRFC(s) does not want to be a parent or avoids parenting and does not perform the role, particularly in terms of basic needs.
- PRFC(s) allows others to parent or provide care to the child without concern for the other person's ability or capacity, whether known or unknown.
- PRFC does not know or does not apply basic safety measures, such as keeping medications, sharp objects, or household cleaners out of the reach of small children.
- PRFC(s) is unable or unwilling to protect the child from harm.

PRFC(s) intend(ed) to hurt the child

This refers to a PRFC(s) who acts or is anticipated to act in such a way that will result in the child's pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the PRFC(s)' conscious purpose was to hurt the child. Specialists must distinguish that this threat was beyond an incident in which the PRFC(s) meant to discipline or punish the child, and the child was inadvertently hurt. A PRFC(s) who intended to hurt his/her child can be considered to behave and have attitudes that are extreme or severe.

Threat examples include both behaviors and emotions.

- The incident was planned or had an element of premeditation, and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury, for example cigarette burns, and there is no remorse.
- The PRFC(s)' motivation to teach or discipline seems secondary to inflicting pain and/or injury, and there is no remorse.
- The PRFC(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident, and there is no remorse.
- The PRFC(s)' actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse
- The PRFC(s) does not acknowledge any guilt or wrong-doing, and intended to hurt the child.
- The PRFC(s) intended to hurt the child and shows no empathy for the pain or trauma the child experienced.
- The PRFC(s) may feel justified, may express that the child deserved it, and intended to hurt the child.

PRFC(s) does not have resources to meet basic needs

"Basic needs" refers to the family's lack of: (1) minimal resources to provide shelter, food, and clothing; or (2) the capacity to use resources if they were available. The lack of resources must be so acute that their absence could have a severe effect right away.

The absence of these basic resources could cause injury, serious medical or physical health problems, starvation, or serious malnutrition.

Threat examples.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs, such as medical care that, if unmet, could result in a threat to child safety.
- Family is routinely using their resources for things, such as drugs, other than their basic care and support; thereby, leaving them without basic needs being adequately met.

Child with exceptional needs the PRFC(s) cannot or will not meet

"Exceptional" refers to specific child conditions, such as mentally-challenged, blindness, or physical ability, which is either organic or naturally induced opposed to parentally induced. By not addressing the child's exceptional needs, the PRFC(s) will not or cannot meet the child's basic

needs. The child's needs are acute, require immediate, and constant attention. The attention and care is specific and can be related to severe results when left unattended.

Threat examples.

- The child has a physical or mental condition that, if untreated, is a safety threat.
- PRFC(s) does not recognize or fully understand the condition.
- PRFC(s) views the condition as less serious than it is.
- PRFC(s) refuses to address the condition for religious or other reason.
- PRFC(s)' expectations of the child are totally unrealistic in view of the child's condition.
- PRFC(s) allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

Child is extremely fearful of the home situation

To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences.

Threat examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home through crying, an inability to focus, nervousness, and/or withdrawal.
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

PRFC(s) is violent and unwilling or unable to control the violence

Violence refers to aggression, fighting, brutality, cruelty, and hostility, which may be regularly active or potentially active. The PRFC(s) exhibits violence that is unmanaged, unpredictable, and/or highly consistent. This includes situations involving domestic violence whereby the circumstances could result in severe effects, including physical injury, terror, or death.

The assessment of imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent that the violence is a pervasive aspect of a person's character or a family dynamic; occurs either predictably or unpredictably; and/or has a history, it is conclusive that the violence and likely severe effects could or will occur.

Threat examples include both behaviors and emotions.

- Family violence involves physical and verbal assault on a PRFC in the presence of a child.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence or harm may occur if a child is attempting to intervene.
- PRFC(s) who is impulsive, exhibits physical aggression, has temper outbursts, or has unanticipated and harmful physical reactions, such as throwing things.

- PFRC(s) whose behavior outside of the home, which includes drugs, violence, aggressiveness, or hostility, creates an environment within the home that threatens child safety through drug parties, gangs, or drive-by shootings.

PRFC cannot or will not control behavior

Specific information must exist to suggest that a PRFC's impulsive, addictive, bizarre, compulsive, and/or depressive behaviors cannot be controlled by the individual or anyone else in the household.

- This threat is concerned with self-control and a person's ability to postpone or set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to manage emotions; and so on.

- The lack of self-control is significant and indicates that behavior has moved well beyond the PRFC's capacity to manage regardless of self-awareness. The PRFC exhibits a pattern of lack of self-control.

Threat examples include behaviors other than aggression or emotion that affect child safety.

- PRFC(s) is seriously depressed and unable to control emotions or behaviors and/or meet the child's basic needs.
- PRFC(s) is chemically dependent and unable to control the dependency's effects.
- PRFC(s) makes impulsive decisions and plans which leave the child in precarious situations, such as unsupervised or supervised by an unreliable caregiver.
- PRFC(s) spends money impulsively resulting in a lack of basic necessities.
- PRFC(s) has addictive patterns or behaviors, such as addiction to substances, gambling or computer gaming that are uncontrolled and leave the child in unsafe situations through failure to supervise or provide other basic care.
- PRFC(s) is delusional and/or experiencing hallucinations.
- PRFC(s) cannot control sexual impulses.

PRFC(s) has extremely unrealistic expectations or extremely negative perception of the child(ren)

"Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns and/or the perception or expectation of the child is totally unreasonable. No one in or outside of the family has much influence in altering the PRFC(s)' perceptions or expectations of the child. The extreme expectation places far too much responsibility on a child; is totally developmentally inappropriate; is psychologically distressing; and may be physically dangerous.

Threat examples.

- Child is perceived to be the devil, demon-possessed, evil, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the PRFC hates and is fearful of or hostile towards, and the PRFC transfers feelings and perceptions of that person to the child.
- Child is considered to be punishing or torturing the PRFC.

- One PRFC is jealous of the child and believes the child is a detriment or threat to the PRFC's relationship and stands in the way of his/her best interests.
- PRFC sees the child as an undesirable extension of self and views the child with some sense of purging or punishing.
- A child is expected to take care of himself including feeding, clothing, and physical hygiene; yet the child is far too young or undeveloped to do so.
- A child is expected to stay alone or supervise other younger children.
- A child is expected to take care of household responsibilities or even care for adults, which requires the child to be exposed to or use household items or appliances that endanger the child.
- PRFC's expectations of the child are totally unrealistic in view of the child's condition.

Additional safety threat guidance

In circumstances where several unsafe behaviors exist which fit into more than one safety threat previously listed, the specialist must consider if each of those behaviors separately and on their own, cross the safety threshold.

In cases where it is clear that separate behaviors are unsafe and causing impending danger to the child and each of these separate behaviors fit into separate safety threats, multiple safety threats can be selected. The specialist first considers if each of the unsafe behaviors can be corrected through one service.

If the behaviors and safety threats warrant separate measurements against the safety threshold, each unsafe behavior is listed and articulated as such. If each safety threat/unsafe behavior requires multiple services to affect behavioral change, each safety threat is selected. For example, if one behavior is corrected and the child is safe from that specific behavior, but another separate behavior still requires measurement, then that measurement must be clearly articulated and understandable in the ongoing safety threat measurements of the PP or FCS case.

Specialists must use caution to not stack unnecessary threats against the PRFC(s). Select threats based on a determination of which behaviors/safety threats clearly require monitoring and change as measured against the safety threshold.

Multiple safety threat examples.

- When a PRFC was determined unsafe for both, behaviors relating to domestic violence, and behaviors relating to not meeting the child's exceptional medical needs, such as severe asthma or diabetes, then each of those safety threats/unsafe behaviors must be corrected before that PRFC can be determined as safe. One behavior could be corrected, while the other one has not and still requires proper measurement against the safety threshold.
- Each of the related safety threats (1) *PRFC(s) are violent and are unwilling or unable to control the violence* and (2) *Child has exceptional needs which the PRFC(s) cannot or will not meet* are selected to illustrate and clarify that each of the separate safety threats require monitoring for behavioral change. Each selected safety threat is measured separately against the safety threshold in the ongoing case.
- The ideal preference is instances where several concerns are related to different behaviors, but those behaviors can all be measured and rectified through one safety threat designation. Not all unsafe behaviors require selecting multiple safety threats and some can be managed or measured through one safety threat.

- When unsafe behaviors relating to domestic violence exist and the child is fearful, it is best to select the most relevant safety threat to measure behavioral change and service referrals. Relying on quality and sufficient investigation efforts is essential to determining the underlying causes for specific behaviors and/or safety threats.

Protective *Capacities*

Protective Capacities

Caregiver's protective capacities relate to personal caregiving, behavioral, cognitive, and emotional characteristics that can be specifically and directly associated with being protective of a child. A caregiver's protective capacity is a specific quality that is observable and understood to be a part of the way a person responsible for the child's (PRFC) health, safety, and welfare acts, thinks, and feels that make him or her protective.

Definition guidance

- A child is determined unsafe when the PRFC has insufficient protective capacities and the safety threats for present or impending danger have crossed the safety threshold.
- Protective capacities are the PRFC's ability to prevent harm to the child. However, if harm has already occurred, protective capacities are the PRFC's ability to make reasonable decisions to keep the child safe moving forward.
- These protective capacities are demonstrated by the PRFC and are fully assessed; giving confidence in knowing the PRFC will continue making safe decisions for the child upon case closure. The PRFC must demonstrate an ability to forecast potential harm to the child as well as an ability to recognize the impact of the maltreatment to the child.

Assessing for full protective capacities in caregivers

Protective capacities must be present in PRFC behaviors prior to Child Welfare Services (CWS) involvement. Caregiver protective capacities are personal characteristics that contribute to a person being protective of his/her child. These capacities are apparent in three domains: **cognitive, emotional, and behavioral**. They can be grouped in relationship to general adult functioning as well as parenting by the biological family, foster parent, safety plan monitor, or in guardianship placement. To assess a PRFC/caregiver's full protective capacity, consideration in each of the three domains is required.

Protective capacities are the way a PRFC or caregiver acts, thinks, and feels related to his or her abilities to protect a child from identified maltreatment.

Three Domains of Protective Capacities

(1) Emotional - the way the PRFC *feels* about the maltreatment and child.

An emotional protective capacity is assessed by understanding the PRFC's feelings and attitudes towards the child as well as his/her feelings and attitudes regarding the maltreatment. This includes the PRFC's ability to identify with the child to protect them from danger.

- A PRFC must be able to demonstrate his/her emotional protective capacity for the child by having a positive perception of the child, by loving and supporting the child, and by putting the child's needs above his/her own.
- A PRFC must be able to demonstrate his/her emotional protective capacity regarding the maltreatment by believing the child, empathizing with the child, and feeling as if he/she should protect the child from potential maltreatment in the future. Possessing an emotional protective capacity is an indicator that the PRFC is motivated to protect the child moving forward.

    - ✓ **Guidance Reasoning:** Gauging a PRFC's sensitivity towards the child and his/her emotional bond with the child can help to reveal if he/she is capable of being empathetic to the child and the maltreatment the child suffered. A positive or negative attachment to the child indicates a willingness to put the child's needs above his/her own. The specialist needs to assess how a PRFC feels about the maltreatment and the choices the PRFC has made in relation to it.

Questions for assessing emotional capacities

- Is there emotional motivation to protect the child?
- Does the PRFC have emotional support to execute protective actions?
- If so, will this be a long term support?
- Are the maltreated child's needs put first?
- Does the PRFC deny the facts of the case or court orders/decisions?
- Is the PRFC able to take ownership of his/her actions or about the signs that may have been missed?

(2) Cognitive - the way the PRFC thinks about the maltreatment and child

(Note: It is important to allow the PRFC a small window of time to let the information he/she may have just learned from the Oklahoma Department of Human Services (OKDHS) to sink in. The specialist must assess if the PRFC is able to protect and not just complying with CWS.

A cognitive protective capacity is assessed by understanding the PRFC's knowledge, understanding, and perceptions surrounding maltreatment and what protection looks like for his/her child. It is also informed by what the PRFC thinks of the maltreatment and the impact it will have on his/her child.

- A PRFC should be able to demonstrate cognitive protective capacity regarding the maltreatment by recognizing when the child's safety is threatened or the child is no longer safe.
- A PRFC should be able to demonstrate cognitive protective capacity regarding the child by the PRFC's perception of his/her child's developmental level and needs, as well as,

how the maltreatment could affect the child. The PRFC should also be able demonstrate realistic expectations of the child(ren).

- ✓ **Guidance Reasoning:** Identifying if the PRFC understands and perceives the child accurately or inaccurately helps to identify the ability and willingness to intervene and protect when needed. If or when a PRFC is able to understand his/her role in protection, he/she is more likely to take protective action for the child. Knowing the PRFC's ability to recognize when the child's safety is threatened indicates how protective the individual will be in response to maltreatment.

Questions for assessing cognitive capacities.

- What does the PRFC think about the maltreatment?
- Does the PRFC comprehend and understand it properly?
- Does the PRFC share the specialist's concerns?
- Is the PRFC justifying or minimizing the maltreatment in an unreasonable or concerning manner?

(3) Behavioral - the way the PRFC <u>acts</u> in response to the maltreatment

(Note: A PRFC who has a history of either protecting the child or failing to protect the child will likely continue that same pattern of behavior.)

A behavioral protective capacity is assessed by understanding the PRFC's actions in protecting the child from maltreatment, as well as understanding his/her performance in protecting the child. Specialists must assess the PRFC's motivation for taking action, as well as any reasons for inaction, and must also rely on the PRFC's emotional protective capacity to understand what behaviors might be taken to protect the child.

- A PRFC's protective actions must stem from his/her own accord, and are not something he/she is doing because OKDHS or another person or agency provided instructions on what to do. A behaviorally protective PRFC is able to draw his/her own protective conclusions in deciding what actions to take that will effectively protect the child.
- A PRFC is both, willing and able to act in protecting the child. There may be times when a PFRC is willing to protect, but is unable to; or vice versa, when a PRFC is able to protect, but is unwilling. Willing and able are two separate aspects to explore in order to understand the PRFC's behavioral protective capacity.

  - ✓ **Guidance Reasoning:** A PRFC who has a history of either protecting the child or failing to protect the child will likely continue that same pattern of behavior. A PRFC who successfully set aside his/her individual needs in the past and took protective action is likely to do so again in the future, as long as it was done upon their own accord and not something another person had to tell them to do. If a PRFC failed to protect in the past, it is likely he/she will not be able to protect in future maltreatment situations. Even if the PRFC claims they will protect, he/she might be responding out of compliance rather than having a true understanding about the need to do so. When there is no history to rely upon in assessing if actions are compliance rather than protective, the specialist must consider the PRFC's reaction once he/she is made aware of the maltreatment.

Questions for assessing behavioral capacities

- Can the PRFC legally and physically intervene to protect the child?
- Will the PRFC take actions to protect?
- Are there circumstances causing the PRFC to not take the expected action, such as domestic violence, financial issues, or citizenship concerns?
- What has been the PRFC's protective behavior in the past?
- What is the PRFC's history of reacting to the maltreatment?
- Do the actions taken actually protect the child from the maltreatment?
- What do collaterals anticipate the PRFC will do regarding protection? This question is extremely important when the maltreatment was not previously known to the non-offending PRFC.

All three domains must be present for the PRFC to possess a full protective capacity. When only one or two of the three domains is present, the PRFC has a diminished protective capacity and cannot be considered protective. Furthermore, these protective capacities have to have existed prior to the child welfare (CW) specialist's contact. Compliance can look like a protective capacity on the surface. It is important for specialists to explore the PRFC's responses to the maltreatment, rather than instructing them on how to become protective. Any CW specialist can develop a plan and instruct a PRFC on how to protect; but if the three domains were not present before providing instruction, then compliance is likely to dissolve once CWS exit the situation.

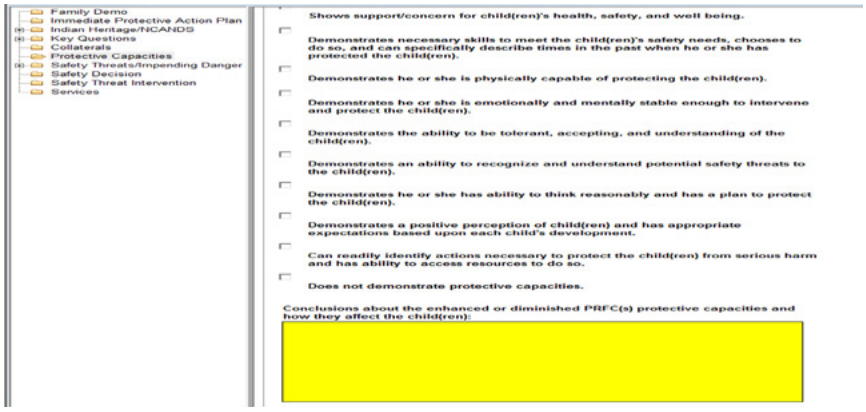
Additional Protective Capacity Guidance

Just as specialists are always assessing safety across all programs, they too, are always assessing for protective capacities. Safety and protective capacities go hand in hand and cannot be considered separate.

- Hotline specialists begin collecting information about protective capacity during the call and assess for the three protective domains in order to help determine disposition decisions.
- When assigned, that assessment process continues through the investigation for all PRFCs as well as any potential safety plan monitors or kinship providers.
- When cases continue due to safety interventions, specialists continue to assess and strengthen a parent's diminished protective capacity throughout the Family-Centered Services (FCS) or Permanency Planning (PP) case.
- Foster Care/Adoption specialists are also always assessing the ability of resource parents and/or placement providers to protect the children and meet their individual needs. https://www.childwelfare.gov/pubPDFs/guide_fostercare.pdf
- When a parent has protective capacity, then there is no safety threat.
- It can be easy to confuse a *protective behavior* with a *protective capacity*. Note the difference between the two…
  - ✓ **Protective Behavior** = when a caregiver is capable of doing some protective actions or things.
  - ✓ **Protective Capacity** = when a caregiver is capable of fully protecting in all areas or domains.

During the Investigation in narrative form, specialists must articulate:

- How the PRFC is or is not controlling the safety threat based on each of the three domains.
- How the PRFC thought, felt, and acted regarding the maltreatment.



- Establishing a clear understanding about each of the three domains and the PRFC's full protective capacities, assists the ongoing specialists and the PRFC in reaching permanency timely and effectively. Clearly articulating which of the protective capacity domains are diminished aids in developing proper individualized service plan (ISP) action steps, as well as referring the PRFC to the most appropriate services for eliciting behavioral change.

During the ongoing FCS or PP cases

- The specialists must articulate: How the PRFC is or is not controlling the safety threat based on each of the three domains.

- The specialist must articulate how the PRFC thought, felt, and acted regarding the maltreatment.

- Specialists must continually assess with the children, PRFCs, placement providers, service providers, and collaterals to gauge diminished protective capacities and if or how those capacities are being enhanced to control for or manage the safety threat, and document those efforts.

- Once a PRFC has a full protective capacity the child is no longer unsafe and the specialists should begin advocating for the child to return home as the safety threshold is no longer crossed.

- Protective capacities are what specialists assigned to ongoing FCS or PP cases must work with the PRFCs to strengthen or build in order to manage ongoing safety threats.

- Specialists need to assess the placement provider and/or safety plan monitor's protective capacities as well.

- During monthly contacts specialists assess and identify if the placement provider/safety monitor has the capacity to meet the child's needs and protect them from any and all harm.
  - ✓ Assess how will they protect from parents if needed?
  - ✓ How will they supervise parental visitation as expected by OKDHS?
  - ✓ Are they capable of protecting in regards to allegations despite their belief about what occurred?
  - ✓ Are they able to meet the child's needs?
- As a means to assess caregiver protective capacities in ongoing cases, specialists consider the leading factors present in a majority of maltreatment-in-care (MIC) incidents. The most common factors found in both unsubstantiated and substantiated MIC incidents are:
  - ✓ Insufficient quality contacts during monthly visits.
  - ✓ Insufficient information sharing and communication across CW programs.
  - ✓ Insufficient exploration surrounding other individuals living or visiting the home.
- In assessing for protective capacities, specifically related to these top three factors during all contacts, conversations, and visits, specialists are to:
  - ✓ Fully explore the child's safety, not assuming that he/she is safe because they are in an approved placement. Also exploring what "safe" means to each child.
  - ✓ Spend enough quality time with the child alone during visits to explore his/her emotional adjustment to the home, bonding, transition, health and well-being issues. In other words, is the caregiver building a relationship with the child that goes beyond a checklist of repetitive questions?
  - ✓ Conduct and document thorough discussions about where children sleep and the dynamics of discipline.
  - ✓ Have conversations about who visits the foster home or children, asking about where they go for visits, and understanding clearly who comes around and/or babysits the children.

- ✓ Routinely communicate with other program specialists, PP with Foster Care and Adoptions and/or resource family partner (RFP) specialists, Child Protective Services (CPS) and/or FCS, when relevant, *prior* to monthly and quarterly visits.
- ✓ Follow up with each and every program when concerns are identified and additional communication between programs when a concern is noted and follow-up or support is required.
- ✓ Ask pertinent follow-up questions of all parties interviewed.

Asking questions surrounding the topics listed below aids the CW specialist in identifying a caregiver's protective capacity. Prior to engaging a family, establish some questions related to the below topics that help identify if the listed factor is present or lacking with regard to parenting and adult functioning.

Cognitive Protective Capacity	Emotional Protective Capacity	Behavioral Protective Capacity
		History of being protective
Reality oriented	Emotional bond with the child	Physical capacity and energy
Accurate perception of a child	Positive attachment with the child	Ability to set aside own needs
Recognition of a child's needs	Love, sensitivity and empathy for the child	Adaptive
Ability to accurately process/interpret stimuli	Resiliency	Assertive and responsive
Understanding protective role	Stability	Takes action
Intellectually able	Effectively meets own emotional needs	Impulse control

Enhancing Protective Capacities

There may be times where the safety threat is no longer active and/or the protective capacities of the other PRFC are no longer a concern.

Practice Example: The father has a history of domestic violence as a batterer against the mother. He is physically abusive, controls their finances, isolates the family, and also controls what the mother wears and who she spends time with. The mother feels she is not able to leave the father and meet her children's needs, she also does not see his violence and control as a safety threat to her children. She feels the children are safe because they are in their rooms when the physical violence occurs and he has never been physically abusive to the children.

- Due to the mother's inability to protect and control for the domestic violence in the home and the father's out of control behavior, the children would be unsafe. In instances where the maltreating PRFC is no longer a threat and the safety threat is no longer active there are several factors to consider in determining if the children could be considered safe with their mother.
- First and foremost, the specialist must consider if the safety threat being eliminated is a longer term circumstance or a short term circumstance. For instance, if the father were to suddenly pass away during the investigation, there is no longer a safety threat in a long term sense. The mother's diminished protective capacities are no longer an issue without an imminent safety threat; however, the specialist still attempts to ensure proper services were offered and recommended in an effort to strengthen mother's ability to protect from future child maltreatment.
- If on the other hand, eliminating the safety threat is a short term circumstance, for instance the father became incarcerated, the specialist needs to consider what the safest long term plans are and anticipate what is likely to happen upon the father's release.

Short Term Examples.

- If on the other hand eliminating the safety threat is a short term circumstance, for instance the father became incarcerated, the mother filed a VPO, or the mother moved into a friend or relative's home, the specialist needs to consider if this is actually a long term solution for safety. Specialists must establish what the safest long term plans will be and therefore must anticipate what is likely to happen in the near future. For example, what might happen upon the father's release from jail? What will filing a VPO actually do for safety? Is the mother moving actually a safety solution moving forward? We know that often times a battered victim will move out several times throughout the relationship, but frequently returns to the batterer. When assessing safety in the long term sense, the specialist must show that this aspect was assessed and considered in many conversations with the PRFCs and collaterals before a safety decision can be truly established. Moreover, filing a VPO often results in a heightened threat to the children and mother's safety rather than presenting as a safety solution. Situations like these are quite frequent in child welfare investigations regarding domestic violence. In these types of situations, specialists must explore and document the safety decision in a manner that shows the assessment considered long term likelihoods and possibilities. This will show that the safety decision was not based on the specific incident but rather the family's functioning moving forward. Assessing for the likelihood of long term possibilities requires conversations with family members and collaterals about what might happen if various outcomes or anticipated dynamics occur. Investing in such in depth and forward thinking scenarios with the non-offending PRFC will allow specialists to gauge and measure protective capacities in all three domains and with a good degree of confidence.

Enhancing Protective Capacities in Ongoing Cases:

- When a child is been unsafe, the goals throughout the case are to change the maltreating PRFCs behaviors and/or enhance the non-maltreating PRFC's protective capacities.
- As a case continues, circumstances change and the way a PRFC thinks, feels and acts in relation to protecting his/her child(ren) can and should become enhanced. Whether this occurs through family support coming forward, services the family receives, fully understanding the extent of the safety threat through a child safety meeting and/or more education from OKDHS, or a combination of all. Continued and regular assessment of protective capacities is essential to measuring the continued safety of children in out-of-home care.
- When the PRFCs can show enhanced protective capacities in each of the three domains, and/or the maltreating PRFC's behaviors are corrected the unsafe conditions change and the child is then determined safe.

Ongoing specialists must assess caregiver's protective capacities as they relate to their parenting and adult functioning. Specialists assess this through conversations with other CW specialists, service providers, collaterals, foster parents, the children, and the parents regarding the topics listed below. Additionally, ongoing specialists must rely on observations by all assigned CW specialists, service providers, collaterals, foster parents, and the children regarding the PRFC's behaviors, attitudes, and knowledge with regard to parenting and adult functioning to anticipate how those aspects affect protection moving forward, and utilize all of these things together to determine protective capacities.

Considerations Related to Adult Functioning:	**Related to Parenting:**
○ **Understands protective role** ○ **Recognizes threats** ○ **History of being protective** ○ **Impulse control in parenting** ○ **Sets asides own needs** ○ **Demonstrates love** ○ **Sensitivity toward child** ○ **Empathy for child** ○ **Displays positive attachment** ○ **Accurately recognizes child's needs** ○ **Realistic expectations for child** ○ **Accurate perception of child** ○ **Adequate knowledge**	○ **Takes action** ○ **Physically able** ○ **Displays emotional control** ○ **Reality oriented** ○ **Accurately processes information** ○ **Assertive and responsive** ○ **Adaptive** ○ **Resilient** ○ **Stable** ○ **Can meets own needs** ○ **Intellectually able**

Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families

Capacity Building CENTER FOR STATES

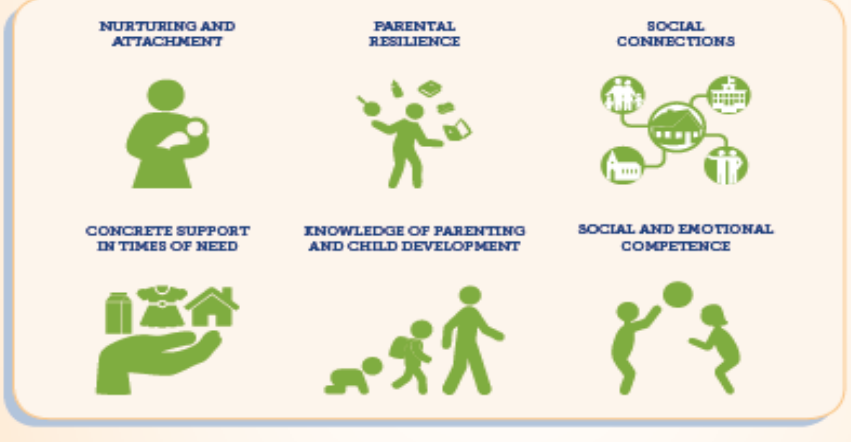
Child welfare practitioners use varied but complementary frameworks for assessing child safety and working with families. A shared understanding of definitions and common ground can help strengthen consistency in services for families.

PROTECTIVE CAPACITIES FRAMEWORK

Protective capacities[1] are *caregiver characteristics* directly related to child safety. A caregiver with these characteristics ensures the safety of his or her child and responds to threats in ways that keep the child safe from harm. Building protective capacities contributes to a reduction in risk.

PROTECTIVE FACTORS FRAMEWORK

Protective factors[2] are conditions or attributes of *individuals, families, communities, or the larger society* that reduce risk and promote healthy development and well-being of children and families, today and in the future.



THE COMMON GROUND

Both frameworks are strength-based approaches to assess, intervene, and serve families. By promoting both protective capacities (at the individual level) and protective factors (at the individual, family, and community levels), we can best ensure child safety and promote child and family well-being.

Access more information through the Capacity Building Center for States at ***https://capacity.childwelfare.gov/states*** and Child Welfare Information Gateway at ***https://www.childwelfare.gov***.

[1] ACTION for Child Protection conceptualized and developed the Caregiver Protective Capacities as a component of a comprehensive safety practice model called SAFE (Safety Assessment and Family Evaluation).

[2] The Children's Bureau uses a protective factors framework adapted from the Strengthening Families framework develop by the Center for the Study of Social Policy, with the addition of a sixth factor: nurturing and attachment.

Children's Bureau

Safety Threshold
Criteria and Definitions

Safety Threshold Criteria and Definitions

Observable refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood, and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interactions, lack of cooperation, or difficulties in obtaining information.

Vulnerable Child refers to a child who is dependent on others for protection and is exposed to circumstances that he or she is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size, dependence, and susceptibility. This definition also includes all young children from 0 through 5 years of age and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

Out-of-Control refers to family behavior, conditions or situations that are unrestrained resulting in an unpredictable and possibly chaotic family environment which is not subject to influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

Imminent refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active in the near future. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

Severity refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on a child's vulnerability and the family's behavior, condition or situation that is out-of-control. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes effects, such as physical injury, disability, terror and fear, impairment, and death. The safety threshold is in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.

Assessing and Articulating Safety Threshold

The Safety Threshold is the measurement tool the Oklahoma Department of Human Services (OKDHS) utilizes for determining child safety. It is also how OKDHS articulates if a safety threat exists. A safety threat is a description of what it looks like when unsafe behavior crosses **ALL** five areas of the safety threshold as defined above.

The safety threshold is used in order to:

- ✓ Properly disposition a case at the hotline.
- ✓ Make the most appropriate safety decision during an investigation.
- ✓ Develop behavioral based steps in the individualized service plan (ISP).
- ✓ Communicate clearly in progress reports and the assessment of child safety (AOCS) tools.
- ✓ Articulate how the parent is demonstrating change.
- ✓ Determine when it's time to send child(ren) home or close case.

A safety threat must be tied to behaviors. Specialists must understand if the behaviors cross each of the five areas of the safety threshold and if they do the child is unsafe. When the behaviors do not cross all five areas, the child is safe.

- When a child is determined unsafe, the specialist must then be able to articulate what the behaviors are and how they cross each of the five areas of the threshold. This articulation is then communicated during staffing with supervisors, district directors, attorneys, judges, the courts, and also with the family.

The same safety threshold is used to measure safety throughout all child welfare (CW) programs. CW specialist must do this clearly and sufficiently from the start of a case. This allows the CW specialist to create a behaviorally-based service plan that can be monitored and measured consistently throughout the entire life of the case.

Once this has been done by Child Protective Services (CPS), the continued effort by specialists is to show and/or explain how safety has changed for the better.

- However, if it is a longstanding case the specialist may need to periodically reassess the behaviors against the safety threshold. Imminence is an assumed factor after children were removed, so specialists then work to prove when that imminence is gone or controlled for. Determining when this occurs is highly dependent on service providers, medical providers, and reports from collaterals. Observations during various situations are also factored in.

As it relates to the life of the case, information surrounds:

- Requirements for the safety threat to no longer exist. What behaviors need to change and/or cease?
- What behaviors changed in one or more of the five areas to absolve the previously existing threat?
- Clear articulation of what the unsafe behaviors were and then being able to explain how those unsafe behaviors became safe.
- It is important to remember as ongoing specialists, if OKDHS, meaning CPS, would not remove the child for the current circumstances, then the child does not remain out of the home. Continued out-of-home placement is not recommended for "quality of life issues." Children remain in out-of-home care due to behaviors that fully cross the five safety threshold areas.

- As soon as the safety threat is managed, (or one of the five areas are corrected), OKDHS pursues reunification and advocates for the child to be returned home.

- **Out-of-Control** → Specifically, which behaviors are out-of-control? Additionally, why are these behaviors unable to be controlled by any other persons responsible for the child (PRFCs)?

  - ✓ Many times substance abuse is due to addiction and addiction to substances is usually unable to be controlled especially in terms of highly addictive substances. Articulation of how substance use is out-of- control by both the user, and also any additional PRFCs, must be understood and articulated in determining and describing this aspect in relation to child safety.

    - **Example**: PRFCs addicted to Heroin, PCP, or Meth, are not in control of their addiction, they are not in control of the high it creates in their body and behavior, and they are not in control of the side effects during the time it takes to come down from the high. All of these behaviors are what lead to an understanding and measurement as to child safety. The dynamics must also be known for non-using PRFCs, have they been able to successfully recognize the use and control for it? If so how, and if not, why? A domestic violence dynamic is also a good example to understand how a non-perpetrating PRFC might not be able to control for an abusive behavior.

- **Specific and Observable** → All information gathered stating facts about how the maltreatment presents in the home. Compile information along with any and all observations about the behaviors, as well as if there are actual safety issues within the environment itself, how are the behaviors and/or environment effecting the child? Does it affect them physically or medically? It is important to also include the child's trauma response to the environment and/or behaviors in assessing and articulating child safety.

  - ✓ Observations of what is occurring in the home and how the child and family are affected by it, often comes from reports from other witnesses. It is not always observable to the CW specialist when abuse or neglect is occurring within a family, but that does not mean abuse is not occurring. Specialists must inquire about the specifics and observations made by all others interviewed. To assess and articulate this aspect of the threshold, specialists often rely on professional input, such as law enforcement records, medical records, behavioral health records, and so on.

- **Vulnerable Child** → What makes the child vulnerable to the concerning behaviors? Age and ability are obvious aspects to include, but beyond the child's age and/or ability, what circumstances in the home might make a child vulnerable? What is the child's ability to self-protect and is it reasonable to expect self-protection from the child given the specific circumstances? Is the child medically fragile or does he/she rely on others for medical needs?

  - ✓ Every child, from 0 to 17 years of age, has specific and unique needs. Specialists must assess and articulate if and how those needs are being met or not being met in relation to the PRFC's concerning behavior. While policy indicates that children under 6 years of age are automatically vulnerable, assessment and articulation must go beyond that to explain how circumstances in the home and environment affect the child's needs being met. It is essential to understand and explain what each child's individual needs are and compare whether or not those needs are met on a consistent basis by the PRFC(s).

- **Severe** → How is the behavior severe? What does the behavior result in for the family? Are there aspects of the behavior which cause discomfort or distress? Are the behaviors harsh or extreme?

  - ✓ Explaining what the actual behavior is and what extreme conditions it has created helps to show severity. How do family members or the child respond to the severity of the behavior? Is it difficult to endure? Explaining these dynamics in specific terms rather than general terms assists in articulating and understanding the severity.

    - **Example:** Knowing and stating that domestic violence exist, does not show severity. The revealing details about injuries, present or previous, strangulation, use of weapons, manipulation details, and behavior are what show severity. When considering substance abuse and addiction, a more sufficient explanation is how the behaviors manifest within the home and parenting, such as having needles or drugs in the home; passing out and not being able to be roused; and not being able to meet the child's basic needs for food, clothing, and shelter. Details like these help in addressing severity in behavioral terms.
    - **Example:** For medical neglect, the fact that the child did not see a doctor does not describe the severity. However, articulating that the PRFC was unwilling to take the child to routine medical appointments with the pulmonologist; thus, the child was not receiving new prescriptions for ongoing asthma, which resulted in his or her being admitted to the hospital in critical condition, does. Medical records showing multiple ongoing admissions for asthma or diabetic-related issues can also show both the severity for medical neglect, as well as imminence and a pattern of behavior.

- **Imminence** → Include information which shows the threat is active or likely to become active in the near future. What makes this behavior an ongoing issue? What aspects indicate that the behavior is likely or certain to happen again? What are the patterns that exist from the past which show imminence? What is the cycle of this behavior that indicates it will continue to reoccur?

  - ✓ Understanding the history and patterns of the concerning behaviors is essential in determining if and when a child needs to be removed from his/her family. Children remain in custody due to unsafe behaviors that are ongoing and are not likely to cease once the CW specialist exists the situation. Understanding and articulating when and how behaviors go beyond a single incident helps to show when similar circumstances are likely to reoccur. Substance dependency and domestic violence behaviors are good examples which illustrate cycles of behavior. Imminence is a cycle or pattern of behavior that it is likely to continue even if stopped for a small period of time. Understanding the dynamics of the behavioral cycles is a key to understanding and articulating safety.

  - ✓ On rare occasions and on a case by case basis, high-risk family-centered services or court supervision cases can be utilized in an effort to further reduce the high safety risks. Please refer to policy and county protocols for additional guidance on such situations.

Safety and Court Documentation

Safety and Court Documentation

Safety and court documentation is critical for child safety, permanency, and to prevent child maltreatment among families, and in care. The tools used to document safety can include, but are not limited to, safety plans, assessments of child safety (AOCS), and all reports provided to the court. The text in these tools needs to state clearly as to what the person responsible for the child (PRFC's) protective capacities are; what the current safety threat is; and why the child is safe or unsafe to assure:

- the child's safety within the home and preserve intact families;
- the problems of families whose children were placed in foster care or intervention are addressed so that reunification may occur in a safe and stable manner by providing support services as necessary; and
- that permanency is achieved for children and youth.

Periodic court hearings are held to review permanency plans for children and youth in foster care and ensure adequate progress is being made toward those goals. Child welfare (CW) specialists make sure that the PRFC's protective capacities and the current safety threat to the child(ren) are articulated in all documentation so correct safety determinations are made.

Formation of a Safety Plan

When a child is determined to be unsafe, the CW specialist evaluates the PRFC's protective capacities, available supports, such as relatives or community resources, and willingness to collaborate with the Oklahoma Department of Human Services (OKDHS) to keep the child safe. The PRFC must acknowledge that the identified safety threat and corresponding behaviors associated with the threat create an unsafe environment for the child.

A safety plan must include:

- identification and description of one or more of the safety threats outlining what behaviors must be controlled;
- identification of actions taken to control the safety threat; and
- identification of how OKDHS and others will monitor the plan, circumstances and frequency.
    - Safety plan monitors must be assessed using the guidelines outlined in Oklahoma Administrative Code (OAC) 340:75-3-300 Instructions to Staff (ITS).
    - Third party monitors must be aligned with OKDHS in acknowledging a safety threat exists and must be willing to protect the child from that threat.

A safety plan does not preclude a recommendation for court intervention and must have an immediate effect. Safety planning and deciding that Family-Centered Services (FCS) is the best route also considers the poor prognosis factors. It is also important to always consider the least restrictive intervention possible. Every intervention case looks at FCS and safety planning as an option. In cases where it is clear that FCS is not sufficient for correcting the unsafe conditions, an explanation to the family and the courts of why FCS is being ruled out is appropriate.

Poor Prognosis Indicators – conditions that exist which indicate that a family centered services case would likely be unsuccessful.
Reasons relating to:

- previous, serious or severe child abuse or neglect, or significant child welfare history of the child, a previous child of the PRFC, or the PRFC as a child;
- criminal history;
- poor lifestyle choices, such as engaging in extreme and/or chronic substance abuse; domestic violence; chronic criminal behavior; isolation from supports; and
- poor health or behavioral health conditions or poor cooperation with CWS

When the above conditions exist, consultation with a district director must be documented and approved for FCS to proceed.

Safety planning should truly be voluntary. In situations where not all custodial PRFCs agree with a safety plan or an FCS case, a heightened level of intervention is required. Safety planning is not intended to last more than a few months at most.

Safety plan form link:

http://infonet.okdhsdmz.nml:82/OKDHS Forms Library/04MP078E.pdf#search=safety%20plan

Safety Plan Monitors

Prior to engaging individuals as safety plan monitors for both in-home and out-of-home plans, the CW specialist assesses:

- the individual's protective capacities;
- their willingness to collaborate with Child Welfare Services (CWS), parents, and service providers, to ensure the child's safety;
- their alignment and agreement with the safety plan; and
- guidelines outlined in OAC 340:75-3-300.

The safety plan must include a clear and understandable action that controls for the safety threat and it must be specific regarding what the safety plan monitors are protecting the child from. When considering a safety plan monitor, CWS must;

- assess them beyond their ability to pass a background or history check;
- fully understand the monitor's understanding and determine if the monitor recognizes and shares the concern for the child's safety; and
- determine if the monitor is capable of meeting the child's needs? Child Protective Services must assess capability prior to implementing a safety plan and during child safety meetings (CSMs).

When evaluating relatives or kinship as safety plan monitors, protective capacities must be thoroughly assessed to determine if they can adequately protect the child from the perpetrator. Aspects to consider in assessing their appropriateness:

- Does the potential monitor believe there is a threat to protect form? If not, has the monitor demonstrated behaviors related to protective capacities? If not, adequate protection will likely not be provided by the monitor.
- Is the potential monitor dependent on the perpetrator for financial or emotional support or both? If so, it will likely be difficult for the monitor to overcome his or her own needs to protect the child.
- Has the potential monitor been a victim of domestic violence or emotional abuse by the perpetrator? If so, the monitor may be influenced by fear of the perpetrator and unable to protect the child.
- Has the potential monitor failed to protect the child from abuse or neglect in the past? Have the potential monitor failed to heed serious warning signs that abuse was occurring? If so, the monitor will likely not be able to recognize threats to the child when the perpetrator wants unauthorized contact with the child.
- Does the potential monitor display a willingness to control and manage the safety threats; or is his or her agreement to participate in the safety plan only to avoid the child's removal? When there is no willingness to seek help to alleviate the safety concerns, the specialist cannot rely on the monitor to provide adequate protection.
- Is the potential monitor planning to seek action in civil court to change custody? If so, the monitor must be evaluated through the six key questions in order to determine if the individual can adequately protect the child on a long term basis. It is likely that visitation will continue even with a change in custody and often actions in civil court are temporary.
- Are there any concerns that the potential monitor has difficulties due to substance use or abuse? If so, these difficulties may prevent the monitor from adequately protecting the child.

At times, it can be difficult to fully know if a potential safety plan monitor has protective capacities initially, because compliance and full protective capacity can sometimes look alike. There may be situations in which a safety plan monitor has not shown diminished protective capacities

necessarily and is eagerly compliant with CWS; however, some doubt remains if it is compliance or truly a protective capacity.

- In such cases, the preference is to place with kin using the least restrictive intervention possible. It is crucial that any and all hesitation or concern is communicated to the ongoing specialist(s) to ensure thorough assessment continues to determine compliance versus protective capacity. This is also a primary reason it is so important for ALL CW specialists to continually assess protective capacities during each and every contact.

Family Service Agreement (FSA)/Safety Plan

Family Information

	1234567	98765432
Date	Referral number	KK number

Harding
Family name

John Smith	Oklahoma	555-555-1234
Child welfare (CW) specialist	County office location	Phone number

Child name	Age
Jackson Harding	9 years
Molly Harding	2 years
Noah Harding	6 months

+ -

Person responsible for the child (PRFC)	Relation to child
Samuel Harding	Father
Carrie Harding	Mother

+ -

Purpose

- [x] Child Protective Services (CPS), Services Referral, and/or Plan of Safe Care Referral
- [ ] Permanency Planning (PP) Service Referral Related to Assessment of Child Safety (AOCS)/ Individualized Safety Plan (ISP)
- [ ] Family-Centered Services (FCS) Service Referral Related to AOCS/ISP
- [ ] FCS Ongoing Safety Planning

Part A: Identified Service Needs

Oklahoma Department of Human Services (DHS) Services

Check all that apply:

- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Developmental Disability Services (DDS)
- [ ] Adult and Family Services (AFS)
- [ ] Aged, Blind, and Disabled (ABD)

☐ Family-Centered Services (FCS) Service Referral Related to AOCS/ISP

☐ FCS Ongoing Safety Planning

Part A: Identified Service Needs

Oklahoma Department of Human Services (DHS) Services

Check all that apply:

☐ Temporary Assistance for Needy Families (TANF)

☐ Developmental Disability Services (DDS)

☐ Adult and Family Services (AFS)

☐ Aged, Blind, and Disabled (ABD)

04MP078E

Other Services

Check all that apply:

☑ Child care - protective

☐ Child care - regular

☐ Child guidance or development

☐ Clothing assistance

☐ Community Home-Based Services (CHBS)

☐ County health department(s)

☐ Dental clinic or dentist

☐ Domestic violence

☐ Employment assistance

☐ FCS for prevention

☐ Food assistance

☐ Grief counseling

☐ Housing or rental assistance

☑ Individual or family counseling

☑ Medical or mental health

☐ Parent aide services (PAS)

☐ Parent education

☐ Plan of safe care

☐ Sexual abuse treatment

☐ SoonerStart

☐ Substance abuse treatment

☐ Transportation

☐ Utility asisstance

☐ Women, Infants, & Children (WIC)

☐ Other:

Provider information or comments:

The undersigned parent/caretaker acknowledges that pursuant to Section 1-6-103(c)(5) of Title 10A of the Oklahoma Statutes certain confidential information regarding the child(ren) and family members will be given to the service provider as necessary to secure appropriate services or treatment. Part A of this form is used to document services to help you keep your child(ren) safe. This is not a legal agreement. It is a list of services and suggested steps that have been discussed with you and your CW specialist.

Parent/caregiver	Date	Parent/caregiver	Date
CW specialist	Date	Other signature	Date

Part B: Safety Intervention Identified Safety Threats

Did an emergency exist? ☐ Yes ☐ No

Initial intervention taken to protect the child was:

04MP078E

The identified safety threats and corresponding "to do's" detailed on this form are a result of a safety intervention. The FSA/Safety Plan is utilized to identify behaviors or conditions that need to change in the family unit and indicates the steps that must be taken to keep the child safe. The CW specialist role is to observe and monitor your family's progress on behavior changes and compliance with either the safety plan and/or individualized service plan (ISP).

1. Living arrangements seriously endanger a child's physical health.
2. The person(s) responsible for the child (PRFC) in the home lacks the knowledge, skills, motivation, or abilities to perform parental duties or responsibilities.
3. PRFC intended to hurt the child.
4. PRFC does not have the resources to meet basic needs.
5. Child has exceptional needs that the PRFC cannot or will not meet.
6. Child is extremely fearful of the home situation.
7. PRFC is violent and are unwilling or unable to control the violence.
8. PRFC cannot or will not control behavior.
9. PRFC has extremely unrealistic or extremely negative perceptions of the child.

Safety threat # 8

1. Describe how the safety threat is occurring in the home and how the threat results in the child being unsafe:

Mother, Mrs. Harding reported that she was diagnosed with schizophrenia 5 years ago. Father, Mr. Harding is incarcerated will be there for at least the next 3 years. The children are ages 9, 2, and 6 months old and Mrs. Harding is the primary caretaker for them. Mrs. Harding reports she stopped taking her medication one week ago after she did not have transportation to pick her medication up from the pharmacy. Mrs. Harding reports over the last 5-6 days, she has started hearing voices more frequently and has become more depressed. Mrs. Harding disclosed she is not able to get up to care for the children or to prepare food for them like she should be. Jackson (age 9) was able to describe getting cereal out of the cabinet to give his brother and sister when they were hungry and not able to wake mother up. Last year, she was hospitalized for 3 months after she reported seeing her then 5 and 1 year old children covered in blood and that she was contemplating suicide at that time, leading to her hospitalization.

2. Action to control and manage the safety threat:

Mrs. Harding will allow her children, Jackson, Molly, and Noah, to stay in the home of their paternal grandmother, Patty Harding. Mrs. Harding will not be allowed to be unsupervised with her children. Patty Harding will make sure that the children remain in her home and supervise contact between Mrs. Harding and her children at least three times per week. DHS will make face to face contact with Patty Harding at least one time per week.

3. Person responsible to monitor the safety plan:

Paternal grandmother, Patty Harding

4. Desired result (description of change required):

Mrs. Harding will take her medications as prescribed and follow the recommendations of medical professionals to treat her diagnosis of schizophrenia. Mrs. Harding will maintain an environment where her children's needs are consistently met.

5. To do's (intervention/services):

1) DHS will make a referral to Hope Community Mental Health for Mrs. Harding to address her diagnosis.
2) Mrs. Harding will call and schedule an appointment with Hope within 2 business days.
3) Mrs. Harding will contact her doctor to inquire about getting started back on her medications within 2 business days.
4) DHS will assist paternal grandmother with locating a daycare for the children to attend while she works.

Safety threat #

1. Describe how the safety threat is occurring in the home and how the threat results in the child being unsafe:

2. Action to control and manage the safety threat:

3. Person responsible to monitor the safety plan:

4. Desired result (description of change required):

5. To do's (intervention/services):

All parties understand that this safety plan cannot be terminated as to the PRFC(s) identified with the safety threats until DHS determines the behaviors and conditions that led to the safety threats are corrected. Signatures below indicate a full understanding and agreement with the plan.

PRFC signature Date

PRFC signature Date

Person responsible for monitoring signature Date

Person responsible for monitoring signature Date

Person responsible for monitoring signature Date

CW specialist signature Date

CW supervisor signature Date

Family-Centered Services Disclosure

This is not a legal document. You have agreed to work a plan in order to ensure your child(ren)'s safety. DHS has entered into this plan with you, and it is believed at this time that safety interventions can be put into place to ensure your child(ren)'s safety while you engage in services. Failure to participate in or complete any portion of this plan and the subsequent individualized service plan MAY result in your case being staffed with the District Attorney and MAY result in a pick-up order being requested in order to ensure the ongoing safety of your child(ren).

This is an initial identification of services based upon the recommendations of the CPS specialist and is not an all-inclusive list of what services or steps you may be asked to participate in to ensure the safety of your child(ren).

All parties agree to notify the CW specialist immediately when anything prevents the plan from being implemented or monitored. When the CW specialist is unavailable, the CW supervisor will be notified. No changes to this plan may be made once it is signed by the parties without the approval of the CW specialist.

PRFC signature Date

PRFC signature Date

Family Service Agreement (FSA)/Safety Plan

Family Information

09/20/2019	1233345	
Date	Referral number	KK number

Jones
Family name

Smith		
Child welfare (CW) specialist	County office location	Phone number

Child name	Age
Olivia Jones	5 years old
Nathan Jones	3 years old

+ -

Person responsible for the child (PRFC)	Relation to child
Elizabeth Jones	Mother

+ -

Purpose

- [x] Child Protective Services (CPS), Services Referral, and/or Plan of Safe Care Referral
- [ ] Permanency Planning (PP) Service Referral Related to Assessment of Child Safety (AOCS)/ Individualized Safety Plan (ISP)
- [ ] Family-Centered Services (FCS) Service Referral Related to AOCS/ISP
- [ ] FCS Ongoing Safety Planning

Part A: Identified Service Needs

Oklahoma Department of Human Services (DHS) Services

Check all that apply:

- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Developmental Disability Services (DDS)
- [ ] Adult and Family Services (AFS)
- [ ] Aged, Blind, and Disabled (ABD)

☐ FCS Ongoing Safety Planning

Part A: Identified Service Needs

Oklahoma Department of Human Services (DHS) Services

Check all that apply:

☐ Temporary Assistance for Needy Families (TANF)

☐ Developmental Disability Services (DDS)

☐ Adult and Family Services (AFS)

☐ Aged, Blind, and Disabled (ABD)

Other Services

Check all that apply:

- ☐ Child care - protective
- ☐ Child care - regular
- ☐ Child guidance or development
- ☐ Clothing assistance
- ☐ Community Home-Based Services (CHBS)
- ☐ County health department(s)
- ☐ Dental clinic or dentist
- ☐ Domestic violence
- ☐ Employment assistance
- ☐ FCS for prevention
- ☐ Food assistance
- ☐ Grief counseling
- ☐ Housing or rental assistance
- ☑ Individual or family counseling
- ☑ Medical or mental health
- ☐ Parent aide services (PAS)
- ☑ Parent education
- ☐ Plan of safe care
- ☐ Sexual abuse treatment
- ☐ SoonerStart
- ☐ Substance abuse treatment
- ☐ Transportation
- ☐ Utility asisstance
- ☐ Women, Infants, & Children (WIC)
- ☐ Other:

Provider information or comments:

The undersigned parent/caretaker acknowledges that pursuant to Section 1-6-103(c)(5) of Title 10A of the Oklahoma Statutes certain confidential information regarding the child(ren) and family members will be given to the service provider as necessary to secure appropriate services or treatment. Part A of this form is used to document services to help you keep your child(ren) safe. This is not a legal agreement. It is a list of services and suggested steps that have been discussed with you and your CW specialist.

Parent/caregiver	Date	Parent/caregiver	Date
CW specialist	Date	Other signature	Date

Part B: Safety Intervention Identified Safety Threats

Did an emergency exist? ☐ Yes ☑ No

Initial intervention taken to protect the child was:

04MP078E

The identified safety threats and corresponding "to do's" detailed on this form are a result of a safety intervention. The FSA/Safety Plan is utilized to identify behaviors or conditions that need to change in the family unit and indicates the steps that must be taken to keep the child safe. The CW specialist role is to observe and monitor your family's progress on behavior changes and compliance with either the safety plan and/or individualized service plan (ISP).

1. Living arrangements seriously endanger a child's physical health.
2. The person(s) responsible for the child (PRFC) in the home lacks the knowledge, skills, motivation, or abilities to perform parental duties or responsibilities.
3. PRFC intended to hurt the child.
4. PRFC does not have the resources to meet basic needs.
5. Child has exceptional needs that the PRFC cannot or will not meet.
6. Child is extremely fearful of the home situation.
7. PRFC is violent and are unwilling or unable to control the violence.
8. PRFC cannot or will not control behavior.
9. PRFC has extremely unrealistic or extremely negative perceptions of the child.

Safety threat # #2

1. Describe how the safety threat is occurring in the home and how the threat results in the child being unsafe:

Ms. Jones spanked both children with an extension cord after the children threw their dinner on the kitchen floor. Both children were observed to have several marks and bruises located on their arms, bottoms and stomachs during the CPS investigation. A maltreatment physician stated the markings on the children are consistent with physical abuse. Ms. Jones also reported she is overwhelmed and easily angered. Ms. Jones has admitted the children deserve the spankings because they continue to disrespect her home by throwing their food. Ms. Jones admitted she uses an extension cord on a frequent basis to spank the kids and is unable to control herself when she spanks.

2. Action to control and manage the safety threat:

Ms. Jones agreed to allow the children to be placed in an out of home safety plan with their aunt, Vanessa Gibson. Ms. Gibson agrees to provide primary care for the children while the children are participating in the out of home safety plan. Ms. Jones will not be the primary caregiver and will not have unsupervised visits with the children until deemed by DHS. DHS will make announced/ unannounced contact with the children, Ms. Gibson and Ms. Jones at least once a week. DHS will make contact and observed Ms. Jones and the children at Ms. Jones home at a minimum of one time per week.

3. Person responsible to monitor the safety plan:

Ms. Vanessa Gibson- the maternal aunt, Ms. Melissa Berry- the maternal grandmother and DHS.

4. Desired result (description of change required):

Ms. Jones will learn new discipline techniques that do not result in any injuries to the children. Ms. Jones will be able to recognize when she is overwhelmed and will be able to identify new coping skills. Ms. Jones will participate recommended services by the department or other recommendations by service providers.

5. To do's (intervention/services):

1. DHS will make a referral to a parenting program for Ms. Jones to understand and learn the correct methods of discipline.

2. DHS will make a referral for a mental health assessment and counseling as requested by Ms. Jones.
3. Ms. Jones will sign all releases for the department.

Safety threat #

1. Describe how the safety threat is occurring in the home and how the threat results in the child being unsafe:

2. Action to control and manage the safety threat:

3. Person responsible to monitor the safety plan:

4. Desired result (description of change required):

5. To do's (intervention/services):

All parties understand that this safety plan cannot be terminated as to the PRFC(s) identified with the safety threats until DHS determines the behaviors and conditions that led to the safety threats are corrected. Signatures below indicate a full understanding and agreement with the plan.

PRFC signature	Date
PRFC signature	Date
Person responsible for monitoring signature	Date
Person responsible for monitoring signature	Date
Person responsible for monitoring signature	Date
CW specialist signature	Date
CW supervisor signature	Date

Family-Centered Services Disclosure

This is not a legal document. You have agreed to work a plan in order to ensure your child(ren)'s safety. DHS has entered into this plan with you, and it is believed at this time that safety interventions can be put into place to ensure your child(ren)'s safety while you engage in services. Failure to participate in or complete any portion of this plan and the subsequent individualized service plan MAY result in your case being staffed with the District Attorney and MAY result in a pick-up order being requested in order to ensure the ongoing safety of your child(ren).

This is an initial identification of services based upon the recommendations of the CPS specialist and is not an all-inclusive list of what services or steps you may be asked to participate in to ensure the safety of your child(ren).

All parties agree to notify the CW specialist immediately when anything prevents the plan from being implemented or monitored. When the CW specialist is unavailable, the CW supervisor will be notified. No changes to this plan may be made once it is signed by the parties without the approval of the CW specialist.

PRFC signature	Date
PRFC signature	Date

Family Service Agreement (FSA)/Safety Plan

Family Information

09/18/2019	1234567	987654321
Date	Referral number	KK number

Byers
Family name

CWS Name Here	Your County	405-522-3456
Child welfare (CW) specialist	County office location	Phone number

Child name	Age
Will Byers	3

+ -

Person responsible for the child (PRFC)	Relation to child
Joyce Byers	Mother
Jim Hopper	Father

+ -

Purpose

- [x] Child Protective Services (CPS), Services Referral, and/or Plan of Safe Care Referral
- [ ] Permanency Planning (PP) Service Referral Related to Assessment of Child Safety (AOCS)/ Individualized Safety Plan (ISP)
- [ ] Family-Centered Services (FCS) Service Referral Related to AOCS/ISP
- [ ] FCS Ongoing Safety Planning

Part A: Identified Service Needs

Oklahoma Department of Human Services (DHS) Services

Check all that apply:

- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Developmental Disability Services (DDS)
- [ ] Adult and Family Services (AFS)
- [ ] Aged, Blind, and Disabled (ABD)

Other Services

Check all that apply:

- ☐ Child care - protective
- ☐ Child care - regular
- ☐ Child guidance or development
- ☐ Clothing assistance
- ☐ Community Home-Based Services (CHBS)
- ☐ County health department(s)
- ☐ Dental clinic or dentist
- ☐ Domestic violence
- ☐ Employment assistance
- ☐ FCS for prevention
- ☐ Food assistance
- ☐ Grief counseling
- ☐ Housing or rental assistance
- ☐ Individual or family counseling
- ☐ Medical or mental health
- ☐ Parent aide services (PAS)
- ☐ Parent education
- ☐ Plan of safe care
- ☐ Sexual abuse treatment
- ☐ SoonerStart
- ☐ Substance abuse treatment
- ☐ Transportation
- ☐ Utility asisstance
- ☐ Women, Infants, & Children (WIC)
- ☐ Other:

Provider information or comments:

No services referred at this time. Present danger has been identified but underlying causes and imminence has not yet been determined.

The undersigned parent/caretaker acknowledges that pursuant to Section 1-6-103(c)(5) of Title 10A of the Oklahoma Statutes certain confidential information regarding the child(ren) and family members will be given to the service provider as necessary to secure appropriate services or treatment. Part A of this form is used to document services to help you keep your child(ren) safe. This is not a legal agreement. It is a list of services and suggested steps that have been discussed with you and your CW specialist.

Parent/caregiver	Date	Parent/caregiver	Date
CW specialist	Date	Other signature	Date

Part B: Safety Intervention Identified Safety Threats

Did an emergency exist? ☑ Yes ☐ No

Initial intervention taken to protect the child was:

3yo Will was found by police on a busy intersection West Memorial and Western Ave. without any caretaker. Police discovered the mother was unconscious in her bed and could not be roused; she was transported to Mercy Hospital via ambulance. The father, is out of town on work. Will was released by police to his neighbor, Nancy Wheeler. Ms. Wheeler watches Will on occasion and has agreed to care for him until Will has a safe caretaker available or other intervention is required by

CPS.

The identified safety threats and corresponding "to do's" detailed on this form are a result of a safety intervention. The FSA/Safety Plan is utilized to identify behaviors or conditions that need to change in the family unit and indicates the steps that must be taken to keep the child safe. The CW specialist role is to observe and monitor your family's progress on behavior changes and compliance with either the safety plan and/or individualized service plan (ISP).

1. Living arrangements seriously endanger a child's physical health.
2. The person(s) responsible for the child (PRFC) in the home lacks the knowledge, skills, motivation, or abilities to perform parental duties or responsibilities.
3. PRFC intended to hurt the child.
4. PRFC does not have the resources to meet basic needs.
5. Child has exceptional needs that the PRFC cannot or will not meet.
6. Child is extremely fearful of the home situation.
7. PRFC is violent and are unwilling or unable to control the violence.
8. PRFC cannot or will not control behavior.
9. PRFC has extremely unrealistic or extremely negative perceptions of the child.

Safety threat # 2

1. Describe how the safety threat is occurring in the home and how the threat results in the child being unsafe:

Both parents do not have the current ability to provide basic parental care for Will at this time. Ms. Byers is unconscious for unknown reasons and Mr. Hopper is working on an oil rig nine hours away. There are no other PRFC's or family available to care for Will at this time and present danger exists due to Will's age and vulnerability.

2. Action to control and manage the safety threat:

The father is attempting to get back to the city to care for Will but has been unsuccessful so far. The mother is undergoing several medical tests but the treating physicians are still conducting medical evaluations to determine the cause of her incapacitation. Nancy Wheeler has agreed to allow Will to stay in her home and she will care for him until either his imminent safety can be fully assessed and / or his parents are able to provide care for him safely.

3. Person responsible to monitor the safety plan:

Nancy Wheeler

4. Desired result (description of change required):

Will's parents will be able to provide the necessary care for him to meet his basic needs.

5. To do's (intervention/services):

DHS will continue to be in contact with Mr. Hopper about his ability to return to the City, and also with Medical professionals to determine Ms. Byers condition and ongoing ability to care for Will.

04MP078E

All parties understand that this safety plan cannot be terminated as to the PRFC(s) identified with the safety threats until DHS determines the behaviors and conditions that led to the safety threats are corrected. Signatures below indicate a full understanding and agreement with the plan.

PRFC signature Date

PRFC signature Date

Person responsible for monitoring signature Date

Person responsible for monitoring signature Date

Person responsible for monitoring signature Date

CW specialist signature Date

CW supervisor signature Date

Family-Centered Services Disclosure

This is not a legal document. You have agreed to work a plan in order to ensure your child(ren)'s safety. DHS has entered into this plan with you, and it is believed at this time that safety interventions can be put into place to ensure your child(ren)'s safety while you engage in services. Failure to participate in or complete any portion of this plan and the subsequent individualized service plan MAY result in your case being staffed with the District Attorney and MAY result in a pick-up order being requested in order to ensure the ongoing safety of your child(ren).

This is an initial identification of services based upon the recommendations of the CPS specialist and is not an all-inclusive list of what services or steps you may be asked to participate in to ensure the safety of your child(ren).

All parties agree to notify the CW specialist immediately when anything prevents the plan from being implemented or monitored. When the CW specialist is unavailable, the CW supervisor will be notified. No changes to this plan may be made once it is signed by the parties without the approval of the CW specialist.

PRFC signature Date

PRFC signature Date

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

KIDS Generated - Date

Report to District Attorney

Family Name			Referral Date
KIDS Generated			KIDS Generated
Referral Number	**Case Number**	**Primary Worker**	**County**
KIDS Generated	KIDS Generated	KIDS Generated	KIDS Generated
Referral Synopsis			
(KIDS Generated from: → Investigation → DA→ DA Info →Referral Synopsis)			

A. CLIENTS

Children:

Name	DOB	Gender	Tribe	In Home?	Role	Date of Death
KIDS Generated						

Parent/Person Responsible for Child (PRFC)/Alleged Perpetrator/Other Adult:

Name	DOB	Gender	Tribe	In Home?	Role	Relationship to Child
KIDS Generated						

B. Child Abuse and Neglect Information History

Referral Number	Date	Alleged Victims	Overall Findings
KIDS Generated			

C. Intake Information

Indian Heritage Been Addressed? Yes No

This box should always be marked YES. Provide a statement showing the family's Indian heritage, if any. If YES is selected in KIDS, the required Tribe, date notified, and how notified will populate here.

Child Has Been or is a Ward of Another Court? Yes No

If there has been a previous Deprived Petition or a current Deprived Petition; if the child has been adjudicated Delinquent; if there has been Tribal; or sibling terminations: document information here.

Other Custody Proceedings Pending? Yes No

If there are any divorce/custody (FD#); adoption or guardianship proceedings (PG#) taking place the information should be entered here. This information is required by State Statute. You must ask the parents to provide the information. The DA is required to sign a sworn Affidavit as to his/her knowledge of this information

04K1003E (CWS-KIDS-3)

Emergency Situation Exists? ☐Yes ☐No

Anytime a child has been placed in protective custody by Law Enforcement or picked up on an emergency custody order – *an Emergency situation exists*.

Preventive Services Offered? ☐Yes ☐No

Provide a statement of any and all services the family has or is receiving, either from child welfare, through DHS (Child Care, TANF, Child Support, etc.), or from community service providers.

Child(ren) Removed from the Home? Yes No

You must enter the **Removal** on KIDS in the **KK Case** and Case Connect in order for the following information to populate

Child Name	Date Removed	Date Returned	Referral
KIDS Generated			

D. Summary/Recommendation

SUMMARY:

This field should be a synopsis of your investigation. It should provide a concise story about the situation, any injuries, risk to the child, corroborating information, etc. The DA, by reading, this Summary, should have a snapshot of your entire investigation. It should be written in a clear, concise & convincing manner to show what happened to the child, why removal is (is not) necessary, & WHY the child is at risk if returned home. The information from Section II of the AOCS, questions 1 (Maltreatment)and 2 (Circumstances) should be included in the DA summary

List Other Documents/Records/Reports Attached

All attachments are to be listed in this field. i.e., police reports, medical records, etc.

E. Investigation Finding

Overall Findings

KIDS Generated

F. Recommendation to the District Attorney

Deprived Petition Requested

☐Yes ☐No KIDS Generated

Report to DA Approval Request
KIDS Generated – CWS Name and Date of Request

Child Welfare Specialist Signature Date

Report to DA Approval
KIDS Generated – Supervisor Name and Date of Approval

Supervisor Signature Date

G. District Attorney's Decision

(D.A. To Complete)

Petition Filed
Petition Declined

Notes:

District Attorney Signature Date

H. Addresses/Locations

Children
KIDS Generated – Referral ⟶ Demographics

Child Name
Role
Date of Birth
SSN
Race

Child Name
Role
Date of Birth
SSN
Race

Parent/PRFC/Alleged Perpetrator/Other Adult
KIDS Generated – Referral ⟶ Demographics

Name
Role
Date of Birth

Name
Role
Date of Birth

SSN	**SSN**
Race	**Race**
Home	**Home**
Address	**Address**
Home Phone	**Home Phone**
Employer	**Employer**
Start Date	**Start Date**
End Date	**End Date**
Work	**Work**
Address	**Address**
Work Phone	**Work Phone**

Collaterals/Witnesses

KIDS Generated – Investigation Coll/Conn

Name	**Name**
Relation to	**Relation to**
Family	**Family**
Date of Birth	**Date of Birth**
SSN	**SSN**
Race	**Race**
Address	**Address**
Home Phone	**Home Phone**
Work Phone	**Work Phone**
Employer	**Employer**

I. Assessment of Child Safety

I. Immediate Protection

The present danger was:

KIDS Generated – From the AOCS or from Victim or Sibling Interviews

Immediate protective action taken to protect the child/children was:

II. Key Questions – Information surrounding the 6 Key Questions will be located within the DA Summary (Questions 1 & 2) as well as the interview screens for the "Victim", "Sibling", "PRFC", "PRFC – Alleged Perpetrator", and "Collateral"

1. Maltreatment

What is the extent of the maltreatment?

See DA report

2. Circumstances
What surrounding circumstances accompany the maltreatment?
See interview screens and report to DA.

3. Child Functioning
How does every child in the home function on a daily basis?
See interview screens.

4. Parenting Discipline
What are the disciplinary approaches used by the PRFC(s) and under what circumstances?
See interview screens.

5. Parenting-General
What are the overall, typical, pervasive parenting practices used by the PRFC(s)?
See interview screens.

6. Adult Functioning
How does the adult(s) function with respect to daily life management and general adaptation? What mental health and/or substance use is apparent on a daily basis?
See interview screens.

III. Protective Capacities

Assess the PRFC's available skills and/or resources that can be mobilized to contribute to the ongoing protection of the child. Protective capacities refer to how a person thinks, acts, or feels. Document conclusions in the space below about the enhanced or diminished of each PRFC's protective capacities and how they affect the safety of the child(ren) in this family. Protective Capacities may include but are not limited to the following areas:

- Demonstrates a pattern of deferring his/her own needs in order to meet the child's needs
- Demonstrates an ability to meet child(ren)'s basic and emotional needs
- Shows support/concern for child(ren)'s health, safety, and well-being
- Demonstrates necessary skills to meet the child(ren)'s safety needs, chooses to do so, and can specifically describe times in the past when he or she has protected the child(ren)
- Demonstrates he or she is physically capable of protecting the child(ren)
- Demonstrates he or she is emotionally and mentally stable enough to intervene and protect the child(ren)
- Demonstrates the ability to be tolerant, accepting, and understanding of the child(ren)
- Demonstrates an ability to recognize and understand potential safety threats to the child(ren)
- Demonstrates he or she has ability to think reasonably and has a plan to protect the child(ren)

- Demonstrates a positive perception of the child(ren) and has appropriate expectations based upon each child's development
- Can readily identify actions necessary to protect the child(ren) from serious harm and has ability to access resources to do so

Conclusions about the enhanced or diminished PRFC(s) protective capacities and how they affect the child(ren): KIDS Generated – PRFC(s)

IV. Safety Threats – Identifying safety threats requires thorough information collection regarding PRFC functioning to sufficiently assess and understand how family conditions occur. Safety threats exist only when the family conditions:

- **Are out of control;**
- **Are severe;**
- **Are specific and observable;**
- **Are certain to happen in the next several days; and**
- **Involve a child who is vulnerable either through age, disability, or inability to self-protect**

1. Living arrangements seriously endanger a child's physical health.

This safety threat refers to conditions in the home that create life-threatening conditions to threaten to seriously endanger a child's physical health.

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

2. PRFC(s) in the home lacks the knowledge, skills, motivation, or abilities to perform parental duties and responsibilities

This refers to basic parenting that directly affects a child's safety. It includes the PRFC's failure to provide adequate food, clothing, shelter, supervision, and/or protection from harm.

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

3. PRFC(s) intends(ed) to hurt the child.

This refers to a PRFC who acts in a way that will result in pain and suffering. "Intended" suggests before or during the time the child was mistreated, the PRFC's conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the PRFC meant to discipline or punish the child, and the child was inadvertently hurt.

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

4. PRFC(s) does not have resources to meet basic needs.

"Basic needs" refers to the family's lack of: (1) minimal resources to provide shelter, food, and clothing; or (2) the capacity to use resources when they were available. The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basis resources could cause injury, serious medical or physical health problems, starvation, or serious malnutrition

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

5. Child has exceptional needs that the PRFC(s) cannot or will not meet.

"Exceptional" refers to specific child conditions, such as intellectual disability, blindness, or physical ability, either organic or naturally induced, as opposed to parentally induced. By not addressing the child's exceptional needs, the PRFC will not or cannot meet the child's basic needs

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

6. Child is extremely fearful of the home situation

To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that child feels or experiences

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

7. PRFC(s) is violent and/or is unwilling or unable to control the violence

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be actively occurring or certain to occur in the near the future. The PRFC exhibits violence that is unmanaged and/or unpredictable

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

8. PRFC(s) cannot or will not control behavior

There must be specific information to suggest that a PRFC's impulsive, addictive, bizarre, compulsive, depressive, and/or or similar behaviors cannot be controlled by the individual or anyone else in the household.

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

9. PRFC(s) has extremely unrealistic expectations or extremely negative perception of the child

"Extremely" refers to a perception so negative that, when present, it creates child safety concerns and/or the perception of expectation of the child is totally unreasonable and/orrigid

Child(ren) **Associated PRFC(s)**

☐ Yes

☐ No

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

V. Safety Decision

Children:

Comments

Safety Decision Approval Request
KIDS Generated – CWS Name and Date of Request

Safety Decision Approval
KIDS Generated – Supervisor Name and Date of Approval

Safety Decision has not been approved.

VI. Safety Intervention

Safety Intervention not entered if Safety Decision is Safe

KIDS Generated

Safety Intervention Approval Request KIDS Generated – CWS Name and Date of Request

Safety Intervention Approval
KIDS Generated – Supervisor Name and Date of Approval

VII. Services

Services Provided

Comments:

Services Recommended

Comments:

Follow-up required by:

J. Victim Interview

Victim Name KIDS Generated		**Date of Birth**
Date Interviewed	**Time Interviewed**	**Type of Contact**
Interview Location		
Others Present During Interview		

Results of Interview
Alleged incident based information; Maltreatment/Circumstances
Child Functioning
Discipline

Parenting	
Adult Functioning	
Interviewed By	County

K. Sibling Interview

Sibling Name KIDS Generated		Date of Birth
Date Interviewed	Time Interviewed	Type of Contact
Interview Location		
Others Present During Interview		
Results of Interview Alleged incident based information; Maltreatment/Circumstances		
Child Functioning		
Discipline		
Parenting		
Adult Functioning		
Interviewed By		County

L. Parent/PRFC/Alleged Perpetrator/Other Adult Interview

Role KIDS Generated	Name	Date of Birth
Date Interviewed	Time Interviewed	Type of Contact
Interview Location		
Others Present During Interview		
Results of Interview Alleged incident based information; Maltreatment/Circumstances		
Parenting		
Discipline		
Adult Functioning		
Child Functioning		
Protective Capacities		
Interviewed By		County

Collateral Interview

Collateral Name KIDS Generated	Relationship to Family	Type of Collateral
Date Interviewed	**Time Interviewed**	**Type of Contact**
Interview Location		
Others Present During Interview		
Results of Interview **Headers are not required; however one should be able to determine that the 6 key questions were explored in collateral interviews as well as protective capacities.**		
Interviewed By	**County**	

Assessment of Child Safety, (AOCS) documentation guidelines

The purpose of the Assessment of Child Safety (AOCS) is to identify safety threats, underlying causes, protective capacities, services that will correct unsafe behaviors, and to determine if behavioral changes have been made to eliminate or correct the safety threat(s). The six key questions are utilized throughout the life of the case during every conversation and interaction that occurs with each child, parent, resource parent, service provider, or collaterals. The AOCS is formalized by documenting information in Form 04KI030E, Assessment of Child Safety, and obtaining a supervisor's approval at pivotal times throughout the life of a case.

The first occasion in which the AOCS is documented in a Family Centered Services case is in the first 30 calendar days after the signature date on the Family Services Agreement. Family Centered Services should be utilizing the AOCS before moving from an out of home safety plan, any time there is a significant change in the status of the case or family dynamic, to determine how the safety threats have changed or been minimized and before case closure to asses if the safety threats have been corrected.

The first occasion in which the AOCS is documented within the permanency planning case is in the first 60-calendar days of removal or petition and it is then used to develop the Individualized Service Plan. The AOCS is completed when there is reason to believe a change in the visitation status is warranted such as transitioning from supervised to unsupervised, before beginning overnight visitation, and before reducing visitation in any way, etc. It is completed before recommending the court begin trial reunification, termination of parental rights, or case closure. It is completed following any significant changes within the case.

The six key questions are part of this documentation and the information compiled for each of the six key questions provides an indication of how the family is functioning currently and tells the family's story throughout the life of the case. Protective capacities are evaluated throughout the life of the case and documented within in the AOCS.

- Each of the six key questions must be completed, **none left blank**. Information should be summarized in a paragraph form in each section.

- Each of the six key questions must be written in a way that tells the complete family story, supporting the current state of safety threats, protective capacity/behavior, and underlying causes, and addressing each safety threshold element for every threat.

- **The questions and guidance listed in each section of this document are guides. They are not meant to be asked word for word**. They must be tailored to the situation and development of the person being interviewed. **They do not include all information intended to be gathered**. They should be asked in an engaging way as to elicit the maximum amount of information and promote engagement. .

- Avoid repeating information in multiple sections.

- This document will flow in such a way that it clearly communicates whether the child is safe or unsafe.

- If information is copied from another source (e.g., original AOCS, case contacts, CPS interviews, DA report, etc.), the worker will edit and summarize the information to be sure it flows as a clear and continuous document throughout all six sections.

- Key questions 3 thru 6 and protective capacities should be assessed and documented in each monthly contact and easily summarized in this document when it's time to update it.

y y updat

- Ensure all information provided is factual and descriptive, avoiding generalized terms such as appropriate, good, safe, etc. and instead "painting a picture" in words of what this family's behavior looks like around the child's safety.

- Provide examples of behaviors to support any statements or general terms you offer.

- Check grammar and spelling in every section.

When the AOCS for Family Centered Services and Permanency Planning is completed, it should be approved by a supervisor in KIDS. When printing the AOCS the specialist will be able to print the previous AOCS and show the documentation in each six key questions and the pattern of progress the family has made.

Assessment of Child Safety

Case Information

Family name

Child welfare (CW) specialist name | County | Case

Assessment Purpose:

- ☐ Assessment/Individualized service plan (ISP) development
- ☐ Case closure
- ☐ Reinstatement of parental rights
- ☐ Reunification
- ☐ Significant change in case circumstances
- ☐ Visitation

Child(ren)

+	Name	Date of birth	Gender	Tribe	In household	Role in case	Date of first FTF visit
-							

Parent or person responsible for child (PRFC)

+	Name	Date of birth	Gender	Tribe	In household	Role in case	Date of first FTF visit
-							

I. Six Key Questions Used in Gathering Information

Compiling sufficient information in these six areas provides an understanding of how the family functions and their protective capacities that allow a child safety decision to be made.

Conduct an Assessment of Child Safety (AOCS) per Oklahoma Administrative Code (OAC) 340:75-3-300, OAC 340:75-4-12.1, or OAC 340:75-6.

For Child Protective Services:
Assess, observe, and gather information from the child(ren) and every person responsible for the child (PRFC) in the family, and at least two collaterals, unless protocol is modified by the supervisor. Information that is gathered is documented in the interview and collateral screens and will be used to help determine the safety decision.

For Family-Centered Services and Permanency Planning:

For Family-Centered Services and Permanency Planning:
Assess, observe, and gather information from the child(ren) and every PRFC in the family, and all individuals providing support and service providers. The ongoing AOCS is completed and stored in the KIDS case File Cabinet, and will be used to help determine the safety decision.

When writing the AOCS for ISP development the section for Reason for Involvement will need to be filled out and will automatically populate onto additional AOCS' and ISP's created from that AOCS.

1. Maltreatment - What is the extent of the abuse and/or neglect?

Describe the extent of the alleged maltreatment to determine if the child(ren) has been abused or neglected, considering what is occurring or has occurred. Information gathered in this section provides evidence to support or rule out child maltreatment.

MALTREATMENT
What is the extent of the alleged maltreatment, abuse or neglect? Describe the extent of the alleged maltreatment by articulating how each of the five threshold elements is met for each safety threat. Openly discuss with the child, parents, and collaterals the behaviors that contributed to the children being unsafe. Information gathered in this section provides detailed evidence to support initial and ongoing safety decisions.

In addition, information that answers this question includes, but is not limited to:

- The child victim's explanation of the maltreatment;
- History or duration of the specific maltreatment;
- Type of maltreatment;
- Severity of maltreatment;
- Description of specific events;
- Description of emotional and physical symptoms;
- Identification of the child and maltreating caregiver; and
- Collateral information related to the specific maltreatment.
- Summarize the severity of the abuse or neglect at the initial point of CWS involvement, information will be gathered from several sources including the DA summery, each interview, every investigation and assessment, prior AOCS documents, and any other relevant source. After each has been read, a summary will be added to this section of the above information.
- Best practice to update and document this information monthly in a contact and then summarized here.

2. Circumstances - What surrounding circumstances accompany the maltreatment?

Describe the circumstances and behaviors or conditions surrounding the alleged maltreatment, including intent, explanation(s) given, acknowledgement, attitude, history, or pattern of maltreatment, criminal history, and presence of other problems. In other words, include *what*

CIRCUMSTANCES

What surrounding circumstances accompany the maltreatment? Describe the circumstances, behaviors or conditions surrounding the alleged maltreatment, including intent, explanation(s) given, acknowledgement, attitude, child welfare (CW) history and patterns of maltreatment, criminal history, and presence of other problems. Answer these questions: what happened; why it happened; has it happened before; and without intervention is it likely to happen again? Assess the person responsible for the child (PRFC)'s willingness, understanding, and openness to intervention. Describe all new and old circumstances that may impact the safety of the children. Circumstances, over the life of the case, are likely to change and are updated during those times. Ongoing assessments of new allegations of abuse or neglect and criminal charges occur on a monthly basis. This section is a story about how the circumstances of the family lead to the maltreatment listed above and what has changed, or failed to change, to make the child(ren) safe.

In addition to the above, information that answers this question includes, but is not limited to:

- PRFC criminal history;
- History of all previous maltreatment;
- PRFC and sibling(s) explanation of the maltreatment;
- Patterns of functioning leading to or explaining the maltreatment;
- PRFC's intent concerning the maltreatment;
- PRFC's explanation for the maltreatment and family conditions;
- PRFC's acknowledgment and attitude about the maltreatment;
- Other problems occurring in association with the maltreatment, such as PRFC substance abuse or mental health;
- The current circumstances prohibiting the child from returning home; and
- Collateral information related to the circumstances and history.
- Update circumstances section to include a summary of any new:
    - Referrals
    - Law enforcement calls,
    - Calls for service,
    - Police reports,
    - Police involvement, etc.
- Best practice to update and document this information monthly in a contact and then summarized here.

3. Child Functioning - How does each child in the home function on a daily basis?

Describe vulnerability, special needs, physical and emotional health, child development status, school performance, peer/social/sibling relationships, role within the family, attachment with PRFC(s), mood and behavior, age appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills. Ensure sleeping arrangements are safe and appropriate.

CHILD FUNCTIONING-

Each Child and PRFC is interviewed separately.

How does every child in the home function on a daily basis? Describe vulnerability, special needs, physical and emotional health, child development status, school performance, educational/developmental needs, peer/social/sibling relationships, role within the family, attachment with PRFC(s), mood and behavior, age-appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills.

How does the child describe his or her needs and how those needs are met, such as physical, emotional, mental, developmental, and medical? What is the PRFC's perspective of the child's needs? Describe in the child's words, what safe means and what he or she believes needs to occur to make him or her safe. Does the child feel safe now?

Does the child have any chronic medical conditions or allergies that require ongoing care? If so, how does this impact the child's functioning? Is the child on any type of medications? If so, what is the diagnosis, why is that medication prescribed, and when was the child last evaluated by medical professionals? Does the child have behavioral health issues? If the child is participating in therapy, describe what type, what behaviors are being addressed, what progress is being made, therapist recommendations, and PRFC(s) participation.

Is the child in an individualized education program (IEP) or receive any other educational assistance? How does the IEP help meet the child's educational needs? Discuss living arrangements with the child and routines. Ask where the child sleeps, who else sleeps in the same room, what happens if the child wakes in the middle of the night, and so forth. What routines are important to the child? How does the child respond if routines are not followed?

In addition to the above, information that answers this question includes, but is not limited to:

- General mood and temperament;
- Educational functioning;
- Expressions of emotions or feelings;
- Peer relations;
- School performance;
- Independence and self-sufficiency;
- Motor skills;
- Physical and behavioral health;
- Functioning within cultural norms; and
- Collateral information related to child functioning. This includes the child's teacher, daycare provider, coach, mentor, relatives, or anyone who helps care for the child.
- Document each child's functioning in separate paragraphs.

- Observe and document the parent/child interaction.
- If/how the parents understands child's development/functioning
- Best practice to update and document this information monthly in a contact and then summarized here.

4. Discipline - Describe the disciplinary approaches used by each PRFC and under what circumstances?

Describe methods of discipline used, frequency, and purpose of discipline by including examples of appropriate purposes, such as: providing direction, managing behavior, and/or teaching; emotional state of each PRFC when disciplining; each child's perception of discipline methods; PRFCs' agreement on discipline; each PRFC's view of his or her own discipline experience; cultural implications; and if the discipline is based on reasonable expectations of the child and whether it works.

Documentation guidance:

DISCIPLINE-

Each Child and PRFC is interviewed separately.

Describe the disciplinary approaches used by the PRFC(s) and under what circumstances? Describe methods of discipline used, frequency, purpose of discipline, such as appropriate purposes: providing direction, managing behavior, and/or teaching; emotional state of the PRFC(s) when disciplining; child's perception of discipline methods; PRFC(s) agreement on discipline; PRFC's view of his or her own discipline experience; cultural implications; and is the discipline based on reasonable expectations of the child; and does it work. What are rules of the home and expectations of each child? Are the rules and expectations developmentally appropriate for each child? What happens when rules are not followed? Has any child ever had any physical injuries as a result of being disciplined? If so, describe the circumstance and outcome. Does the discipline used for the child result in a behavioral change by the child? Does it teach the child what needs to be done differently? What resources are available or sought out when discipline techniques are not effective? Describe a time that discipline was not effective and what did you do? What protective capacities or diminished capacities does the PRFC have regarding to discipline?

In addition, the information that answers this question includes, but is not limited to:

- Discipline methods;
- Perception of effectiveness of utilized approaches;
- Concepts and purposes of discipline;
- Context in which discipline occurs;
- Cultural practices; and
- Collateral information related to the family's disciplinary practices.
- How each parent disciplines each child.
- Parent's expectations of each child and if they are developmentally appropriate.
- Each child's perception of discipline separately.
- How the parents disciplined the children during supervised/unsupervised visits.
- ISP services and behavior changes that have been initiated/completed related to discipline and summarize how the parents plan to or have incorporate(d) what they have learned.
- Document each child and parent separately.
- Best practice to update and document this information monthly in a contact and then summarized here.

5. Parenting - Describe the overall family values and cultural influences within the family, the overall typical and pervasive parenting practices used by each PRFC.

Discuss each PRFC's knowledge and expectations related to child development and parenting, each PRFC's perceptions of each child, and the tolerance and interaction between each PRFC and each child. This includes a description of the protective capacities of each PRFC and whether or not they are sufficient to keep the child safe.

Documentation guidance:

Parenting –

Document each PRFC separately.

Describe the overall family values and cultural influences within the family, the overall typical and pervasive parenting practices used by the PRFC(s). Describe each PRFC's knowledge and expectations related to child development and parenting, perceptions of each child, and tolerance and interaction between each PRFC and each child. This includes a description of the protective capacities of each PRFC and whether or not they are sufficient to meet the child's needs and keep the child safe.

How did the PRFC learn to parent? Discuss what each PRFC feels that each child needs from them as a parent. Describe how those needs are met. If you are unable to meet those needs, what supports do you have? What part of parenting does the PRFC feel they do well? Which part do they struggle with? What is the most frustrating thing about being a parent and how do you manage the identified frustrations? What area(s) does each PRFC report struggling with in regards to parenting and have they sought out help? List all support systems and how they are involved with the family.

How involved is the PRFC in their child's education, development, and medical appointments? Describe the level of involvement. Does the PRFC have any concerns about the child(ren), if so, what and why? What is the plan to address those concerns? What services are the PRFC(s) participating in that will directly impact parenting techniques? Explain progress and current goals. What does the PRFC describe is different about parenting practices since participating in services? What worked and what didn't work?

In addition, the information that answers this question includes, but is not limited to:

- Reasons for being a parent;
- Satisfaction in being a parent;
- PRFC knowledge and skill in parenting and child development;
- PRFC expectations and empathy for a child;
- Decision making in parenting practices;
- Parenting style;
- Level of agreement about parenting style between PRFC(s);
- Cultural practices;
- Protective capacities; and

- Collateral information related to parenting.
- Describe home environment.
- Daily routines and how those routines will change when children are home.
- Progress on services and what they describe and demonstrate learning about ensuring their child's safety.
- Parent's protective capacities (how they think, feel, & act) related to each safety threat and underlying cause.
    - Do they understand why the child was unsafe and what it will look like when they are safe?
    - Describe the parent's feelings (sensitivity, empathy, attachment, etc.) in relation to each child's safety.
    - Document changing behaviors, skills gained, and what they still need to work on for their children to be safe.
- Best practice to update and document this information monthly in a contact and then summarized here.

6. Adult Functioning - answer for each PRFC - How does the adult function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?

Describe how the PRFC feels, thinks, and acts on a daily basis with focus on functioning and coping skills. Describe the PRFC's coping and stress management abilities, self-control in relationships, problem solving abilities, judgment and decision making, home and financial management, employment history, domestic violence, behavioral and physical health capacity, social and familial support, and cultural norms.

Documentation guidance:

ADULT FUNCTIONING –

Document each PRFC separately.

How does the adult(s) function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent? Describe how the PRFC feels, thinks, and acts on a daily basis with a focus on functioning and coping skills. Describe the PRFC's coping and stress management abilities, self-control in relationships, problem-solving abilities, judgement and decision making, home and financial management, employment history, domestic violence, behavioral and physical health capacity, social and familial support, and cultural norms. What is the PRFC's daily routine?

When the PRFC needs help, financially or emotionally, who supports them and how? What do the support systems think about the identified unsafe behaviors? Did the PRFC experience any type of abuse, neglect, or trauma as a child or an adult? Has the PRFC ever been referred to a psychologist/psychiatrist or been diagnosed with a mental disorder/illness? What medications is the PRFC currently taking, or have taken in the past and why? Has the PRFC ever tried or regularly used alcohol, illegal drugs, or over-used prescription medication? If so, has the PRFC participated in treatment before and was it effective?

Has the PRFC ever been physically or emotionally abused or controlled by a significant other? Describe current intimate relationships and past intimate relationships. How do these relationships affect the PRFC(s) parenting ability or protective capacities? Has there ever been a time that the PRFC did not feel safe in a relationship?

What is the PRFC's understanding as to why their child is unsafe? What services are the PRFC(s) participating in that will directly impact the PRFC's mental health or substance abuse? What worked and what didn't work? Explain progress and current goals. How does the PRFC believe behaviors have changed since participating in services? What protective capacities have developed since involvement with the Oklahoma Department of Human Services and how do they support the parent(s) in meeting their child(ren)'s needs and keeping their child(ren) safe?

In, the information that answers this question includes, but is not limited to:

- Communication and social skills;
- Coping and stress management;
- Self-control;
- Problem solving;
- Judgment and decision making;
- Independence;
- Home and financial management;
- Employment;
- Citizenship and community involvement;
- Rationality;
- Self-care and self-preservation;
- Substance abuse;
- Mental health;
- Family and/or domestic violence;
- Physical health and capacity;
- Functioning within cultural norms; and
- Collateral information related to overall adult functioning.
- Support systems the family has in place
- Daily routines.
- Best practice to update and document this information monthly in a contact and then summarized here.

Protective Capacities of PRFC(s)

Assess the PRFC's skills and/or resources that can be mobilized to contribute to the ongoing protection of the child. Protective capacities refer to how a person, thinks, acts, or feels.

Conclusions about the enhanced or diminished PRFC(s)' protective capacities and how they affect the child(ren):

Summarize protective capacities (think, feel, and act) as they apply to each safety threat and underlying cause

Describe what needs to change in order to protect children.

II. Safety Threats/Impending Danger

Identify impending danger or safety threats by thoroughly collecting and assessing information regarding PRFC functioning to sufficiently assess and understand how family conditions occur.

Note: Impending danger exists only when the family conditions:

- Out of control;
- Severe;
- Specific and observable;
- Certain to happen in the next several days; and
- Involve a child who is vulnerable either through age, disability, or inability to self-protect.

1. Living arrangements seriously endanger a child's physical health

This safety threat refers to conditions in the home that create life-threatening conditions or threaten to seriously endanger a child's physical health.

☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

In the box under each safety threat selected, describe what the safety threat looked like in behavioral terms, including how the behavior crossed all five thresholds.

2. PRFC(s) in the home lack the knowledge, skills, motivation, or abilities to perform parental duties and responsibilities

This refers to basic parenting that directly affects a child's safety. It includes the PRFC's failure to provide adequate food, clothing, shelter, supervision, and/or protection from harm.

☐ Yes ☐ No

	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

3. PRFC(s) intends or intended to hurt the child

This refers to a PRFC who acts in a way that will result in pain and suffering. "Intended" suggests before or during the time the child was mistreated, the PRFC's conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the PRFC meant to discipline or punish the child, and the child was inadvertently hurt. ☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

4. PRFC(s) does not have resources to meet basic needs

"Basic needs" refers to the family's lack of: (1) minimal resources to provide shelter, food, and clothing; or (2) the capacity to use resources when they were available. The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause injury, serious medical or physical health problems, starvation, or serious malnutrition.

☐ Yes ☐ No

	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

5. Child has exceptional needs the PRFC(s) cannot or will not meet

"Exceptional" refers to specific child conditions, such as intellectual disability, blindness, or physical ability, either organic or naturally induced, as opposed to parentally induced. By not addressing the child's exceptional needs, the PRFC will not or cannot meet the child's basic needs.

☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

6. Child is extremely fearful of the home situation

To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

7. PRFC(s) is violent and/or is unwilling or unable to control the violence

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be actively occurring or certain to occur in the near future. The PRFC exhibits violence that is unmanaged and/or unpredictable.

☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

8. PRFC(s) cannot or will not control behavior

There must be specific information to suggest that a PRFC's impulsive, addictive, bizarre, compulsive, depressive, and/or similar behaviors cannot be controlled by the individual or anyone else in the household. ☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

9. PRFC(s) has extremely unrealistic expectations or an extremely negative perception of the child

"Extremely" refers to a perception so negative that, when present, it creates child safety concerns and/or the perception or expectation of the child is totally unreasonable and/or rigid. ☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

III. Safety Decision

Child(ren) is (select one):

☐ **SAFE** - Based on the safety assessment, there is a determination that all of the children are in an environment without any safety threats or where threats are being managed by a protective PRFC.

☐ **UNSAFE** - Based on the safety assessment, there is a determination at least one of the child(ren) is, or is believed to be in an environment with safety threats and without a protective PRFC.

☐ **Not Applicable** Unable to locate, failure to cooperate, or child death.

Comments/Summary when safe:

CW specialist signature _____ Date _____

CW supervisor signature _____ Date _____

IV. Safety Threat Intervention

Check each step taken to protect the child(ren).

eck each step taken to protect the child(ren).

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

6. Child is extremely fearful of the home situation

To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

7. PRFC(s) is violent and/or is unwilling or unable to control the violence

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be actively occurring or certain to occur in the near future. The PRFC exhibits violence that is unmanaged and/or unpredictable.

☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

8. PRFC(s) cannot or will not control behavior

There must be specific information to suggest that a PRFC's impulsive, addictive, bizarre, compulsive, depressive, and/or similar behaviors cannot be controlled by the individual or anyone else in the household. ☐ Yes ☐ No

+	Child(ren	Associated PRFC(s)
-		

Services

Services provided:

Comments:

Services recommended:

Comments:

INDIVIDUALIZED SERVICE PLAN
(ISP)

Guidance for completing an ISP.
The ISP is developed by the CW specialist and the family collaboratively.
Permanency Planning: ISP is completed no later than 60-calendar days from the child's removal or filing of the petition, whichever comes first.
Family-Centered Services: ISP is completed no later than 45-calendar days after the person responsible for the child (PRFC) signs the FSA FORM.
Remember: This section prints on every progress report and needs to be clear and concise within that context as well.

- ***PROOFREAD/SPELL CHECK.***

Family name: KIDS	ISP Guidance
number:	KIDS Generated
ISP type:	KIDS Generated

Child Welfare (CW) worker	County
KIDS Generated	KIDS Generated

Family members involved in ISP:

Child	Age	Date of birth	Permanency plan	Concurrent plan	Estimated months out-of-home*	Permanency hearing due date*
KIDS Generated						

Adult	Age	Date of birth	ISP creation date	ISP modification date	ISP completion date
KIDS Generated					

* Months out-of-home and permanency hearing due date are only estimates. The actual number of months or due date is dependent upon the date of adjudication and the number of removals within the last 22 months. This information is provided to assist in timely decision-making for the child.

Reasons for Oklahoma Department of Human Services (OKDHS) involvement:

NOTE: This portion will be written in the first AOCS for ISP development when writing an ISP for parents, and will populate over to the ISP and progress reports. KIDS Generated

- Details of CW history
- Details of criminal history
- Construct a good timeline of all pertinent information. Overall tell a good story about the family and what led to their involvement with the system.
- Provide a solid foundation/justification for the steps on the plan that the family helped develop.
- All the safety threats and underlying causes are spelled out in this section.
- Information can be taken from the DA summary, but it must be adapted to this report. Do not just copy and paste.

Conditions that need to be corrected:

- This section contains the information from the petition and DA report, and all unsafe behaviors including those that are not currently on the petition but were identified as a condition that needs to be corrected to ensure child safety.

Desired results:

- Write a short summary of what the family and/or home will be and/or look like after unsafe behaviors are managed.
- Describe what the PRFC's behaviors will look like when the child(ren) is safe at home.

To Do's Reminders

- *List only steps related to safety of the child(ren); steps on the plan should be behaviorally based. CWS is already mandated by Oklahoma Statutes to meet the child's needs so Court order is not needed for steps for the child on a parents ISP. If the child is 14 or older, explain what steps are being taken to prepare the youth for adulthood.*
  - *Each step must address: (1) what is the unsafe behavior or underlying cause; (2) what service (not contracted agency) the PRFC is being referred to; (3) which services will the PRFC participate in; and (4) what is the impact participating in that service will have on the unsafe behaviors/underlying causes.*
  - *Behaviorally based steps should be focused on correcting conditions/underlying causes that brought the child into care.*
  - *Interventions should focus on changing the behaviors that caused the children to be unsafe.*

Use SMART method to create behaviorally based steps

- ***S*** ***Specific***
- ***M*** ***Measurable***
- ***A*** ***Achievable***
- ***R*** ***Relevant***
- ***T*** ***Time specific***

- *ISP's do not include "Quality of Life" services such as educational services, employment, housing, and such unless these areas had a direct cause in the child being unsafe.*
- *Do not rely only on recommendations of an assessment or provider as they might not address all safety concerns.*
- *ISP's written for victims of domestic violence or batterers do not include marriage or couples therapy. Battering is a control issue, not an anger issue; anger management and individual counseling do not address coercive behaviors or control. A batterer is always referred for a 52-week batterer's intervention course that is Office of Attorney General approved.*
  - *DO NOT make a referral for a psychological evaluation except when it is the only means to make a safety-related determination. Consult the therapist about identifying possible services for the PRFC that do not require a psychological evaluation.*
- *Do not duplicate steps that are already on the standard ISP To Do's (Visitation plan, expectation to stay in contact with the worker, child support, etc.).*
- *On Standard To-Do's, do not fill in $0 in the child support tab. Write in "Amount to be determined by*
- *Child Support Services".*

Standard To Do's for:

Visit your child(ren) as ordered by the court or as described in the visitation plan developed with your worker. Be on time for all visits. Let your worker know a day ahead of time if you cannot visit.

Sign releases to allow OKDHS to share information about your case or family with persons or agencies providing services to help you complete your plan.

Contact your worker at least one time a month or as ordered by the court. Tell your worker about any changes, such as address, job, who lives with you, and how you are doing on your plan. Supply proof, such as certificates or reports, of progress on your plan to your worker at least one week before every court hearing.

Attend, participate, and complete the requirements of all services on your plan. Follow all recommendations of the professionals providing the services.

Attend and participate in any scheduled permanency hearings and permanency planning reviews.

Pay child support as ordered by the court in the amount of $.

Amount to be determined by Child Support Services.

DHS responsibilities:

A CW worker will meet with your child(ren) and others every month to find out what services your child(ren) needs. The worker will give information about the services that are available and will help your child(ren) get any needed medical, educational, and social services.

To the parent:

THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE HOME WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE HOME, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. [Section 7003-5.3 of Title 10 of the Oklahoma Statutes]

Visitation:

You have the right to visit your child(ren) at least once every four weeks, unless there is a reason to say no. In the beginning, your visits may be supervised. As you make progress on your plan, visits may occur more often with less supervision. Your right to visitation ends if your parental rights are terminated.

Agreements and signatures:

		I helped develop ISP.	ISP was discussed with me.
Mother signature	Date	☐ Yes ☐ No	☐ Yes ☐ No
Father signature	Date	☐ Yes ☐ No	☐ Yes ☐ No
Child signature	Date	☐ Yes ☐ No	☐ Yes ☐ No
Placement provider signature	Date	☐ Yes ☐ No	☐ Yes ☐ No
	Date		
	Date		
Child's attorney signature	Date		
Parent's attorney signature	Date		
Judge signature	Date		
District attorney signature	Date		
CW worker signature	Date		
CW supervisor signature	Date		

If no is checked for any of the above or there is no signature by a participant, please explain:

Copies of ISP are given to, if applicable:

Mother	Court	Guardian ad litem
Father	District attorney	Placement provider
Child(ren)	Child's attorney	Tribe
Parent's attorney	Court-appointed special advocate (CASA)	

Example of behaviorally based To Do:

To Do: Mr. Jake Matthews is reported to have physically assaulted Ms. Sarah Jackson, at least 2-3 times a week. Mr. Matthews has injured Ms. Jackson by causing marks around her neck and bruises to her face and arms. Zoe has been present during these incidents and most recently was hit in the nose by Mr. Matthews when she attempted to intervene. As a result, she has two black eyes. Dispatch records indicate law enforcement has been to the home 23 times in 9 years. There have been 14 noise complaints and 7 domestic disturbance complaints. Ms. Jackson reports that Mr. Matthews shows power and control over her by alienating her from family and friends and controlling all household finances. To correct the above behaviors that lead to the children being unsafe and to increase Ms. Jackson's protective capacities; Ms. Jackson will successfully complete the following. Successful completion will be determined by a behavioral change in Ms. Jackson that results in the children being safe. 1). Ms. Jackson will complete a victim's assessment to included classes through an agency approved by the Oklahoma Office of the Attorney General; Ms. Jackson will honestly share her history and details of her CW involvement with providers. 2). Ms. Jackson will follow any additional recommendations made in the assessment that are related to the safety of her children. 3) Ms. Jackson will develop an approved safety plan with the YWCA for her and her children in the event she is ever involved in another domestic violence situation. Ms. Jackson will verbalize what she has learned in her classes each month to the specialist, about domestic violence and the affects it has on her children. 4) Ms. Jackson will demonstrate what she has learned during visits with her children. 5) Ms. Jackson will understand that her safety and the safety of the children are connected. 6) Ms. Jackson will recognize and articulate the various ways that the violence and tactics being used by the batterer impact / harm the children. 7) Ms. Jackson will identify a vision for healthier functioning for her and her children in the future and articulating steps to achieve that vision.

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

INDIVIDUALIZED SERVICE PLAN (ISP) PROGRESS REPORT
GUIDELINES FOR THE REPORT

In The Matter Of:

LAST NAME, FIRST) **Court No.** JD-2014-12
) **Court No.** JD-2014-12
) **Court No.** JD-2014-12

Judge: David A Stephens

County of Jurisdiction:
Court hearing date:
Hearing Type(s):

Family Name:	
KIDS number:	KK
ISP Type:	Family - Court Ordered

Child Welfare (CW) worker		County
KIDS Generated		KIDS Generated
ISP Creation Date	**ISP Modification Date**	**ISP Completion Date**
KIDS Generated	KIDS Generated	KIDS Generated

Family members involved in ISP:

Child	Age	Date of birth	Permanency plan	Concurrent plan	Months out-of-home	Permanency hearing due date*
KIDS Generated			Return to Own Home			
			Return to Own Home			

Adult	Age	Date of birth
KIDS Generated		

* Months Out-Of-Home and Permanency Hearing Due Date are calculated from the 30 days after date of the most recent removal from the home. Trial Reunification episodes are not included in the calculation.

Termination Status, if Applicable:

Child	Relationship	Name	Date Recommended	TPR
KIDS Generated	Mother (Biological)		No Record	No Record
	Father (Biological)		No Record	No Record

Reason(s) for Oklahoma Department of Human Services (DHS) Involvement:

Populates from the AOCS used to create the initial ISP, note if the case is older this will populate from the ISP previously completed.

Conditions or Behaviors which need to be changed or corrected:

Populates from ISP previously completed

Desired Result (s):

Populates from ISP previously completed

DHS Recommendations:
The recommendations can include, but are not limited to, the applicable statements below:

- ☐ Request that the court gives permission to reunify with the mother, father, guardian, or other and that trial reunification be approved.
  - ☐ If trial reunification is requested
    - Provide an estimated date for Trial Reunification (TR) to begin.
    - State if there are any persons over 18 living in the home that are not biological parents to each child and that status of the finger prints on those individuals.
- ☐ **If TR needs to continue past six months an extension must be requested, request an order extending TR to a specific date.**
- ☐ State the child's current **custody status**; and specify which of the following options DHS recommends the:
  - ☐ Child continues in or should be placed in the custody of parent, legal guardians, DHS with or without DHS supervision.
  - ☐ Specify **custody type**
    - Child be placed in or continue in DHS Emergency, Temporary, or Permanent custody.
- ☐ ICWA applies or does not.
  - ☐ Name of tribe that apply
  - ☐ When applicable request finding regarding whether active efforts were made or were proven unsuccessful
  - ☐ Request that court make a finding that child's placement was made in accordance with ICWA placement preference. If not, DHS needs to request a finding that Good Cause exists to deviate from placement preferences of the tribe.
- ☐ State how many months that child(ren) have been in out of homecare.
  - ☐ **For children 4 years and younger** that have been in care for the 6 out of the last 12 months either recommend termination or document reasoning why termination is not in the child's best interest.
  - ☐ **For children older than 4 years** that have been in care for 15 of the most recent 22 months; either recommend termination, or document reasoning why termination is not in the child's best interest.
  - ☐ If nearing or beyond 12 months in out-of-home, serious consideration needs to be given to termination and/or urgency needs to be placed on amplifying efforts DHS is making to reunify the child(ren).
- ☐ State the child's current legal status as it applies in regards to being an American citizen or not.
- ☐ State DHS's case plan goal for the child(ren).
- ☐ Recommend Termination
- ☐ Recommendations of adoption or guardianship
- ☐ Recommendation of case dismissal
- ☐ Outline any court orders here as a reminder to all parties and note compliance with those orders.
- ☐ Request for any court action or approval needed.
- ☐ All applicable findings are requested here.
- ☐ Request hearing types.
- ☐ Request a time frame for the next hearing being mindful of time frames.

Recommended findings:

Child's Name	Finding 1	Finding 2
	Reasonable Efforts to Finalize Perm Plan	

Progress summary:

- Summarize progress toward achieving the permanency plan.
  - Report services that have been provided to help correct the behaviors that lead to the child(ren) being unsafe, and/or services to help achieve permanency for the child.
- **Report any safety threats and underlying causes.**
- **Describe behavior changes and progress in services for each PRFC regardless of their level of involvement.**
- **Summarize behavioral changes that still need to occur** and how they are related to the child's safety and the specific actions the parent(s) have taken or need to take to make the changes.
- Document efforts made to engage parents and to correct the safety threats.
- Document the relationship of the child(ren) to each PRFC.
- Document the participation and progress of parents in visitation.
  - Describe visitation episodes and how they demonstrated progress or lack of progress regarding the safety threats during visitation.
  - Indicate if visitation has occurred as ordered; if not reasons why
- When the permanency plan is not reunification or adoption describe what efforts were made to find the child permanency.
- When the permanency plan is adoption give the status of:
  - Criteria staffing, explain designated adoptive quad (such as Quad 3 child has identified placement and is not legally free) child profile, status of the home study, and where the case is at in being close to adoption finalization.
    - If not in an identified adoptive placement, what efforts were made to find an adoptive home such as statewide staffing, diligent search and/or internet search that the permanency planning specialist has conducted? Additional efforts to include but not limited to assignment of an adoption transition specialist (ATU), date of registration in the Wendy's Wonderful Kids (WWK) database, where the ATU specialist are at in working with the WWK model, and other family finding efforts.
- When the permanency plan is guardianship give the status of
  - What type of guardianship is being requested
    - Is the guardianship being funded – where is DHS at in the process of obtaining approval for funding.

Current information:

Child(ren)'s current placement, adjustment in placement, and placement preference. Child(ren)'s situation includes physical, emotional, educational, psychosocial, and if appropriate, independent living information.

- Summary of the child's adjustment, physical, mental, medical, and emotional condition, the conditions existing in the out-of-home placement and/or where the child is/was placed.
- Summarize whether the current placement is able to meet the needs of the child.
- Describe if there is a continuing need for out-of-home placement and if it would be contrary to the child's welfare to return home.

- Report on the child's progress in school.
- The visitation exercised by the child's parent or other persons authorized by the court and/or DHS.
- Services provided to the child and/or placement
  - Services provided to the child 14 years of age or older to assist in the transition into successful adult hood.
  - Document the child's placements by number and type with the dates of entry and exit, reasons for any change in placement, and why it occurred.
  - Summarize status of siblings being placed together. If the children are not placed together list reasonable efforts made to place them together and describe sibling visitation that has occurred.
  - Summarize any diligent search efforts.
  - Sate what efforts were made to place with ICWA preferences and why placement outside of that preference is in the child's best interest if applicable.
  - Summarize any preference the child has verbalized
  - Any referrals that have been reported since the previous hearing.

Parent(s)' current living situation, including financial, physical, mental, and emotional information.

- Summarize parent's protective capacities and adult functioning such as but not limited to
  - New relationships, problem solving ability, judgment and decision making and how it relates to the safety of the child(ren).
- Summarize the safety of the home
- Efforts by DHS to locate parents and involve them in planning
- Report on parents ability to meet the needs of the child(ren)
- State parents address and phone number unless unsafe to do so
- The parents mental, physical and emotional health and if they are seeking treatment and how it relates to the safety of the child(ren).

Do <u>NOT</u> attach psychological evaluations, drug or alcohol testing, treatment or referral that contains the statement of confidentiality

> ***"This information has been disclosed to you from records protected by federal confidentiality rules (42 Code of Federal Regulations (CFR) Part 2). The federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient"***

- Upon receipt of an attachment related to a psychological evaluation, drug or alcohol testing or other treatment with this statement the CW specialist:
  - states in the progress report that the evaluation, testing, or treatment has occurred;
  - attaches a copy of the recommendations page, if applicable
  - Turns in materials as released by the court and/or clients in a sealed envelope.

Additional Information:

REPORT REMINDERS:

- *Avoid Duplicating info in more than one section of the report, this should read as one flowing document.*
- *Spellcheck every section.*
- *Use proper grammar.*
- *Proof read every section.*
- *Ensure all information provided is factual and descriptive.*
    - *Attach child's ISP (form 04KI005E).*
    - *Attach child's Notice of Injury reports, if any (form 04KI081E).*
      Attach other progress reports or critical incident reports that are not considered social ***records*** *as stated above*

To Do's and Progress

To Do:

Progress:
Report progress on the safety threat/behavior that was identified to be corrected within the above to To Do.

Standard To Do's

To Do:
Visit your child(ren) as ordered by the court or as described in the visitation plan developed with your worker. Be on time for all visits. Let your worker know a day ahead of time if you cannot visit.
Progress:

To Do:
Sign release(s) to allow OKDHS to share information about your case or family with persons or agencies who are providing services to help you complete your plan. Agree that upon a request by the court, a copy of all FBI fingerprinting results pertaining to the parent, legal guardian and any other adult living in the home will be released to the court.
Progress:

To Do:
Contact your worker at least one time a month or as ordered by the court. Tell your worker about any changes, such as address, job, who lives with you, and how you are doing on your plan. Supply proof, such as certificates or reports, of progress on your plan to your worker at least one week before every court hearing.
Progress:

To Do:
Attend, participate, and complete the requirements of all services on your plan. Follow recommendations of the professionals providing the services.
Progress:

To Do:
Attend and participate in any scheduled court hearings and family team meetings.
Progress:

To Do:
Pay Child Support as ordered by the court.
Progress:

Amount to be determined by Child Support Services.

Signatures:

CW worker Signature	Date	CW supervisor signature	Date

Tribal worker signature	Date

Print Options:

- ☒ To Do Progress Only
- ☒ Standard To Do Progress Only
- ☒ Risk Factors
- ☐ Associated Contacts
- ☐ Associated Visits

Quality
Contacts

Quality Contacts

Quality contacts are purposeful interactions between the child welfare (CW) specialist and a child, parents, person responsible for the child (PRFC), and resource parents that reflect engagement and contribute to assessment and case planning processes by ensuring child safety, supporting permanency planning, and promoting child and family well-being. The documentation in quality contacts is important in several ways to include but not limited to helping prevent maltreatment and maltreatment in care, building rapport and having engagement with PRFC's, making sure that the permanency goal is being reached safely and timely, to identify any patterns or needs of the child or family and protective capacities of the PRFC.

Quality Contacts with a Child Guidance

NOTE: This is a guide and cannot cover all things that will need to be covered nor does everything in this guide pertain to every case. This is guidance that supports quality contact guide Form 04MP008E.

Impact of Quality Contacts

- Improved assessments of safety, risk, and needs.
- Joint development in case plans.
- Shared understandings of progress toward goals, strengths, and needs.
- Improved child and family engagement and empowerment.

Key Phases of the Contact

- Before - planning and preparation.
- During - engagement, assessment, exploration, and adjustment.
- After - documentation, debriefing, and follow-up.

Before (the face to face visit has been conducted)

- Plan for the length and location of the contact/visit to support honest conversations.
- Contact all of the child's service and medical providers and review most recent service provider report. Evaluate any behavior changes, current treatment plans, medical reports, and prescribed medications.
- Review the child's educational needs, any IEP, or other educational plans.
- Review case plan goal and make a plan on how to discuss with the placement provider and the child.
- Contact foster home's resource specialist to discuss the family and also discuss any written plans of compliance (WPCs), alerts, or concerns. Review the resource's file and any associated investigations.
- Identify all issues and concerns to discuss during the contact.

During

- Review the agenda with the resource parent and child. Incorporate any input.
- Use OKDHS Practice Standards - *suspend biases, be culturally competent, and demonstrate empathy and respect*.
- See a child alone in a location conducive to freely discussing safety.
- Build contact/visit discussion around the Assessment of Child Safety's key questions.

- ***Child functioning***
  - Determine how the child in the home functions on a daily basis, who provides the child's day-to-day care, and who else liven in or visits the home.
  - Discuss and consider the child's:
    - Emotional/physical health
    - Medical
    - Development;
    - Gender identity and sexual orientation
    - Relationships and role within the family
    - Mood and/or behaviors
    - Sleeping arrangements
    - Social skills
    - Education
    - Functioning within cultural norms.
      - ✓ Describe how the PRFC or resource parent meets the child's needs.
      - ✓ Discuss, when applicable, with the parent how he or she feels about the child's self-identification and/or sexual orientation. What role does the parent take in supporting the child?
    - Ask the child for any other input, connections, concerns, feelings, or needs he or she might have, including, but not limited to, the child's desires for permanency.
    - Observe the child in the home. Note how the child interacts with other household members.
    - Explore the child's and family's well-being.

- ***Discipline***
  - Describe the discipline methods used by PRFC and under what circumstances they occur. Discuss and consider:
    - Methods used
    - Frequency
    - Purpose
  - Discuss how the type of discipline impacts the child emotionally and ensure that discipline techniques for all children in the home are assessed. Address:
    - PRFC's emotional state;
    - Cultural implications; and
    - Effectiveness.
      - ✓ Obtain collateral information regarding these areas.
- ***Parenting***
  - Describe overall family values and the typical and pervasive parenting practices used by PRFC(s) and resource parent(s). Areas to discuss and consider:
    - PRFC's or resource parent's knowledge and expectations of each child in their home and their own biological children
    - Each PRFC's or resource parent's perceptions of the child
    - Interactions between parent and child

- Protective capacities
- Reasons for fostering
- Decision-making and/or parenting practices
- PRFC's role and/or participation in the child's educational needs and medical needs
- Level of agreement between all PRFC's
- Cultural practices

- ***Adult Functioning***
  - Determine the adult's functioning with respect to daily life management and general adaptation. Consider: *(this will not pertain to every foster home this is a guide)*
    - How the individual feels, thinks, and acts on daily basis with a focus on functioning and coping skills
    - Communication skills
    - Coping and/or stress management
    - Self-control
    - Problem-solving or decision making
    - Finances
    - Employment
    - Community involvement
    - Substance use
    - Mental health
    - Domestic violence.

Obtain collateral information regarding these areas.

- Observe the environment the child is residing in for safety concerns
- Discuss case goals and progress or lack of progress since the last contact/visit. Assess feedback on feelings associated to this information.
- Discuss how DHS can help support the family.
- Summarize the contact/visit and make arrangements for the next contact.

After (the face to face visit has been completed)

- Document key information, observations, discussions, and decisions without using "buzzwords." Describe behaviors instead and document exact information.
- Document all new identified connections for the child in the Connections screens.
- Document all contact/visits within **five**-calendar days to ensure accurate information.
- Debrief contact/visit with supervisor and follow-up on commitments made and next steps.

Quality Contacts with a Parent Guidance

NOTE: This is a guide and cannot cover all things that will need to be covered nor does everything in this guide pertain to every case. This is guidance that supports quality contact guide Form 04MP007E.

Impact of Quality Contacts

- Improved assessments of safety, risk, and needs.
- Joint development in case plans.
- Shared understandings of progress toward goals, strengths, and needs.
- Improved child and family engagement and empowerment.

Key Phases of the Contact

- Before - planning and preparation.
- During - engagement, assessment, exploration, and adjustment.
- After - documentation, debriefing, and follow-up.

Before (the face to face visit is conducted)

- Plan for the length and location of the contact/visit to support honest conversations. Best practice is for the visit to occur in the residence where the parent is currently living.
- Review the most recent Assessment of Child Safety.
- Print and review the parent's individualized service plan (ISP).
- Contact all service providers to obtain update on court-ordered services and/or behavioral changes.
- Print the most recent visitation plan and review all contacts/visits from each visitation since the last visit by the specialist.
- Review the most recent case plan goal (CPG). Evaluate if the CPG is what is in best interest for the child at this time. Plan on how to discuss the CPG with the parent as well as explain concurrent planning.
- Identify all issues and concerns to discuss during the contact/visits.

During

- Review the agenda with the parent and incorporate any input.
- Use OKDHS Practice Standards - *suspend biases, be culturally competent, and demonstrate empathy and respect*.
- Build contact/visit discussion around the Assessment of Child Safety's key questions.

- ***Child functioning***
  - Discuss and consider the child's:
    - Emotional/physical health
    - Medical
    - Development;
    - Gender identity and sexual orientation
    - Mood and/or behaviors
    - Sleeping arrangements
    - Social skills
    - Education
    - Cultural norms
  - Discuss all permanency and well-being issues with the parent.
  - Discuss the child's schedule, extracurricular activities, and medical appointments. Include a discussion of expectations about the parent's participation in these areas and any barriers to participation.
  - Discuss, when applicable, with the parent how he or she feels about the child's self-identification and/or sexual orientation. What role does the parent take in supporting the child?
- ***Discipline***
  - Have the parent describe:
    - How he or she plans to manage the child's behaviors. Will this be a change since the child was removed from your care? If so, explain why
    - The purpose for disciplining his or her child
    - If the child's discipline is based on cultural norms and how.
  - Have the parent describe:
    - Do you and your spouse agree on discipline techniques? Describe any differences
    - What are reasonable expectations of your child
    - What support systems or resources can you use if current discipline techniques are not effective
    - How will you continue to educate yourself on effective discipline techniques as your child matures? Remind the parent that the discipline techniques generally need to evolve as the child ages.
  - Explain to the parent how the child is currently being disciplined
- ***Parenting***
  - Have the parent describe:
    - What have you learned during this process to help with parenting
    - What are your expectations of your child related to child development and parenting
    - How do you feel towards the child? Describe positive parenting interactions between you and your child and things that frustrate you about parenting
    - How do you believe you are protecting your child from future harm?
      - Describe each parent's current protective capacities. If protective capacities have evolved, then describe how.
      - Obtain collateral information regarding these areas.

- ***Adult Functioning***
  - Determine the adult's functioning with respect to daily life management and general adaptation. Consider:
    - Home and financial management, such as how do bills get paid;
    - How the individual manages on a daily basis with a focus on functioning and coping skills;
    - Family supports or resources;
    - Problem-solving or decision making;
    - Substance use or abuse;
    - Emotional or mental health;
    - Physical health and medication management;
    - Family and/or domestic violence.
  - Obtain collateral information regarding adult functioning.
  - Review service provider reports with parent.
  - Observe living environment and discuss and document any safety concerns
  - Discuss unsafe behaviors by clearly articulating each safety threat and describing any current unsafe behaviors.
  - Review the court-ordered ISP with the parent to determine if services will aide in correcting/managing unsafe behaviors.
  - Discuss all parent/child visitations that have occurred since the last specialist visit with the parent. Discuss what went well, areas of concern, what expectations of visitations are, and current visitation plan.
  - Discuss current case plan goal with the parent and define what case plan goal means.
  - Discuss any relationship or household changes.
  - Ask for names of additional connections/supports for the family and child.
  - Discuss how DHS can help support the parent.
  - Summarize the contact/visit and incorporate the parent's concerns, thoughts, needs, beliefs about current circumstance, and feelings in their own words
  - Make arrangements for the next visit and issues needing follow-up.

After (the face to face visit has been completed)

- Document key information, observations, and decisions without using "buzzwords." Describe behaviors instead and document exact information.
- Update ISP, visitation schedule, and referrals for services, as needed.
- Document all new identified connections for the child in the Connections screens.
- Document all specialist contacts/visits within **five**-calendar days to ensure accurate information.
- Debrief contact/visit with supervisor and follow-up on commitments made and next steps.

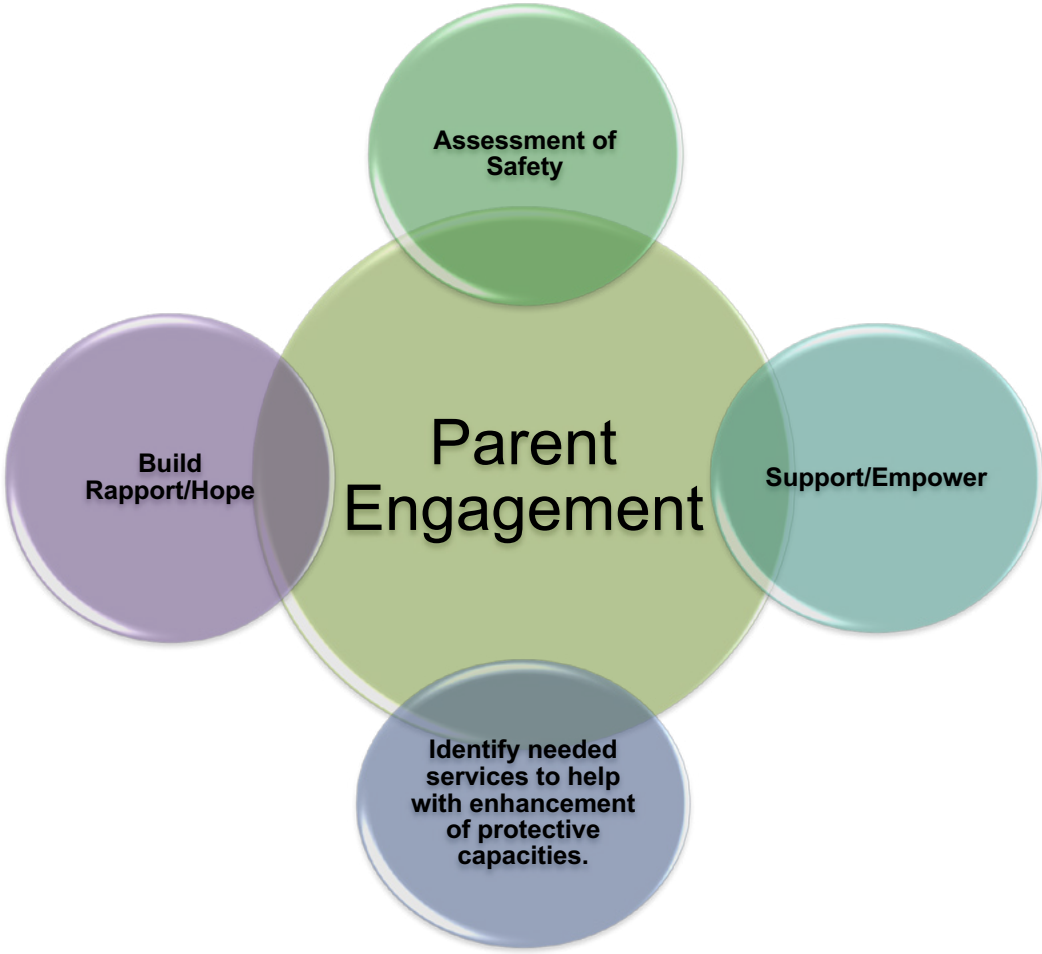
Parent Visit Summary

- Did you discuss your Individualized Service Plan (ISP) with your specialist today? Do you understand your ISP and the plan's expectations?
- Did you discuss any concerns or problems in attending services or their effectiveness with your Child Welfare Specialist?
- Did you review current service provider reports?
- Did you discuss your visitation plan with your Child Welfare Specialist today? Did your CW specialist discuss your ongoing visitation plan for the upcoming month?
- Did your Child Welfare Specialist discuss the current case plan goal (CPG) with you? Do you understand the CPG?
- Did your Child Welfare Specialist describe to you current behaviors that make your child unsafe in your home? Did your Child Welfare Specialist talk with you about expectations and time frames for the managed or changed behaviors?

Additional things to consider while engaging with the parent:

- Provide positive support.
  - Advocate for parent's progress to improve protective capacities
  - Recognize and praise parent's accomplishments.
  - Listen to parent. Be transparent and share information.
- Identify informal supports that can assist the family when CW is no longer involved and the case is closed, such as extended family, friends, and neighbors that may help the family identify ways to prevent the recurrence of behaviors or actions that precipitated CW involvement.
- Determine formal supports that may continue when requested by the parent, such as CHBS, parent aide, child care services, medical services, TANF, or other community resources.
- Determine whether the family requires further services or assistance at the time of case closure and provide referrals for necessary community services.
- Advises the family of signs that might indicate a need for services in the future.
- Provides the family with information about whom to contact for help.
- Specialist gradually decreases family contacts while family self-help efforts are increased and progress is made on the development of the family's informal support system towards case closure.
- Addresses any ongoing concerns the family may have.
- Encourages the family to contact DHS when future help is needed.

Frequent parent engagement helps with identification of safety threats, and protective capacities. It also ensures that families have the supports needed to make changes and have the tools to keep their children safe; which effects successful, safe, and timely reunification.



Sample Child Contact Guide

Child Functioning

Child 1, age 10, and Child 2, age 5, are placed together in their maternal grandparents', and have been in the home for 2 months. They play well together. The children were initially angry, shouted a lot, and sometimes hit each other, but have become more calm, happy and playful. Their behaviors revert back toward anger after visits with their parents, but calm down within a few hours afterwards. The child behavioral health screener has been administered twice to both children. Their scores in the three columns of Attention, Internalizing, and Externalizing were 5, 4, and 3 respectively, which are not elevated. However, their trauma score was 1, which is elevated, so Specialist will refer them for a trauma-informed mental health assessment. The children had a dental check with Dr. Frank and the dentist had no concerns. Neither child is on prescription medication, but do take chewable gummy vitamins each day which was observed by the Specialist. Child 1 received a Hep-B and Tetanus immunization and Child 2 received an MMR immunization to get them up to date. Child 1 has gained 3 lbs. and Child 2 has gained 2 lbs. since being placed in their grandparents' home and the pediatrician, Dr. Chang, reported that they are trending in the right direction on the growth chart and had no concerns. Child 1 is in 3rd grade at local elementary school. Since being placed with his grandparents, his grades have improved and are A's and C's. His teacher stated that Child1's reading ability and behavior have improved in the past month. Child 2 is in 1st grade at the local elementary school and has also shown improvement in his behavior and grades since placement. Child 2 currently has B's and C's. Both of the children's teachers reported that the placement providers are very active in their school work and are working with the school to ensure the children's educational needs are being met. Both children report that their grandparents help with homework. Both children participate in recreational soccer, practicing one evening per week and playing one game per week. Their parents have attended two of the games so far and are supportive of their children during and after the games as reported by the foster parents and children. The children are reported to be happy to see their parents at the games. Child 1 and Child 2 take a bath every night and brush their teeth twice a day; in the morning and before bed. Specialist observed several shirts, pants, underwear, and socks for each child, as well as three pairs of shoes each, including soccer shoes. The placement providers prepare most of the meals for the children and they eat breakfast and dinner together. The children's parents prepare one meal per week and they all eat together during visitations. Their favorite foods are grilled chicken, hamburgers, macaroni and cheese, grapes, and ice cream. The Specialist will follow-up with the supervisor to see what steps to take to get the paternal grandparents approved for respite.

Discipline

Specialist met alone with Child 1 in the backyard of the grandparents' home. Specialist and Child 1 kicked a soccer ball back and forth to each other. Child 1 said when he gets in trouble; he has to take a time out by sitting quietly for 10 minutes at the dining room table. He also said sometimes he is not allowed to watch TV or play with his toys. He said the same thing happens to Child 2, except Child 2 only has to sit for 5 minutes. Child 1 said he and Child 2 share a bedroom but have separate beds. After speaking with Child 1, Specialist observed Child 1's bedroom and beds. Child 1 reports that he sleeps in his own bed in his room and that no one sleeps with him except his brother who he shares a room with. Child 1 said whenever he is home (at his grandparents' house) either "Grammy" or "Grampa" or both are there with him. He said he is never alone at the house. He said his parents come over sometimes and they eat and read or they help him with his homework. He said his parents make sure he bathes and give Child 2 a bath. He said he likes

seeing his parents and his aunties and "Mimi" and "Poppy" (paternal grandparents). He said he likes living here and is a little scared about living at his parents' home again, but not as scared as he was before. When asked what makes him "scared" he said his parents used to drink a lot and yell and sometimes hit each other. He said he hasn't seen them drink lately and they seem to be nicer now. He reported he feels safe in the home because his grandparents are there. Child 1 reports that safe is when you can sleep and not be scared.

Specialist met alone with Child 2 in the front yard of the grandparents' home. Specialist and Child 2 drew pictures on the concrete driveway with chalk. When asked what the rules are in the home and what happens when you break a rule, Child 2 said when he gets in trouble he has to take a time out by sitting quietly on his bed. He said that he sometimes closes the door to his room when he is really mad in order to calm down. He reported nothing else happens to him when he gets in trouble. He stated that Child 1 also had to take a timeout, but he didn't know how long he had to sit in time out. He reported that he gets in trouble for not picking up his room/toys when he is asked or for talking back to his grandmother. Child 2 reported that he isn't scared when he gets in trouble and knows he will just have to sit in time out and then say he is sorry and then will get hugs from his grandparents afterwards. Specialist observed Child 2's bedroom and bed and had no concerns. Child 2 reported that the only people who help care for him are his "Grammy" or "Grampa" (maternal grandparents). Child 2 reported that his "Mimi" and "Poppy" (Paternal Grandparents), his mom or dad, or his Aunt Sue visits the home. Child 2 reported that no one else helps care for him and no one else visits the home. He reports that sometimes he will sleep in his sibling's bed at night if he gets scared, but that he can also go to his Grammy and Grampa and they will help him back to his bed as well. He reported he feels safe in the home because his grandparents love him. Child 2 reports that safe means having a place to stay. He stated that he misses his mom and dad and is excited for them to come to dinner tonight.

Parenting

The placement providers report that they keep the children on a routine and schedule which seems to be helping with their feelings of anger that they had originally after placement in the foster home. The placement providers report that they have a routine of getting up around 7 AM, eating breakfast together, and then going to school and work. The placement providers report that when the children break a rule that they have to go and sit on their bed for however many minutes old they are so Child 1 is 10 minutes and Child 2 is for 5 minutes. The placement providers report that Child 2 still struggles with this and will often shut his door. The placement providers have requested that the children be referred to counseling and have a trauma assessment. The placement providers reported that the children get very upset after the parents leave from their visitations and it can take several days to calm the children. The placement provider reports that the children will often cry and wake up in the night and have fear about their parents' well-being. The placement providers report that the children sleep in their own room and beds but that Child 2 does get up in the night and that they redirect him back to his bed.

Adult functioning

The placement providers attend church services every Sunday and bring the children with them. The parents attended church infrequently when the children were placed with them, but are supportive of the children attending with the grandparents. The parents and maternal aunts attend with them once or twice per month. The family has Sunday dinner together after church each week and have voiced that they would like this to be an ongoing tradition. The placement providers report that their car recently broke down but that it is in the shop being fixed. The placement providers report that their relationship with the biological parents has improved since the children were initially removed. The placement providers report that they would like to attend family counseling with the children and learn other ways to help the children cope with stress. The placement providers also reported an interest in attending family counseling with the biological parents to help to continue to heal their relationship as well. There is currently no other adults residing in the home. The placement providers report that the children's aunt visits the home along with the paternal grandparents and biological parents. The placement providers are currently not on any medications nor have any medical issues that would impact the care of the children.

Permanency

The case plan goal is reunification with the parents. The parents met with the Specialist to develop the ISP and have initiated services. Both parents have expressed an understanding of how their daily use of methamphetamine prevented them from being able to meet their children's needs and made the children unsafe. The specialist and parents discussed what behaviors/circumstances need to change in order to keep both children safe. The parents completed their substance abuse assessment and have enrolled in classes. They have also been consistent in attending visitation. The specialist and parents discussed protective capacities and the parents expressed understanding of what behaviors need to change in order for the children to safely return home. Child 1 and Child 2 have weekly face-to-face visits with their parents. Initially, the visits were at the OKDHS office and now take place at the placement provider's home and supervised by the maternal grandparents. See File Cabinet for copy of the visitation schedule. The parents prepare and eat dinner with the family, bathe them, read to them, and then tuck them in bed. The children actively visit other family members as well. The paternal grandparents take the children to a park or out to eat once or twice a month, usually on the weekend. The Specialist has identified and documented 15 relatives in the family/kinship connections screen. Two maternal aunts were

approved as respite placement providers for the children and come over for dinner or to take the children to play at a park a couple nights per week. Four other relatives actively participate in family meetings and have assisted the parents with cleaning their home and making repairs to their car.

Safety – This will grey out if you state the child was seen alone.

Based on private conversations with each child, observation of the home and discussions with the placement providers and parents, there are no safety issues at this time. (this should be documented throughout the contact if grayed out within each section addressing child safety)

Sample Contact Guide for parent

Child Functioning

Specialist spoke with the biological mother and father about Child 1 and Child 2, who have been placed together in their maternal grandparents' home for two months. The biological mother thinks the children are well behaved and doing well at her parents' home. She reports that she loves reading to the children on the evenings they spend with them at her parents' home. The father reports that he likes watching them play soccer and plans to continue going to their games. Specialist will refer them for a trauma-informed mental health assessment and counseling. The children had a dental check with Dr. Frank and the dentist had no concerns. Neither child is on prescription medication, but do take chewable gummy vitamins each day which was observed by the Specialist. Child1 is in 3rd grade at local elementary school. Since being placed with his grandparents, his grades have improved and are A's and C's. Child 2 is in 1st grade at local elementary school and has also shown improvement in his behavior and grades since placement. Child 2 currently has B's and C's. Specialist discussed the children's medical and dental status with the parents. Both children have been to the doctor and dentist for checkups. Child1 received a Hep-B and Tetanus immunization and Child 2 received an MMR immunization to get them up to date. Child1 has gained 3 lbs. and Child 2 has gained 2 lbs. since being placed in their grandparents' home and the doctor reported that they are trending in the right direction on the growth chart and had no concerns. Both children had their first dental check and the dentist had no concerns. Neither child is on prescription medication, but do take chewable gummy vitamins each day. Specialist provided copies of the children's medical paperwork from the appointment to the parents. Specialist then discussed with the parents why they did not attend the medical/dental appointment. The parents reported that they did not have gas money and the appointments were on the same day as visitation. They felt like missing the appointments was a better option than missing the visitation because they wanted to see their children. The Specialist reminded the parents to contact the Specialist if they have any problems, concerns, or issues. The parents said they would like to know when the children's next appointments are so that they can try to attend. Specialist provided the information to them.

Discipline

Both parents said the children get "worked up" or very active during their visits, but seem to calm down before the visit is over. The Specialist discussed with the parents what they do to calm the children down and how they discipline the children during visitation. The parents report that they are using the time out method that the grandparents are using and it seems to work. They report they plan to continue to use the same method when the children return home as they have seen it be more effective to calm the children down when compared to screaming at them to "Stop" when they were doing something wrong.

Parenting

The parents said they enjoy preparing a meal and eating with the children each Wednesday. Both parents report they are trying to prepare healthier food, such as grilled chicken, and less French fries, chips, and candy. They also enjoy helping the children get ready for bed when they visit each week, and look forward to taking care of them every day after they come home. When the children were at home the biological mother reported that she fixed dinner while dad played outside with the children, then they eat together and helped get the children ready for bed. They help make sure Child 1 bathes and they give Child 2 a bath. The Specialist completed a walk-through of the parent's home. The parents went over the schedule that they plan on using once the children are home. The parents reported that will be waking up and fixing breakfast every morning and putting the children on the bus and then going to work. The parents reported that they will be picking up the children every day after school and will not be using daycare. They are working to cover all the visible electric lines and holes in the living room area. They are also working on getting rid of the mold that was found in the children's

bedroom. The Specialist observed that the parents are actively working to correct the unsafe conditions of the home and provided some resources that would help the parents financially with purchasing the products they needed for the improvements.

Adult functioning

Both parents completed a substance abuse assessment and have begun counseling. The Specialist brought the completed assessments and reviewed the assessments with the parents individually. The parents report they are currently on the waiting list to begin outpatient substance abuse education services, but are scheduled to begin at the end of the month. Biological mother was given the color purple and biological father was given the color brown for random drug testing. They are both calling in for their color daily. Biological mother initially had a positive UA for methamphetamine, but has tested clean four times since then. Biological father tested positive for methamphetamine at the assessment but has had five clean UA's at this time. The parents report they are working on identifying triggers for using methamphetamine. The biological mother reported that she thinks there were some events in her childhood that she has been discussing with her counselor that make her more likely to relapse. The biological father is still closed off to openly discussing his substance abuse. Specialist went over each step of the parent's ISP with the parents. Both parents reported they had not attended church regularly, but since the children were removed, have been going more often. They said they have met some nice, supportive people at church, and plan to continue going. The parents attend with the children once or twice per month. The parents had Sunday dinner together with the maternal grandparents a couple times and said it is something they would like to continue.

Permanency

The parents said they gave Specialist the names of every relative they can think of. Specialist showed the parents a copy of the Connections Worksheet showing 15 relatives, as well as the Important People in the Child's Life – Family Tree form. This seemed to help the parents recall the names of a few more relatives and connections. They gave Specialist the names and phone numbers of three more relatives and two connections. The Specialist went over the visitation plan with the parents. The parents said they visit Child 1 and Child 2 every Wednesday evening at the maternal grandparents' home. They also attend some soccer games and go to church on Sundays. The Specialist completed a new visitation plan with the parents which extends their visitation time on Wednesday evenings and adds visitation on Saturday mornings. The parents were excited to be able to increase visits. Specialist discussed the ISP with the parents. The goal is reunification.

The specialist discussed the parents' progress on their ISP and the need for the children to remain in out-of- home care for now. Both parents indicated they understand what they need to do, but asked when their children can come home. The specialist explained the AOCS and how is it used to make safety decisions, including unsupervised visits and trial reunification, and spoke with the parents about what the current safety threat is as well as what behaviors still need to be corrected in order for the children to return home. Currently the parents do not have the protective capacities to keep their children safe. The specialist praised the parents for the progress and strengths in the areas of staying sober. The Specialist will refer the parents to a therapist closer to their residence.

The Specialist and parents reviewed the Parent Visit Summary form and signed it.

Note: When documenting contacts with parents and children be sure when addressing things that were discussed such as what the safety threat is and what conditions need to be corrected that it is document clearly and described in detail.

Safety *Guides*

Safety Guides

Parent-Child Visitation Guide

Oklahoma Administrative Code (OAC) 340:75-6-30

The frequency and quality of parent-child visitation is the ***single greatest predictive factor of successful reunification*** and is associated with a shorter time in out-of-home care and placement stability. It also serves a number of important functions, including:

- ✓ reassuring the child(ren) that the parent(s) still cares and hasn't abandoned the child(ren);
- ✓ reassuring the parent(s) that Child Welfare Services is serious about maintaining and strengthening family relationships and helping the parent(s);
- ✓ building and maintaining the parent-child bond;
- ✓ helping the parent(s) build protective capacities and change the behaviors and/or conditions that caused the child(ren) to be unsafe; and
- ✓ preparing the family for reunification.

Furthermore, parent-child visitation is the ***child's right*** and is not reduced or suspended for a parent's non-compliance with services, including positive tests for substances or unstable housing, nor is it used to reward or punish the child(ren) or parent(s). For visitation to be as beneficial to the family as possible, best practice is for visitation to be planned, purposeful, and progressive.

Planned: A parent(s) who is given regularly scheduled visits is more consistent in visitation than a parent(s) who is told to contact the child welfare (CW) specialist to request visits. A visitation schedule also provides certainty and reliability to the parent(s), resource parent(s), and child(ren) as to the opportunities for parent-child interaction.

- ✓ A visitation schedule is created within 10-calendar days of the child(ren)'s removal during the Family Meeting (FM), whenever possible, and is a collaborative effort between the CW specialist, parent(s), and resource parent(s). The family's informal supports, such as relatives, kin, friends, and neighbors, may assist with visitations when appropriate.
- ✓ The visitation schedule takes the needs of the child(ren) into consideration and includes face-to-face visitation that occurs ***at least weekly for the first 90 days*** when the permanency plan is reunification, unless there are extenuating circumstances, such as:
  - the court issues a no-visitation order or orders a different visitation frequency;
  - visitation threatens the child(ren)'s safety or is determined by a behavioral health specialist to cause highly damaging psychological stress or trauma; or
  - the child(ren) expressly requests no visitation.
- ✓ The CW specialist ensures the parent(s) understands:
  - that frequent visitation increases the likelihood of early reunification;
  - the importance of visitation and how it harms the child(ren) when the parent(s) doesn't attend a scheduled visit; and
  - that feelings of anger, fear, or uncertainty in the parent(s) and the child(ren), a child(ren) upset by the parent's behavior or experiencing conflicts of loyalty, and an increase in the child(ren)'s acting out are normal reactions to separation and not reasons to decrease or suspend visitation.
- ✓ When it's safe for the child(ren), visitation includes telephone calls, letters/e-mails, visual or audio recordings, live videoconferencing, such as Skype, social media, and other creative methods of maintaining connection. These forms of communication are not monitored or restricted unless court ordered or there are concerns for the child(ren)'s safety.

Purposeful: Intentional visitation promotes opportunities for healthy and safe parent-child interactions. It gives parents the opportunity to bond with the child(ren); learn about the child(ren)'s development; demonstrate, practice, and improve their parenting skills; and exhibit behavioral changes.

- ✓ The CW specialist sets clear expectations for the parent(s) on visitation, making sure it's understood:
  - the visits need to be structured and include age- and developmentally- appropriate activities for the child(ren) that will help the parent(s) build protective capacities and change unsafe behaviors or conditions;
  - visits include the parent(s) attending the child(ren)'s medical appointments;
  - any progress towards improved parenting and behavioral changes is observed during visitation and documented in reports to the Court.
- ✓ To facilitate parent-child interaction, bonding, and attachment, visitation occurs in the most natural environment possible, taking the safety of the child(ren) into consideration.
  - Visitation in a natural environment also gives the CW specialist the opportunity to more accurately assess parent-child interaction, evaluate parent interest level and protective capacities, and identify continued safety threats.
  - Examples of visitation locations include, but are not limited to:
    - the biological home;
    - biological relative's home;
    - the resource home;
    - parks;
    - restaurants;
    - grocery stores; and
    - other natural environments.
- ✓ When safe to do so, allow the parent(s) to attend a child(ren)'s events, such as religious/cultural events and activities, school events and activities, and extracurricular events and activities.
- ✓ The CW specialist talks to the parent(s) after each visit reviewing:
  - why the current supervision level is in place and what safety threat(s) remain to be corrected;
  - how the focus of the activities helps to develop the behaviors needed to more safely care for the child(ren); and
  - what else the parent(s) thinks could or needs to do to help them learn the skills needed to safely parent their child(ren).

Progressive: Visitation increases in length and frequency and decreases in level of supervision as the parent(s) exhibits changes in the behavior(s) that caused the child(ren) to be unsafe.

- ✓ Resource parent(s), along with safe and appropriate informal family supports, may supervise some visitations as safety dictates to support, mentor, and help the parent(s) work toward reunification.
- ✓ Initial visits may be only one or two hours and gradually increase in length with the agreement of all the parties.
- ✓ The parent(s) progresses from supervised visits to unsupervised visits, including day, overnight, and weekend visits, before the child(ren) is placed in trial reunification.
  - The Assessment of Child Safety (AOCS) is completed by the CW specialist prior to beginning unsupervised visits, overnight visits, and trial reunification.

Initial Meeting Guide

Oklahoma Administrative Code (OAC) 340 75-1-29, 75-6-4, and 75-6-85

The Initial Meeting (IM) is an opportunity for the biological and resource parents to talk about the needs of the child(ren), share information about their families, build positive and supportive relationships between the biological and resource parents, and develop the Child and Resource Family Support Plan to assist with placement stability. The IM is scheduled and conducted by the child welfare (CW) specialist placing the child(ren) in the resource home within **30-business days** of the child(ren)'s placement date. Participants include, but are not limited to, all child welfare (CW) specialists involved with the biological and resource families - child protective services (CPS), permanency planning (PP), and resource specialists; the child, when developmentally appropriate; the biological family; and the resource family.

IM Preparation: The CW specialist who placed the child(ren):

- Schedules the IM in a neutral location on a date and time that works with the biological and resource parent(s)' schedules.
  - The CPS specialist schedules the first meeting and the PP specialist schedules all subsequent meetings.
- Contacts all parties and provides the date, time, and location of the meeting.
  - When a party is unable to attend in person, phone access is provided.
  - When the resource parent(s) refuses to attend in person or by phone, the resource specialist addresses the refusal as a non-compliance issue.
  - In cases of domestic violence, separate IMs are conducted for the victim and the perpetrator.
- Provides the IM brochure and CW specialist's contact information to the biological and resource parent(s) and answers any questions about the process.
- Encourages child(ren) and/or biological parent(s) to complete the "All About Me!" section of the brochure to bring to the IM.
- Conducts extensive diligent search efforts to locate any absent parents and document the efforts in KIDS.

During the IM:

- The IM's purpose and ground rules for the meeting are reviewed with participants.
- The CW specialist responsible for scheduling the meeting or the designated Family Meeting facilitator may facilitate and guide the meeting, keeping the discussion focused on the child(ren) and his or her needs. Encourage the biological and resource families to share information by utilizing the Child and Resource Family Support Plan, Form 04PP024E, as a guide to gather information needed to create the support plan, and discussing the answers provided on the "All About Me!" section of the IM brochure and/or using the topics below. Goals, boundaries, and methods to facilitate ongoing communication between the biological and resource parent(s) are established.
- If the biological or resource parent(s) is unable or refuses to attend, gather enough information about the child(ren) and resource family to develop a Child and Resource Family Support Plan, review the plan with the biological and resource parent(s), and ensure all parties agree to it.

After the IM:

- The PP specialist documents the IM and the Child and Resource Family Support Plan in the Contacts screen in KIDS within **5-business days**.
- Contact Type/Location is Face-to-Face or Telephone with the meeting place specified.
- Status selected is Completed and Announced.
- Staff participants are identified by first and last name and job title.
    - Names of biological parents and child(ren) are selected for both Client/Collateral and Applies To.
    - Non-Client/Non-Collateral Participants includes the first and last name of each resource parent attending and any other participants in attendance.
    - Purpose of the contact is IM-Bridge and Support Plan.
- A copy of the Child and Resource Family Support Plan is scanned and saved in the Placement Tab in the file cabinet and a copy is made and dispersed to each participant
- The PP and resource specialists provide ongoing support to the resource parent(s) to ensure access to the supports and resources needed to meet the child(ren)'s needs as outlined in the Child and Resource Family Support Plan.
- When any changes to the Child and Resource Family Support Plan are needed, schedule an FM to discuss the updates and how they will be implemented.
- The resource specialist contacts the PP specialist prior to conducting the quarterly in home visit for each child to gather feedback on the child and the resource parent(s). Discussion includes how each child is adjusting and the elements of the Child and Resource Family Support Plan. The resource specialist incorporates this information in the Resource Contac

Case Transfer Meeting Guide

Oklahoma Administrative Code (OAC) 340:75-1-29

The case transfer meeting is vital in ensuring continuity of services for the child(ren) and family when a case is transferred from one child welfare (CW) specialist to another. Case transfer meetings can occur between Child Protective Services (CPS) and Permanency Planning (PP) specialists; Child Protective Services (CPS) and Family-Centered Services (FCS); and from one PP specialist to another. In each instance, the case plan goal drives all decision making.

- **Case Transfer from CPS to PP Roles and Responsibilities:**
  - The initial case transfer meeting is scheduled by the CPS specialist and completed within **10-business days** of either the emergency custody order, also known as the "pickup order" or "order to take", or the deprived petition being filed, whichever occurs first.
  - Participants of the meeting include the:
    - ✓ CPS specialist and supervisor;
    - ✓ PP specialist and supervisor;
    - ✓ family; and
    - ✓ Indian child welfare worker, when applicable.
  - The meeting is held in person unless the case is being transferred to another district, in which case it may be held by teleconference.

- **Discussion during the meeting includes, but is not limited to:**
  - the safety plan, when applicable;
  - safety threats to the child(ren);
  - how safety threats are managed or controlled;
  - referrals made for services and any barriers to service provision for the child(ren) or family;
  - child(ren)'s placement;
  - demographic information;
  - child(ren)'s birth certificate(s) and Social Security card(s);
  - child(ren)'s educational needs;
  - child(ren)'s medical and immunization history;
  - family's Native American heritage;
  - results of previous court hearing(s);
  - next court date and any requests by the court or parties for specific information or action;
  - visitation plan and the date the last visit occurred;
  - diligent search efforts for relatives/kinship;
  - initial meeting with the resource family, when applicable; and
  - outcomes of family meetings, when applicable;

- **The CPS specialist documents the case transfer meeting in KIDS under the Contacts screen with a purpose of "Transfer Meeting." The contact also includes:**
  - the first and last names of all participants;
  - the meeting location;
  - a summary of the meeting discussion; and
  - action steps that resulted from the meeting.

- **Case Transfer from CPS to FCS Roles and Responsibilities:**
  - The initial case transfer meeting is scheduled by the CPS specialist and completed within **10 business days** of signing the Form 04MP025E, Voluntary Family Service Agreement.
  - **Discussion during the meeting includes, but is not limited to:**
  - results of the Form 04KF030E, Assessment of Child Safety;
  - details of the Form 04MP054E, Safety Plan; and
  - how the safety threat(s) are being managed and controlled.
  - The CPS specialist accompanies the assigned FCS specialist to the home and introduces the FCS specialist to the family.

- **The CPS specialist documents the case transfer meeting in KIDS under the Contacts screen with a purpose of "Transfer Meeting." The contact includes:**
  - the first and last names of all participants;
  - the meeting location;
  - a summary of the meeting discussion; and
  - action steps that resulted from the meeting.

- **Case Transfer between PP Specialists:**
  Discussion during the meeting includes, but is not limited to:
  - the safety plan, when applicable;
  - safety threats to the child(ren);
  - how safety threats are managed or controlled;
  - referrals made for services and any barriers to service provision for the child(ren) or family;
  - child(ren)'s placement;
  - demographic information;
  - child(ren)'s birth certificate(s) and Social Security card(s);
  - child(ren)'s educational needs;
  - child(ren)'s medical and immunization history;
  - family's Native American heritage;
  - results of previous court hearing(s);
  - next court date and any requests by the court or parties for specific information or action;
  - visitation plan and the date the last visit occurred;
  - diligent search efforts for relatives/kinship;
  - initial meeting with the resource family, when applicable; and
  - outcomes of family team meetings, when applicable;

- **The PP specialist transferring the case to the receiving PP specialist:**
  - clearly articulates the specific adult behavior(s) that constituted the safety threat(s) to the child(ren) which required Child Welfare Services involvement with the family.
  - gives an account of all the interventions currently in place to affect the necessary behavioral changes in the family.
  - discusses all previous interventions and attempts at interventions and their level of success.
  - describes the specific behavioral changes that need to be exhibited by the family to ensure the child(ren)'s safety.
  - Prepares a written summary of the case including:
    - ✓ legal history;
    - ✓ placement information; and

- ✓ case history.

- **The PP specialist transferring the case documents the case transfer meeting in KIDS under the Contacts screen with a purpose of "Transfer Meeting." The contact includes:**
  - the first and last names of all participants;
  - the meeting location;
  - a summary of the meeting discussion; and
  - action steps that resulted from the meeting.

Screened-Out Referral Consultation Guide

To reduce the occurrence of maltreatment in care and improve communication between staff, a joint review of screened-out referrals on resource homes is conducted by conference call **within 10- calendar days** of the referral being received. The participants in the consultation include the Resource specialist and supervisor, Therapeutic Foster Care (TFC) Program Unit, TFC agency staff, the resource family partner (RFP) liaison supervisor, RFP agency worker and supervisor, and Permanency Planning (PP) specialist, and PP supervisor.

The process of screening-out referrals received on an open Family-Centered Services (FCS) or Permanency Planning (PP) case was created to ensure allegations that did not rise to the level of child abuse or neglect were followed-up on in a timely manner. This process ensures behaviors or actions reported are addressed and that support services are offered to the child or person responsible for the child (PRFC), as needed.

When a report of child abuse or neglect is received and subsequently screened-out with the reason of "Refer to Assigned FCS/PP Specialist", the Hotline child welfare (CW) specialist must send same day notification by email to the assigned specialist, supervisor, and district director of the open FCS or PP case notifying them that the report was received and requires their follow-up.

Role and Responsibilities - Preparing for the Screened-out Consultation

- Upon receipt of a notification that the referral was screened-out to be addressed by **FCS/PP, the PP or FCS CW specialist** is expected to review the new report, including reading the report's narrative, contacting the reporter, and reviewing CW history.
- The **CW specialist** must initiate contact with the alleged victim and a PRFC **within 5-business days** from receipt of the Hotline CW specialist's email notification. When known, the reporter of the screened-out report must be contacted for additional information. Contact with the alleged victim, other children in OKDHS custody in the home, PRFC, reporter, and any other additional collaterals with pertinent knowledge to the report is documented in the KK case associated with the open FCS or PP case. The contact must be clear that the behaviors or actions reported were addressed with all pertinent parties and includes any action steps or resolution regarding the reported issue.
- **When the PP or FCS** specialist gathers the required information and determines an investigation is warranted, the specialist contacts the Hotline directly and requests the initial referral be assigned.
- The **resource supervisor, TFC Program Unit, or RFP liaison supervisor** reviews the screened-out referral on the resource home **within 2 business days** of being received to determine if immediate action is required.
    - When there are concerns that the referral was inappropriately screened out or a conflict exists on how to precede, the **resource supervisor** staffs with the field manager, the RFP agency director, and the district director for further review.
    - When a duplicate screened-out referral is received, the **resource specialist** staffs with his or her supervisor to determine if another screened-out consultation is required. When it is determined that all concerns can be addressed, including any new information from the duplicate referral, only one screened-out consultation is held. The screened-out consultation is documented in both screened-out referrals.

- The **resource supervisor, TFC Program Unit, or the RFP liaison supervisor schedules** and conducts a conference call with all required participants **within 10 calendar days**.
- Each participant reviews the information available on the foster home, including all previous referrals, whether screened out or accepted, and/or investigations prior to the scheduled staffing.

Role and Responsibilities - During the Screened-out Consultation

- Participants:
  - review all previous referrals and/or investigations on the resource family in their totality;
  - identify any safety issues in the home;
  - review placement decisions for each child currently in the home;
  - assess if additional supports are needed by the family or child(ren);
  - evaluate if PP needs more frequent contact with the child(ren);
  - assess the resource family's knowledge of each child's behaviors and the required supervision needs and the ability/willingness of the resource family to meet each child's need;
  - determine if a policy violation occurred and if a written plan of compliance (WPC) is needed; and
  - establish each child welfare specialists or RFP workers role and responsibilities.
- Participants develop a plan to address the needs of the resource family and/or child(ren) identified during the staffing. The plan includes:
  - all resources necessary to meet the identified needs;
  - party responsible for each task required to address the identified needs;
  - time frames for plan implementation and monitoring.
- When a WPC is not sufficient to address the identified concerns, the resource supervisor arranges for an additional staffing to be held **within 2-5 calendar days from the completed screened-out consultation**. The participants include the PP specialist and supervisor, Resource specialist and supervisor, field manager(s), RFP agency director, and the district director(s) of both the PP case and the resource.

Role and Responsibilities - After the Screened-out Consultation

- The resource specialist, TFC Program Unit, or RFP liaison supervisor documents the screened-out consultation in both the referral and the resource, choosing "Screen-out Consultation" from the picklist. This will populate an “associated referrals” pop-up box, from which all appropriate referral(s) should be selected. Multiple referrals may be selected if the screened-out referral was received within 10 days of the staffing and the consultation will address the concerns from each referral.
    - When the referral(s) is restricted, the KIDS Helpdesk is contacted for assistance.
    - The referral number(s) associated with the consultation is documented in the contact.
- The PP specialist documents the screened-out consultation in the open KK case and includes the referral number(s) associated with the consultation in the Contact.
- The designated specialists provide the resource parent(s) with the information, supports, and resources required to meet the needs identified at the consultation, ensure resource parent(s) have access to them, and provide ongoing support.
- Documentation should include any decisions made during the screened-out consultation involving a policy violation, WPC, resource alert, and/or home closure.

10-Day Staffing Guide

Oklahoma Administrative (OAC) 340: 75-3-410 and 75-7-94

Upon assignment of an out-of-home investigation, Child Protective Services (CPS) sends a calendar invite to all required 10-day staffing participants to schedule the staffing within **10- calendar days**. The 10-day staffing is designed to utilize the perspective of each child welfare (CW) specialist involved with the child(ren) in the custody of the Oklahoma Department of Human Services (DHS) and the resource family concerning the dynamics in the resource home, maltreatment in the resource home, protective capacities of the resource parent(s), history of alleged maltreatment in the home, and possible trauma triggers for the child(ren) to make an informed decision about whether it is safe for the child(ren) to remain in or return to the resource home.

Preparing for the 10-day staffing

- Required participants include:
  - CPS specialist and supervisor;
  - PP specialist(s) and supervisor(s) for all children in the home;
  - adoptions specialist(s) and supervisor(s) for all children in the home, when applicable;
  - adoption transition(s) specialist and supervisor(s), when applicable;
  - district director(s);
  - resource specialist and supervisor;
  - field manager(s);
  - resource family partner (RFP) liaison and supervisor;
  - RFP agency worker and supervisor;
  - Therapeutic Foster Care (TFC) Program Unit, when applicable; and
  - tribal worker or DHS Tribal Program staff, when applicable.
- Each participant reviews the information available on the resource family, including all previous referrals, whether screened out or accepted, and investigations.
- Decisions about whether the resource parent(s) can continue safely caring for the child(ren) in the home during the investigation are made by the CPS specialist and supervisor, PP specialist(s) and supervisor(s), adoptions specialist(s) and supervisor(s), adoption transition(s) specialist and supervisor(s), and resource specialist and supervisor beginning when the allegations are reported and continuing until the investigation is complete.
  - The resource is not available for new placements until sufficient information is available for a recommendation regarding the allegations.
  - When evaluating if the child(ren) remains in or returns to the resource home, the CW specialists take into consideration:
    - ✓ if abuse and/or neglect occurred;
    - ✓ resource family's pattern of alleged maltreatment to both resource and biological children
    - ✓ the protective capacities exhibited by the resource parent(s); and
    - ✓ if the resource home will remain open.
  - ***If the child(ren) is removed during the investigation and was placed in the resource home for more than three months***, the PP specialist:
    - ✓ hand delivers a copy of Form 04MP014E, Notice of Child's Removal from Out-of- Home Placement, to the resource parent(s) no less than five-judicial days prior to removal or, if the removal is due to an emergency, at the time of the child(ren)'s removal; and
    - ✓ completes Forms 04KI025E, Change in Placement Notification for Child's Attorney, and 04KI026E, Change in Placement Notification for the Judge, no more than one-business day after the child(ren) is placed.

During the 10-day staffing:

- Participants discuss:
  - the resource home's child welfare history including past WPCs, screened out referrals, referrals accepted for investigation and any pending law enforcement action;
  - each child's behaviors and required level of supervise on and the resource family's ability and willingness to meet those needs;
    - ✓ any pending companion referrals;
    - ✓ the resource home's safety;
    - ✓ each affected child's placement; and
    - ✓ changes to the current plan for the child(ren)
  - will develop a support plan to address any identified needs of the resource family and/or child(ren). The plan includes:
    - ✓ all resources necessary to meet the identified needs;
    - ✓ CW specialist or RFP worker responsible for each task required to address the identified needs; and
    - ✓ time frames for plan implementation and monitoring.
  - determine whether any policy violations are present and if there is a need for a Written Plan of Compliance (WPC) and, if necessary, develop a WPC and monitoring plan.
  - establish the roles and responsibilities of each CW specialist throughout the investigation's course and at the investigation's conclusion, taking into consideration the investigation's anticipated findings and/or any policy violations.

After the 10-day staffing:

- The CPS specialist documents the staffing results in Form 04KI1003E, Report to District Attorney, and the KIDS Assessment of Child Safety 10-day Staffing Investigation Screen.
- The resource specialist documents the staffing results in the KIDS Resource case.
- The PP specialist documents the staffing results in the open KIDS PP case.
- A recommendation about continued use of the resource home is made by the CPS specialist and supervisor, PP specialist and supervisor, and resource specialist and supervisor once sufficient information to make a recommendation is available. The district director(s) and programs staff from Foster Care and Adoptions, TFC, Tribal, Specialized Placements and Programs Unit, Developmental Disabilities Services, and CPS are available for consultation when needed.
- If a decision is made to not return the child(ren) to the resource home, the PP specialist immediately:
  - notifies the resource parent(s) of the decision by phone; and
  - provides the resource parent(s) with the placement plan and Form 04MP031, Notice of Decision Not to Return Child After Investigation, within three-business days.
- The CPS specialist makes a finding as to the allegations of abuse and/or neglect within 30- calendar days from the date the report is received and documents all investigative findings on Form 04KI1003E, Report to District Attorney.
- The CPS specialist provides copies of Form 04KI003E to the PP and/or adoption specialist(s), and ATU specialists when involved, and the resource specialist, so they may address any needed actions, such as a WPC and/or follow- up with the resource home support plan.

Guide to Preliminary Inquiry and Injury Screens

Oklahoma Administrative Code (OAC) 340: 75-3-130, 75-3-200, 75-3-400, 75-6-40.3, 75-6-88

Children commonly suffer bumps, bruises, scrapes, and other injuries related to normal childhood play and development. When the child welfare (CW) specialist is notified or made aware of injury to a child in an open Permanency Planning (PP) case or Family-Centered Services (FCS) case, including a child placed in trial reunification or in an Interstate Compact on the Placement of Children (ICPC), but the injury is consistent with normal childhood play and development and there is no suspicion of abuse, neglect, or maltreatment, then the CW specialist and supervisor may utilize critical thinking skills to determine if a preliminary inquiry or referral is not necessary. When the reported physical injury and cause of the injury is unexplained, the report may be managed as a preliminary inquiry.

Preliminary Inquiries

A preliminary inquiry may be conducted by the CW specialist responsible for the child **within 23-hours** of receipt of the report of abuse, neglect, or physical injury to a child in an open PP or FCS case, including a child placed in trial reunification or in an (ICPC). This may include referrals where the alleged perpetrator is someone other than a person responsible for a child's (PRFC) health, safety, or welfare, so a determination can be made whether or not the abuse, neglect, and/or physical injury can be attributed to the PRFC's failure to protect the child.

- When a referral alleging abuse and/or neglect or reporting physical injury to a child is made through the Department of Human Services (DHS) Child Abuse and Neglect Hotline, the CW specialist entering the referral and his/her supervisor evaluate if the referral may be managed as a preliminary inquiry and forward the report to the CW specialist responsible for the child.
- When an allegation of abuse or neglect or report of physical injury to a child is received from a source other than the Hotline, the CW specialist responsible for the child conducts a preliminary inquiry within 23-hours of receiving the report or notification.
- When injury to a child is reported to the CW specialist and
    - the age of the child and location of the injury does not meet any of the criteria required to seek an examination or consultation with a medical professional;
    - the explanation provided is consistent with normal childhood play and/or development;
    - documentation of the injury is provided from a medical provider, school, or child care facility;
    - no abuse or neglect is suspected;
        - ✓ **then** the CW specialist documents the injury on the Injury screen under the Client tab of the injured child and no referral is needed. See the Injury Screens Guide for further clarification and instruction.

Conducting the Preliminary Inquiry:

- The CW specialist observes the alleged injury or injuries and takes photographs using only a DHS- issued device or obtains photographs taken by law enforcement, when applicable.
    - Photographs of the injury are stored and labeled in the KIDS File Cabinet of the appropriate KK case **within two-business days** of receiving the report or referral.
    - Photographs are deleted from the DHS-issued device after placing in the KIDS File Cabinet.
- The CW specialist conducts interviews with the child, adult witnesses, and the person(s) providing direct care for the child at the time the injury allegedly occurred.

- If the injury is ***unexplained but appears to be consistent with normal childhood play and/or development***, the CW specialist may utilize critical thinking skills and staff with their supervisor to determine if the child needs to be examined by a medical professional.
    - The staffing and decision to not seek a medical examination or consultation must be entered in the KIDS Case Contacts screen.
- If the injury is ***unexplained and does not appear to be consistent with normal childhood play and/or development or if the explanation provided for the injury is implausible***, the CW specialist may seek an examination or consultation for the child with a medical professional.
- The CW specialist is ***required to seek an examination or consultation with a medical professional*** if the injured child meets any of the criteria:
    - a child 5 years old and younger or a child with a perceived or diagnosed physical or developmental disability has any unexplained injury that is not consistent with normal childhood play or development;
    - a child 5 years old and younger, or a child with a perceived or diagnosed physical or developmental disability, has a broken bone or fracture;
    - a child of any age with an implausibly or unexplained bruise or injury to the head, face, ears, neck, stomach, or genitals; or
    - a bruise, burn, or fracture in a child of any age who is not able to walk.

Completing the Preliminary Inquiry:

- The CW specialist who conducted the preliminary inquiry documents all information related to the injury on Case Contacts screens of the appropriate KK case **within two-business days** of receiving the referral, report, or notification.
- The CW specialist who conducted the preliminary inquiry documents information justifying the screen-out disposition in the referral contact screen within 23-hours of receiving the referral. The CW specialist conducting the preliminary inquiry reports the results to the Hotline.
    - Based on the information provided, the Hotline evaluates whether to screen the report out as an accidental injury or assign it as an investigation.
    - When information included in the report indicates a rules violation by the resource home occurred, the Hotline sends notification to the Resource Unit so the violation can be addressed.
- If medical treatment was sought or required for the child's injury, the CW specialist prints the Notice of Injury (Form 04KI081E) from the KIDS report screen to inform the parties of the nature of the injury, the date the injury occurred, and the medical care provided or planned to meet the child's needs. The CW specialist must send a copy of the Notice of Injury to:
    - court of jurisdiction;
    - child's parents;
    - each parent's attorney;
    - child's attorney;
    - district attorney or assistant district attorney;
    - court-appointed special advocate (CASA) or guardian ad litem (GAL), when applicable; and
    - tribe, when applicable.

pr ng njury egedly

- If the report or notification was received from a source other than the Hotline, the district director or field manager must review all information collected to make an informed safety decision and determine if a referral to the Hotline is necessary.
    - If the CW specialist conducting the preliminary inquiry observes an injury to the head, face, face, ears, neck, stomach, or genitals or a burn or fracture to a child 5 years old and younger or a child of any age with a perceived or diagnosed physical and/or developmental disability, a referral to the Hotline is made unless the CW specialist and their supervisor consult with the assigned district director or field manager.
    - The district director or field manager is required to review all necessary information to make an informed safety decision and determine if a referral needs to be made to the Hotline.

- Examples of situations in which a preliminary inquiry or referral may not be necessary include, but are not limited to:
    - An 11-month-old learning how to walk falls and bumps their head.
    - A two-year-old is bitten by another child while at daycare.
    - A 7-year-old learning to ride a two-wheel bike falls off and sprains their wrist.

Injury Screen

If the CW specialist and supervisor determine a preliminary inquiry or referral is not necessary but the injury is something other than a minor scrape and/or bruise, the CW specialist needs to complete the Injury screen under the injured child's Client tab in the open KK case. The CW specialist completes the following process and enters the information gathered in the Injury screen within **two (2) business days** of being notified or made aware of the injury.

- The CW specialist observes the alleged injury or injuries and takes photographs using only a DHS- issued device and/or obtains any photographs taken by the placement provider(s), school and/or childcare personnel, or other party, when applicable.
  - Photographs of the injury are stored and labeled in the KIDS File Cabinet of the child's KK case.
  - Photographs are deleted from the DHS-issued device after placing in the KIDS File Cabinet.
- The CW specialist conducts interviews with the child, adult witnesses, and the person(s) providing direct care for the child at the time the injury allegedly occurred.
  - If the CW specialist witnessed the event that caused the injury or injuries and no abuse or neglect was perpetrated, a referral or preliminary inquiry is not necessary and the CW specialist includes his/her account of the events on the Injury screen.
  - Any documentation provided by adult witnesses or persons providing direct care for the child at the time the injury allegedly occurred, such as incident or injury reports from a school or childcare facility, are stored and labeled in the child's KK case KIDS File Cabinet.
- The CW specialist is ***required to seek an examination or consultation with a medical professional*** when the injured child meets any of the following criteria:
  - a child 5 years old and younger or a child of any age with a perceived or diagnosed physical or developmental disability has any unexplained injury that is not consistent with normal childhood play or development;
  - a child 5 years old and younger or a child with a perceived or diagnosed physical or developmental disability has a broken bone or fracture;
  - a child of any age with an implausibly or unexplained bruise or injury to the head, face, ears, neck, stomach, genitals; or
  - a bruise, burn, or fracture in a child of any age who is not able to walk.
- When the injury is ***unexplained but appears to be consistent with normal childhood play and/or development*****,** the CW specialist may utilize critical thinking skills and staff with their supervisor to determine if the child should be examined by a medical professional.
  - The staffing and decision not to seek a medical examination or consultation must be entered in the KIDS Case Contacts screen.
- If medical treatment was sought or required for the child's injury, the CW specialist prints Form 04KI081E, Notice of Injury from the KIDS report screen to inform the parties of the nature of the injury, the date the injury occurred, and the medical care provided or planned to meet the child's needs. The CW specialist must send a copy of the Notice of Injury to:
  - court of jurisdiction;
  - child's parents;
  - each parent's attorney;
  - child's attorney;
  - district attorney or assistant district attorney;
  - court-appointed special advocate (CASA) or guardian ad litem (GAL), when applicable; and
  - tribe, when applicable.

Resource Alert

Oklahoma Administrative Code (OAC) 340:75-7-94

Alert messages are used to notify specialist and supervisors of specific case information. This specific alert message notifies all permanency planning specialist and supervisors that have a child placed in the foster home of a specific concern pertaining to that home. The alert will remain until the resource specialist has resolved the alert in the resource contact screen.

Purpose

- A resource alert is a notification system for shared communication when an issue or concern in the resource home requires follow-up or ongoing monitoring.
- When a resource alert is entered, a notification in KIDS is sent to the resource specialist, resource supervisor, permanency planning specialist, and permanency planning supervisor.
- A child's assigned CPS/PP staff can identify potential concerns that require ongoing monitoring and request a resource alert be added.
- Each child's assigned specialist and the resource specialist are responsible for continual monitoring of concerns in the resource home.
- A resource alert is not completed for compliance issues, such as not returning paperwork or completing in-service training hours. A resource alert is related to safety and risk.

Importance

- A resource alert enhances effective communication among programs regarding a child's safety in a resource home.
- The alert allows each child's assigned specialist and the resource specialist to share information regarding an issue or concern related to risk to the child. This is important, as each specialist has different conversations, observations, and experiences when interacting with the resource family.
- The alert is entered the same business day a concern is identified and increases timely communication to all specialists in the home.
- When risk in a resource home is not monitored or alleviated, there is a greater potential for maltreatment in the resource home.

Person responsible for entering the alert

- The resource specialist is responsible for entering the alert and resolving the alert.

Information that is included when entering a resource alert

- When an alert is entered, the resource specialist includes all information known about the specific issue or concern. It is important to document critical thinking related to why the concern requires ongoing monitoring and how it could impact a child's safety if not monitored or alleviated.
- It is critical that the resource specialist outlines the specific type of required ongoing monitoring for the alert. Examples of ongoing monitoring include but are not limited to: additional phone contact or visits in the home, referral to services or resources, assessment of who is providing care for the child outside the resource home, and assessment of a person frequently visiting the resource home.

When to enter resolutions in the alert

- A resolution can be entered when the need for follow-up or ongoing monitoring was alleviated.
- When multiple alerts were added, a resolution should not be entered in KIDS until all issues requiring ongoing monitoring have been resolved.
- Communication between each child's assigned specialist and the resource specialist should occur and establish agreement of the resolution prior to the resource specialist entering it.
- A resolution outlines all specific follow-up and monitoring completed to address the concern. It is important to document critical thinking related to changes in the resource home, how the concern was alleviated, and why it no longer poses risk to the child.

Examples of alerts

- Resource parent is under a high amount of stress and needs additional support
- A person who is not a household member is at the home each time a worker of any type visits the home
- A resource parent is a party to some type of criminal action that did not warrant automatic closure of the home
- A resource parent is experiencing a financial strain
- A specialist observes possible safety risks in the home, such as excess clutter, renovations, or safety precautions not in place, such as a lack of baby gates, outlets not covered, cleaning supplies within reach, or medication within reach
- A resource parent has a history of substance abuse
- A resource parent has family that is identified as unsafe, and is not to be around children.

AOCS Six Key Questions – Foster Care & Adoptions (FC&A) Guide

FC&A trainings and coaching focuses on processes critical to child safety, such as the RFA review, records checks, initial kinship evaluations, annual updates, and reassessments. These processes gather information that is parallel to the six key questions of the AOCS. However, FC&A assessment tools and forms are utilized to document this information. It may sound confusing to resource staff when guidance states "all CW staff discusses the six key questions of the AOCS" during all contacts with resource families.

This is an ad hoc guide to explain what is meant when program staff or leadership say "all CW staff discusses the six key questions of the AOCS" during contact with resource families, outlining how each of the six categories of information gathering pertains to their required contacts (monthly calls, quarterly visits, annual updates).

- **Maltreatment** – FC&A staff assess for continued instances of maltreatment during discussions surrounding how placement is going and any struggles the child or family has experienced during placement. The resource specialist reviews and understands the past CW and criminal history for the resource home, including 10-day staffing's, SOC, Injury documentation, and WPCs, for the placement. Resource specialists thoroughly assess the history of all household members, including children, and understand how the family typically functions. This assists in gauging how the child has responded to the placement and how the providers are responding as well.
  Are there any issues that could lead to subsequent maltreatments? Are risks or needs present for anyone in the home? Have there been changes in the home? When these are left unaddressed, there is a higher risk for additional maltreatment. The "maltreatment" section would be covered in a way that thoroughly assessed general family functioning. This would identify any concerns or risk factors present based on the correlating information gathered from the rest of the six key questions. It could be related to many factors such as medication administration, treatment of the child, discipline, supervision, needs being met, stress, etc. Maltreatment would address concerns, such as 1) what risks were discovered for whom and when, 2) how it is manifesting or presenting in the home currently, 3) what does it look like?

- **Circumstances** – FC&A staff assess circumstances by gathering information behaviorally speaking for each person in the home. This is accomplished by discussing any changes, new circumstances, or additional information obtained. This includes the "ins and outs" of daily routines, attitudes, feelings, judgments, problem solving/response, etc. This relates to what the operations currently look like in the home and why. If there were any factors discovered related to maltreatment or heightened risk, what are the "who, what, where, when, and why" of that risk or maltreatment? Think in terms of underlying or contributing factors. What are the behaviors of the children placed in the home, as well as how transitions have gone since placement or any other major changes? Both of the first two key questions may intertwine with one another and should be built upon the rest of the information gathering process.

- **Child functioning** – FC&A staff assess child functioning by exploring how each child in the home is functioning, adjusting, transitioning and interacting with other household members. Assessment should glean information about how each child interacts with other children in the home and if the children's behaviors together cause any barriers or stress to the PRFCs. We need to understand each child's specific needs and what well-being looks like for each

individual child on a continual basis. (The CPS specialist initially assesses and FC&A staff continues to assess as placement transitions and dynamics in the home change). This will help determine if the child's needs are continually met and to what capacity. What are each child's **emotional**, **behavioral**, and **physical** need? Evaluating and documenting each child's unique needs in a detailed way will help to confidently determine if poor parenting or risk for abuse or neglect is present. Has the emotional, behavioral, and physical need changed while in placement? If so, how and why? Painting a picture of how each child is at risk or is not helps justify OKDHS decisions. How does information learned about a child compare to information previously known about the child? Is information consistent with what all parties are saying? Is it consistent with what we already knew about the resource parent's own children from the original RFA, annual updates, reassessments, monthly contacts, quarterly visits, overfills, WPCs, SOC, and 10 day staffing's. Are there discrepancies that need clarification?

- **Discipline** – FC&A staff assess discipline by gathering information to gauge the foster parent's understanding of developmentally appropriate discipline and what discipline will look like as the child ages or trauma responses set in. What does emotionally and developmentally appropriate mean? To assess discipline, the resource specialist should refer back to Guiding Principles training required for resource parents to ensure understanding of the material. Ask resource parents questions similar to what that guidance advises them to do; incorporate this in monthly and quarterly discussions about discipline. It is critical for the resource specialist to gauge the resource parent's ability to apply learned techniques with children. Referencing what is known from the original RFA, references, annual updates, reassessments, addendums, monthly contacts, quarterly visits, WPCs, SOC, 10 day staffings and CW history, FC&A continually ask ourselves if what we are learning in our current discussions fits with previous information. Is current information reported by the resource parent consistent with what was told in the past? Is it consistent with what each child stated? In what ways does the resource parent struggle with discipline? Why is discipline used? What type of discipline is used? Are discipline methods successful? Why or why not? It is not enough to just ask about discipline; staff must understand and paint the whole picture about what it looks like and how it changes over time. Is everyone's account of discipline consistent? Any discrepancies must be address, because to leave it unaddressed is unacceptable.

    - **Example**: It is not adequate to only know a child is disciplined with time out. The entire picture needs to be described. When is time out used? How often is it used? What amount of time a child is in time out? What does it look like? Does it work to correct behaviors? Is it used to punish or teach and what does that entail? Is it always used? Is it ever different? Is it the same for all children? Why or why not? After gathering enough details to determine how time out is used with this specific resource parent and child, critical thinking is used to determine if the resource parent or child needs additional support.
    - **Example:** If time out is used for a child 2 years of age throwing tantrums, what does a tantrum look like? Is it normal for their age? Throwing fits, crying, kicking, flailing, etc. is how most normally developed, healthy and nurtured toddlers communicate their discomfort and dislikes. Is the child being punished for that? Does the resource parent realize that? Also, even some 3 – 6 year olds may present similar behaviors because trauma affects development and many children can be emotionally delayed. Are these the types of discussions occurring about discipline?

Most parents discipline on a continuum from minor to severe. What does that look like in this home for each child? It is important to ask resource parents to explain typical discipline for something minor versus something severe. Having a deep conversation with each adult that disciplines the child helps determine if discrepancies are present. It is not enough to hold a deep discussion regarding discipline initially. At each monthly and quarterly contact, staff should ask how discipline went in the previous month. Did anyone get in trouble for anything? What did it look like and is it consistent with what was previously described? Are they exercising the Guiding Principles techniques? Why or why not? What is difficult or helpful about it? Is the child's CW specialist assisting with support or does the resource parent need additional support to be successful? Has the foster parent received additional training regarding discipline, such as Trust-Based Relational Intervention or Parent Child Interaction Therapy? Is additional training needed currently?

- **Parenting** – FC&A staff utilize the original RFA, references, annual updates, reassessments, addendums, monthly contacts, quarterly visits, WPCs, SOC, and 10-day staffings to learn about a resource parent(s) unique parenting style, skills, abilities and needs. This is especially important for relating to each child. The child's behaviors and needs vary so it is crucial to understand how the resource parent addresses and meets the child's unique needs. In assessing Child Functioning, each child's individual needs are learned and assed with their well-being. In parenting, the specialist is evaluating how those needs and well-being are being met. How does the resource parent respond to the child's emotional, behavioral, and physical well-being? How does that compare to what is learned from history, as well as what each child states? If there are discrepancies in what resource parents and a child report, this is communicated to the child's CW specialist and a plan is developed to address concerns. Does the resource parent utilize informal caregivers, alternate caregivers or respite to assist with providing care when a break is needed? This information should also include assessing the resource parent's judgment regarding additional caregivers. With reasonable and prudent parenting, additional caregivers do not need to be approved by DHS. How is the risk of maltreatment when others visit the home or help care for the child being assed? Is the resource parent bridging with the biological parent(s)? Is this in accordance with the visitation plan and safe for the child? Do the bridging efforts support the case plan goal for the child to achieve permanency as quickly as possible?

- **Adult Functioning** – FC&A staff utilize past CW and criminal history, references, the original RFA, annual updates, reassessments, addendums, monthly contacts, quarterly visits, WPCs, SOC, and 10 day staffings to build a picture of past and current functioning for each adult in the home. Do they have a history of trauma and resiliency? During ongoing assessments, staff asses' current needs, stressors, barriers, apprehensions, strengths, supports, thoughts, feelings, etc. How is the resource provider(s) able to cope with the circumstances and dynamics in the home? Are coping skills verbally reported or observed? Is reporting consistent with information learned from the children, collaterals, and other CW specialists? Using the information already known regarding each adult in the home, staff assesses and asks questions to determine if coping skills or dynamics in the home are changing. If so, how and why? What is the quality of relationships they have with others in the household and outside of the household? Is there a change in relationship status or significant other? Each program specialist continually assesses and documents information regarding the quality of relationships in the home, including family violence and domestic violence. What does each relationship look like for the resource parent? Is the resource parent physically healthy and able to provide care and protect the child from harm? How is the resource parent incorporating self-care into their routine and addressing stress to avoid burnout?

***Guidance on information gathering process:*

When a thorough and accurate picture was gathered that tells the story of how a family is functioning, ensuring safety, and meeting the children's needs, subsequent documentations integrates what is already known. Each contact is not a repeat of previous contacts, but rather a continuation and summary that shows consideration and acknowledgement of the previous assessments and contacts.

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
WRITTEN PLAN OF COMPLIANCE
Guidance for Form # 04AF023E

DATE

PLAN PARTICIPANT INFORMATION

Resource KIDS resource number

County Resource specialist

WRITTEN PLAN OF COMPLIANCE TIME PERIOD

Projected review dates

ISSUES OF CONCERN

Describe, in detail, the specific behaviors that are inappropriate or violate policy.

List all applicable children in placement and ages for which the WPC issues of concern/policy violations may be applicable to.

C. ACTION STEPS

Resource parent

Outline the specific actions or tasks that the resource parent must take to remediate the concern. Be sure that each step identifies which resource parent is responsible and outlines specific time fames for task completion.

These tasks should educate and develop the resource parent and identify what steps need to be taken in order to improve the resource parent's ability to maintain the child's safety, well-being, and permanency. The WPC is developed with the resource family and is specific to their needs and specific to the child in placement.

Consider the age of the child, their developmental and social needs, resources available in the community, resource parent's schedule, the culture of the child and the culture of the resource parent.

Oklahoma Department of Human Services (OKDHS)

Outline the specific actions or tasks that each specialist must complete to assist the resource family in remediation of the concern. Be sure that each step identifies which specialist is responsible and outlines specific time fames for task completion.

When completing this section, the specialist should have a corresponding step to each resource parent task or step.

D. RECOMMENDATIONS FOR USE OF RESOURCE HOME

Describe how the resource home will be utilized during the determined plan dates. This can include limits in age and number of children in placement. During the timeframe(s), what is the most appropriate way to use the home? Is the resource home unavailable for placements while completion of the WPC?

Resource parent signature	Date
Resource parent signature	Date
Resource specialist signature	Date
Child Welfare (CW) supervisor signature	Date

Review dates	Comments

ADDITIONAL ISSUES OF CONCERN

During the review, if additional concerns are identified that can be remediated in the remaining WPC timeframe, add those concerns here. Following the previous instruction for creating action steps for the resource parent and resource specialist.

If the new identified concerns cannot be remediated during the remaining WPC timeframe, then the specialist should staff with their supervisor about opening an additional WPC.

ACTION STEPS

Resource parent

OKDHS

G. RECOMMENDATIONS FOR USE OF RESOURCE HOME

If new concerns were added, update the recommendations for use of the home.

H. WRITTEN PLAN OF COMPLIANCE TIME PERIOD

Review dates	Comments

RESOLUTION

Action steps

Resource parent

Detail the steps that the resource parent completed, what they learned, and how they are using this knowledge to parent differently.

OKDHS

Detail the steps that the DHS or agency specialist completed.

Revised recommendation

Describe how the resource home will be utilized going forward. This can include changes in age and number of children in placement. Can the resource parent continue to care for the ages and number of children that they prefer? Does there need to be an adjustment to the ages or number of children that the resource parent can care for? Do you recommend continued use of the home?

Resource parent signature	Date
Resource parent signature	Date
Resource specialist signature	Date
CW supervisor signature	Date

Records Check Guide

The purpose of this guide is to provide direction to foster care and adoption staff as they complete records checks for applicants and adult household members, including individuals assessed through the alternate caregiver process. Each record found must be discussed with the individual and documented. **Only information that has been verified as belonging to the individual is listed on the records check.**

****Remember that the records check will be provided to the contractor that completes the RFA. Information documented on the records check must be clear, concise, and easy to understand. **DO NOT** include reporter names/relationship.*

INFORMATION MANAGEMENT SYSTEM (IMS) CHECK

- IMS is searched for each applicant or adult household member to determine services they are actively receiving or have received in the past through OKDHS. These services may be through the following programs: Temporary Assistance for Needy Families (TANF), Child Support Enforcement (CSE), Supplemental Nutrition Assistance Program (SNAP), Social Security Administration (SSI/SSP), Medical, Energy Assistance, etc. Records are searched by each last name and also by social security number. For assistance with screens and codes in IMS, please refer to pages 7 – 34 of the Child Welfare Services Search Guide "Back to Basics."
- Child abuse and neglect records were maintained on IMS prior to the KIDS system (also known as pre-KIDS.) Any child abuse or neglect history prior to 1995 may also be on IMS. When searching IMS, pre-KIDS history will be listed as KT, KC or KW cases. For assistance with navigating the screens and codes of pre-KIDS history in IMS, please refer to pages 35 – 92 of the Child Welfare Services Search Guide "Back to Basics."

CHILD WELFARE INFORMATION

- A child welfare history search is completed for each applicant and adult household member. Searches include all last names and social security number provided by the individual. Child welfare searches are completed through the KIDS system by utilizing the "Search" button, then the "Find" button, and selecting the following check boxes on the left side: KIDS client, KIDS resource, and KIDS organization. All matches received for the individual must be thoroughly reviewed and documented, including records as a child. This includes both accepted and screened-out referrals, as well as KK cases. If a screened-out referral is found, the screened-out consultation contact is reviewed.

  ****If a child welfare case is archived, a request must be made for the archived file. Requests are made through Finance Applications on the Infonet, under "Archived Records Tracking". It is not appropriate to list the case as archived on the records check without adding further information after the archived records are received.*
  ****Any restricted referrals or KK cases must be reviewed. Contact your assigned supervisor and field manager to access any restricted information.*

Child welfare history and the applicant's explanation are documented in the following format:

- Month/Day/Year, KK case/Referral number, Allegations, Applicant's or household members role, findings, and a brief summary of the information found in the referral or KK. The summary does not include any reporter identifying information. Do NOT copy and paste the DA report.

Examples:

- 2/15/2009 KK20045367 Referral # 198273 Allegations of neglect – lack of supervision; Judy Smith listed as PRFC, Jim Williams listed as alleged perpetrator; unsubstantiated – services recommended. Judy Smith was at work and her boyfriend, Jim Williams, was watching the 2 children, ages 2 and 4, at the home. Mr. Williams is the father of the 2 children listed in the referral. Mr. Williams had worked an overnight shift and fell asleep in his recliner around 10:00 in the morning while the children were playing in the same room. While Mr. Williams was asleep, the children were able to go out the back door and walk down the street unattended. The children were found by a neighbor 4 doors down who called the police. The neighbor recognized the children and the police returned them to Ms. Smith and Mr. Williams's home. Interviews conducted with the parents reveal that this is the first time this has happened. They were willing to take additional safety precautions, such as installing a higher lock on the door and hiring a babysitter so Mr. Williams can sleep if he has to work an overnight shift again.

  Applicant's explanation: Mr. Williams stated that at the time of the incident, he had filled in for a co-worker by working the overnight shift and he typically did not work those hours. He did not expect to fall asleep in the recliner and he did not know that the children would be able to unlock the door and get out of the house. Mr. Williams was very upset by this incident and grateful that his children were ok. Mr. Williams immediately installed higher locks on the doors in the home to keep the children safe. Mr. Williams also reported that he did not work any further night shifts to prevent this from happening again. Mr. Williams learned that children are smart, even at such a young age, and can quickly get into things when left unattended. He also learned that proper supervision is highly important and understands that using additional support systems, such as a babysitter, would have been helpful during this incident. Mr. Williams did not have any further close calls with his children after this incident. Mr. Williams already has high locks installed in his new home to prevent any young children from leaving the home unattended.

- 3/1/15 Referral #178924 Allegations of neglect; Frank Simmons listed as perpetrator; screened out. Referral was called in alleging that Mr. Simmons home was unfit to live in for his 15 year old son, Junior. The reporter had not been to the home in months and did not know if Junior was living with his dad full-time. Referral was screened out as it did not rise to the level of abuse or neglect.

  Applicant's explanation: When asked if anything occurred during 2015 that might have caused someone to call in a referral regarding his parenting, Mr. Simmons reported that he did not know of anything that would have called his parenting into question. Mr. Simmons reported that during 2015, his son, Junior, lived with him every other weekend and was with

his mother the rest of the time. Mr. Simmons stated that he got along well with his son and his ex-wife, both during 2015 and currently. Mr. Simmons stated that he has never had any child welfare involvement. Worker obtained an adult child reference from Mr. Simmons son, Junior, and it was positive.

- 2/8/17 Referral #256823 Allegations of abuse – physical discipline; Foster parent Jill Taylor listed as the perpetrator; screened out. Referral was called in alleging that Jill Taylor swatted her 9 year old foster child, Tim, on the arm. No marks or bruises were reported. A preliminary inquiry was completed by the PP worker and the worker found no injuries on Tim. Both Ms. Taylor and Tim reported that the incident occurred when Tim went to reach for a pot on the back of the stove without knowing the stovetop was still hot. Ms. Taylor reached out to stop Tim from getting burned and swatted his arm away. Both Tim and Ms. Taylor reported this was the first time anything like this has happened. Tim reported that for discipline he loses privileges or is sometimes grounded from playing outside with his friends. The PP worker documented the preliminary inquiry and the referral was screened out. A screened-out consultation was held with the FC worker, FC supervisor, PP worker, and PP supervisor. All participants on the consultation stated they did not have any concerns about Ms. Taylor as a foster parent or Tim's safety in the home. There were no previous WPC's or referrals on the home and this appears to be a one-time incident.

  Applicant's explanation: Ms. Taylor provided the same information as was obtained during the preliminary inquiry that she instinctively reached out to swat Tim's hand away from the hot stove. Ms. Taylor stated that no other incidents like that happened again while she was a foster parent. Ms. Taylor that she learned that although a quick reaction was required, in that same type of situation she should call out to Tim rather than swat his hand.

Child welfare history when the individual is not a participant in the record:

When a match for an individual is received and the information is thoroughly reviewed but the individual is not listed in the record, the information is included on the records check and it is documented that the individual is not listed in the record. The summary of the record does not need to be included.

- Month/Day/Year, KK case/Referral number, Individual is not involved in record

Example 1:

- 4/18/14, Referral #012345. Referral was thoroughly reviewed by worker and Jim Williams is not identified as a perpetrator or PRFC in this referral. When asked, Mr. Williams does not recall any involvement with CW in 2014. Record may have been linked to him by mistake.

Example 2:

- 3/1/08, KK 20045368, Referral #178934. Allegations of neglect – failure to provide adequate nutrition and inadequate or dangerous shelter; Diane Jones listed as perpetrator; Andrew James is PRFC; CPS Assessment. Referral was called in alleging that Ms. Jones' 12 year old son reported he had not eaten in 3 days and his home did not have running water. Assessment was completed with no recommendations, as the home had running water and groceries when worker went to the home. Mr. James was

listed as PRFC but did not appear to live in the home. He was dating Ms. Jones at the time.

Explanation: Mr. James reports he never actually spoke with the DHS worker but was told about the worker coming to the home by Ms. Jones. He did not live in the home at that time and dated Ms. Jones for about 1 year in 2008. He did have to help her pay her water bill several times and he brought groceries to the home to help out. Ms. Jones relied on friends and family to help provide for her son but Mr. James had no concerns for her son's safety. He has not seen Ms. Jones or the child since 2008.

- 9/7/00-12/1/10, KK 20045368, Referral #456123, Ref #745874, Ref# 988154, Ref# 1564513

Mr. James was connected to this KK due to his involvement in referral #178934, as he was dating Ms. Jones at that time. Worker thoroughly reviewed all other referrals listed in this KK. He was not a participant or mentioned in any other referral connected to this KK. He was not identified as being a PRFC or perpetrator. Mr. James reported no other involvement with CW, except for the referral listed above.

Resources/Pre-resources *- Applicants and household members are searched for any previous involvement with pre-resources or resources. The main search above will pull any resources. The pre-resource search must be done under the "Resource" button and the "Pre-resource" button.*

Pre-resources and resources are documented as follows:

- Month/Day/Year of Resource/Pre-resource opening and closure and a detailed description of the closure reason, including any pre-resource reasons for denial.

Examples:

- 5/14/09 – 8/21/13 – The resource was closed because Mr. and Mrs. Boykin were giving birth to their 4th child and decided they needed to take a break from fostering. The Boykin home was compliant with all rules and easy to work with. It is recommended to re-open them in the future.
- 6/1/16-7/18/16 – PR#187392 was closed because Ms. O'Hare was arrested for assault and battery during the assessment process. Charges are still pending and police reports are in the file cabinet. If Ms. O'Hare applies again, this will need to be explored fully and the outcome of the charges obtained.

WPCs – If the applicants or household members were listed in a resource, the resource is then checked for any written plans of compliance. The written plans of compliance are fully summarized with the reasons for the WPC and the resolution. Only WPCs where the applicant or household members were participants are listed.

Example:

- The Bishop family had a WPC from 3/12/14-6/4/14. The WPC originated from concerns surrounding physical discipline in the home. Ms. Bishop spanked her grandson, Max, age 4,
on the bottom after he ran toward cars in the parking lot of the grocery store. DHS provided both online training and set up a meeting with a therapist to identify other discipline and behavior management techniques. Ms. Bishop was compliant with all requirements of the WPC and it was successfully completed.

JOLTS – any children age 13-17 must have a JOLTS check completed. JOLTS records **cannot** be searched for anyone age 18 and older. If records are found, contact the local Office of Juvenile Affairs (OJA) for more information. The search is done in KIDS, under the "Search" button, "Find" button, and then selecting the 'JOLTS' checkbox on the left side.

JOLTS records should be documented as follows:

- Month/Day/Year, County, Referral Count, Petition Count, Court Results, Disposition

Example:

- 7/18/2016, Payne County, burglary 2, burglary 2, Dismissed-Juv/Age, Dismissed

OSBI, PCX, AND DPS EXAMPLES

OSBI Example
Arrest date: 8/16/11
Charge 1: Dist of controlled substance-including possession with intent
Severity – Felony CF-2010-00261
Disposition – pled guilty to possession of controlled substance
Conviction – 4 years 0 days

Explanation: Ms. Williams reported that she was arrested with cocaine on her person. She pled guilty and spent 1 year in jail and 3 years on probation. Ms. Williams stated that was a hard time in her life and she was addicted to cocaine. She stated that she got clean in jail and still attends NA meetings each week to maintain her sobriety. Ms. Williams said that she learned to be careful about the crowd you run with and to look for other ways to take care of yourself.

PCX
DO NOT put PCX results on the Records Check. You can only list that the PCX check was completed and the date it was completed.
Example:
A Purpose Code X check was completed on 1/1/19.

DPS Example
Not currently under suspension or revocation

OTHER CHECKS COMPLETED

The public records websites are searched for each applicant and adult household member to review any criminal, civil or traffic records. A search is completed to determine if the applicant or any adult household member is, or was, a party to a court action and, if so, the disposition of the criminal charges or court involvement. **When the court records search indicates the applicant or any adult household member is named in any protective order case, a traffic case involving drugs or alcohol, or a criminal case that is not an automatic bar to the applicant being considered as a resource parent, the resource specialist obtains copies of the court information and the underlying law enforcement records.**

The following websites are searched by each last name known for the individual:

- **Oklahoma District Court Records -** http://www.odcr.com
- **Oklahoma State Courts Network -** http://www.oscn.net/dockets/Search.aspx
- **Oklahoma Department of Corrections -** https://www.ok.gov/doc/Offenders/index.html Search Offender Lookup.
- **Mary Rippy Violent Offender Registry -** https://www.ok.gov/doc/Offenders/index.html Search Sex Offender Lookup and Violent Offender Lookup.

When Documenting records found on DOC or Mary Rippy Violent Offender Registry the following Formant is used:
Name, ODOC number – Information found under sentence and facility if applicable

Examples:

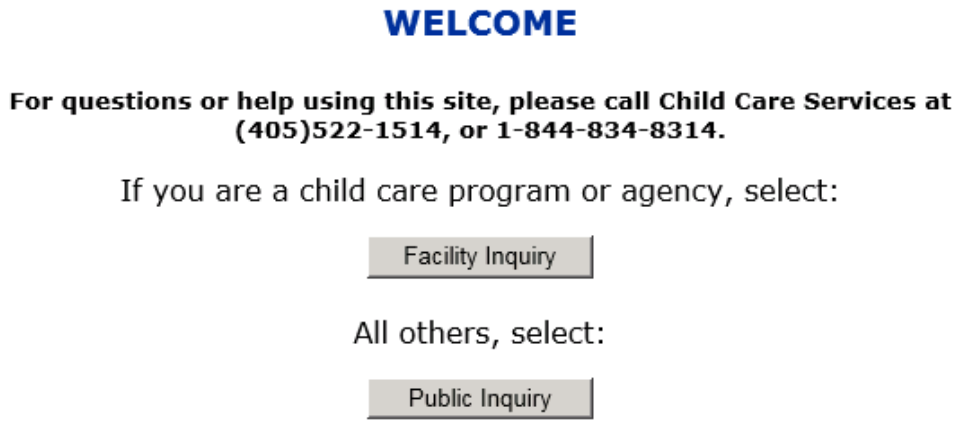
- Daniel Ross, DOC # 685432- CF 2014, Johnston County, Child Abuse by injury, 1 year suspended, start 09/02/14- End 09/01/2015, Facility N/A
- Daniel Ross, DOC # 685432 – 98-6854, Oklahoma County, Knowingly Concealing Stolen Property, Conviction: 12/30/1998, Term: 4 years, Term Code: Probation, Start 12/30/98 - End 12/29/02, Facility – N/A


Oklahoma Sex & Violent Offender Registry
Search
Notifications
Delinquents
Offender Roster
Transient Offenders
Search
Search Type
BASIC SEARCH
APPEARANCE SEARCH
OFFENSE SEARCH
MAP SEARCH
Basic Search
First Name
Last Name
Address
City
State
Oklahoma, Texas, Kansas, Arkansas, Missouri, New Mexico, No State
County
Zip Code
Search
Clear

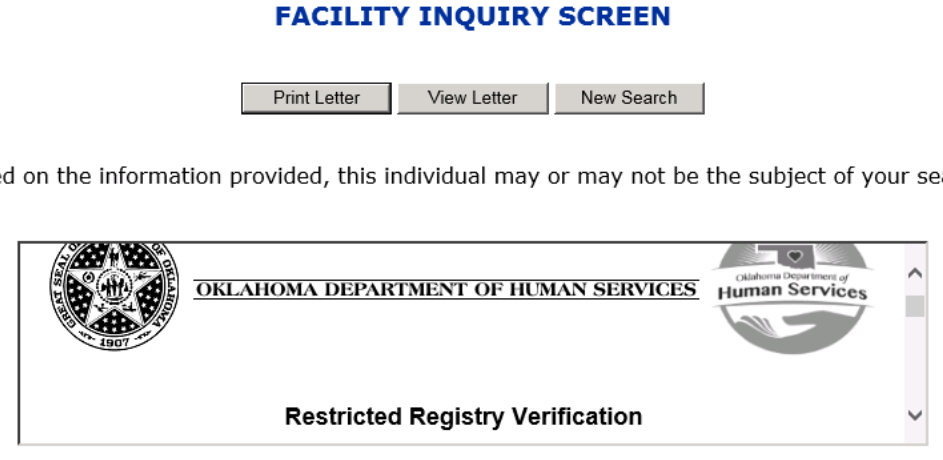
Do not include the applicant's address on these searches as it may potentially limit the search. Search using on the first and last name of the applicant.

- **Restricted Registry** - https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/

The webpage should appear as below and then select 'Facility Inquiry':

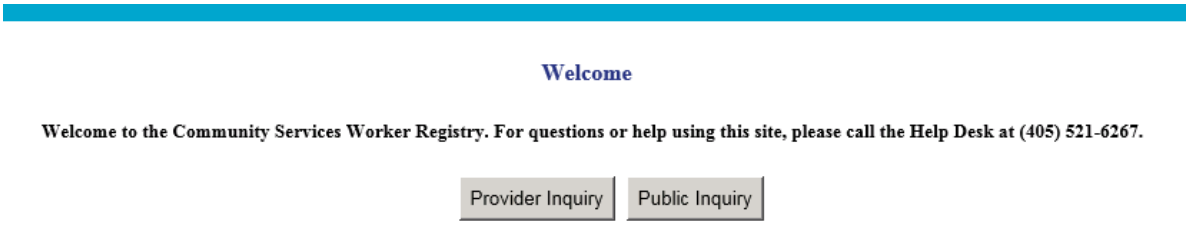


When the results populate, choose 'Print Letter' for the records check documentation



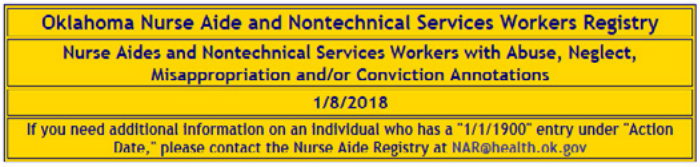
Community Services Worker Abuse Registry - https://cswrpublic.okdhs.org/cswrpublic/

- The webpage should appear as below and then select 'Public Inquiry':



- If someone is listed on the Community Services Worker Abuse Registry, contact the Foster Care and Adoption Program box (CWS.FosterCareandAdoptions.Program@okdhs.org) and someone will work with you to obtain the records from the OKDHS legal department.

Nontechnical Services Worker Abuse Registry - https://www.phin.state.ok.us/nar/
The webpage should appear as below:



Oklahoma Nurse Aide and Nontechnical Services Workers Registry

Nurse Aides and Nontechnical Services Workers with Abuse, Neglect, Misappropriation and/or Conviction Annotations

1/8/2018

If you need additional information on an individual who has a "1/1/1900" entry under "Action Date," please contact the Nurse Aide Registry at NAR@health.ok.gov

	First	Middle	Registry Flag	Action Date	Conviction Flag	Certificate Num	Test Type
EDO	KEVIN		Y	9/15/2009 12:00:00 AM		37V807680209	Long Term Care Aide
IS	ERIC		Y	1/1/1900 12:00:00 AM			

- Child abuse registry checks from other states and counties, as applicable
- When documenting records received from child abuse registry checks in other states or

Any additional local searches (such as municipal or sheriff) are not required by policy but may be completed in addition to the required searches, if available.

When documenting records found on ODCR or OSCN, the following format is used:

- Month/Day/Year, Case Number, Court/County – Case Name/Parties, Offense or Cause,
  Status of Case

Examples:

- 6/16/2014, CF-2014-65, Johnston County – State of Oklahoma vs. Daniel Arthur Ross, Child
  Abuse by Injury - Dismissed.

Applicant's explanation: Mr. Ross stated that his 1 year old son fell off Mr. Ross's bed and broke his leg. Mr. Ross stated that his son was on the bed while Mr. Ross was folding laundry and he turned his back for less than a minute to put away some clothes and his son fell off the bed. Mr. Ross was in the middle of a nasty divorce and his soon-to-be ex-wife claimed that the child's broken leg was due to abuse. Mr. Ross's ex-wife was dating a police officer at the time and pushed for something to be done and Mr. Ross was arrested for child abuse. Following a formal review by a physician, as well as an investigation into Mr. Ross and his home, it was determined that Mr. Ross did not abuse his son. The injuries were consistent with the child falling off the bed. Mr. Ross learned that children have to be supervised at all times and that young children should not be placed on high surfaces, such as a bed or couch, where they can roll or fall off. Mr. Ross reported that this was a very stressful time for him and he did not want to go through something like that again so he takes supervision very seriously.

- 4/5/2008, ML-2008-455, Carter County – In RE: The Marriage of Daniel Arthur Ross and Alicia Dawn Jones, Marriage license issued.

- 1/25/2016, PO-2016-00061, Murray County – Brenda Bates (defendant) vs. Daniel Ross (plaintiff), protective order, order of protection issued on 2/15/2016, expires 2/15/2019

Applicant's explanation: Mr. Ross stated that he had been dating Brenda Bates for approximately 2 months when suddenly she turned into a different person. Mr. Ross stated that Ms. Bates began calling him at all hours of the day, sending multiple text messages, and following him to his place of employment. When he tried to break things off with Ms. Bates, she began following him continually and leaving threatening messages. A protective order was filed by Mr. Ross because he was unsure what Ms. Bates might do to either himself or his son. Mr. Ross stated that he learned to be more selective about his dating partners and to ask more information before allowing a friend to set him up on a blind date. After this incident, Mr. Ross decided to forgo dating for a while and focus on his son.

CHILD ABUSE REGISTRY CHECKS FROM OTHER STATES AND COUNTRIES

- If an applicant or any adult household member has lived outside of Oklahoma within the last 5 years, an out of state child abuse registry check is required.
- When documenting records received from child abuse registry checks in other states or countries, summarize the information obtained. It is important to include the date the check was completed, what state or countries the check is for, and if there were records found.
- If payment is required for child abuse registry checks in other states or countries, refer to the payment protocol for Out of State Background Checks or contact CW Contracts & Claims (*CWS.CONTRACTCLAIMS@okdhs.org) for assistance with payment.

When documenting records found on DOC or Mary Rippy Violent Offender Registry, the following format is used:

- Name, ODOC number – Information found under Sentence and Facility, if applicable

Examples:

- Daniel Ross, DOC #685432 – CF-2014-65, Johnston County, Child Abuse by Injury, 1 year Suspended, Start 9/2/14 – End 9/1/15, Facility – N/A

- Daniel Ross, DOC #685432 – 98-6854, Oklahoma County, Knowingly Concealing Stolen Property, Conviction: 12/30/1998, Term: 4 years, Term Code: Probation, Start 12/30/98 – End 12/29/02, Facility – N/A

REQUESTING APPROVAL FOR CHILD WELFARE AND CRIMINAL HISTORY

- Results from all searches are documented on Form 04AF007E, Record Check Documentation Form.
- Each record found must be discussed with the individual and their explanation is documented on the form. The completed form is emailed to the supervisor for approval. OSBI, DPS, military checks,
- applicable out-of-state results, and any documents obtained for a specific charge or case, such as
- police reports, court documents or protective order affidavits, should be included with the completed records check when requesting approval.
- Each records check must be reviewed and approved by the supervisor;
- When there is concerning criminal history or CW history, the field manager is consulted regarding approval.

Background information that includes (1) physical violence; (2) sexual components; or (3) substance use or abuse must be reviewed and approved or denied by the field manager.

Staff should include a recommendation on the history approval or denial and consider the following:

- Nature and seriousness of the history
- Time elapsed since the history
- Circumstances of the history
- Degree of rehabilitation
- Safety of the child by such placement
- Result of any appeals, if applicable
- Any information obtained from the applicant's references regarding knowledge of his or her previous and current lifestyle

If supporting documents or records are unable to be obtained at the time of approval, the supervisor and/or field manager documents verbal approval of the records check in the recommendation box.

- **The verbal approval date and documents pending should also be listed. When the documents are obtained and reviewed by the supervisor and/or field manager, the supervisor and/or field manager documents the date the information was received and reviewed in the recommendation box.**
- **The supervisor and/or field manager will then sign the records check documenting final approval.**
- **Once a decision is made for approval or denial, the worker documents the decision in the pre-resource/resource contacts. The decision is documented on the form and is scanned into the pre-resource/resource file cabinet.**

RECOMMENDATION EXAMPLE

On call supervisor reviewed this records check. Mr. Johnson does not have any criminal or CW history. Mrs. Johnson has one CW referral when18 years old; however, she was not a parent to the children listed in the referral and was only listed as a PRFC because she lived in the home and had turned 18, three months prior. The parents and children listed in the referral had been living in Mrs. Johnson's parents' home for a year at the time of the referral, when the applicant was still a minor. Mrs. Johnson has had no referrals since and her references and records do not indicate she is a safety threat to children at this time.

****For more information, please refer to policy 340:75-7-15*

Reunification Guide

OAC 340: 75-6-31, 75-6-31.1, 75-6-31.3, 75-6-40.8

Whenever it is necessary for a child to be placed outside the home, the initial permanency plan is usually to reunify them with the parent or legal guardian as soon as it is safe. The following may be utilized by CW specialist to guide them through the process of returning a child to the parent's home.

Prior to Trial Reunification:

- The CW specialist staffs the case with the supervisor and evaluates the family's progress through each of the following criteria:
  - The safety threat(s) that necessitated the child(ren)'s removal are managed, minimized, or corrected.
  - The parent's protective capacities are increased.
  - A plan addressing the child(ren)'s safety has been completed and documented on the Assessment of Child Safety (Form 04KI030E).
    - ✓ The specialist assess' anyone else residing in the parents' home or frequent visitors over the age of 18, to include but not limited to finger prints/background checks, name inquiries, child welfare history reviews and their protective capacities.
  - The parent has made substantial progress on and is actively engaged in their court- ordered Individualized Service Plan (ISP).
  - The parent has demonstrated a change in the behaviors or circumstances that necessitated the child(ren)'s removal
  - Visitation is qualitatively successful and was planned, purposeful, and progressive, increasing in length and frequency throughout the life of the case.
  - The child(ren) prepared for the reunion and received support in managing their feelings about returning home and separating from the current placement provider.
    - ✓ If a child is apprehensive, indecisive, or reluctant to return home, the CW specialist seeks to address the concerns though family consultation, family meetings (FM), counseling, or any combination of the three.
- The CW specialist contacts service providers and other districts involved with the family and obtains information regarding the parent's protective capacities, behaviors, and progress in correcting the safety threats and the degree to which the parent can ensure the child(ren)'s safety in the home.
- The CW specialist in the county with court jurisdiction coordinates and conducts a (FM) prior to recommending trial reunification. The CW specialist:
  - Contacts the appropriate persons to participate in the FM.
  - Obtains input from each district providing services to the child(ren) and parent.
  - Facilitates a discussion to identify supports the family needs, addressing:
    - ✓ Safety expectations;
    - ✓ Daycare/school arrangements;
    - ✓ Child(ren)'s insurance coverage; and
    - ✓ In-home services.
  - Documents the FM in the KIDS Contacts screen no later than **30-calendar days** after the FM is complete.
  - Reports FM results to the court by attaching a copy of the FM Report (Form

04MP046E) or including a summary of the FM in the Individualized Service Plan (ISP) Progress Report (Form 04KI014E) for the court hearing following the FM.
- Scans completed FM forms into the KIDS File Cabinet.

➢ The CW specialist completes a criminal background check on any adult residing in the home who is not the child(ren)'s parent or legal guardian.
- The CW specialist must provide the adult(s) with a Notice to Individual Being Fingerprinted (Form 04MP060E) that includes a date range in which they must be fingerprinted.
- The CW specialist provides the resource parent(s) with the Notice of Removal from Out-of-Home Placement (Form 04MP014E) at least **five judicial days** prior to the child(ren) being returned to the home of the parent or guardian
- The CW specialist obtains approval from the court of jurisdiction to return the child(ren) to the home of the parent of guardian

During Trial Reunification:

➢ The CW specialist conducts monthly visits as indicated below to meet the expectations required for all new placements:
- Day of placement;
- Two additional times in the first 30-calendar days;
- Two times in the second 30-calendar days; and
- Once a month minimum in subsequent months with no more than 30-calendar days between visits

➢ The CW specialist ensures the parent(s) and child(ren) continue to receive appropriate services as needed, requested, and/or identified.

➢ The CW specialist conducts an ongoing (AOCS) at every interaction with the family.
- Any changes in the family household are updated on the Assessment of child safety
  - ✓ the CW specialist immediately notifies the court of jurisdiction, the district attorney and the child(ren)'s attorney if any changes in the household result in concerns for the child(ren)'s safety
- If a safety threat is identified at any point during trial reunification, the CW specialist assesses if the safety threat can be managed with a safety plan by evaluating:
  - ✓ The parent's protective capacities;
  - ✓ Available supports such as relatives or community resources; and
  - ✓ The parent's willingness to collaborate with Oklahoma Department of Human Services to keep the child(ren) safe

➢ The CW specialist continues to prepare Individualized Service Plan (ISP) Progress Reports (Form 04KI014E) for each review hearing to provide the court with updates on the family's progress.

➢ The CW specialist supervises trial reunification for a minimum of three months and a period not to exceed six months **unless the court enters an extension prior to the end of the six month trial reunification period**.
- If the child(ren) is determined to be safe, DHS may request the court dismiss the case and return legal custody of the child(ren) to the parent at any time after the minimum three-month period.
- **If the court enters an extension prior to the end of the six-month period, the trial reunification period must be extended to a specific date, and updated in KIDS.**

Reinstatement Reunification:

- The CW specialist may explore reinstatement of a parent's rights that have been terminated but the child meets the following statutory requirements:
  - The child is age 14 or older;
  - The child was in care for more than three years without achieving permanency;
  - The child never achieved permanency.
- In addition to meeting the above criteria, reinstatement may be considered when:
  - The child states they want their parent's rights reinstated;
  - The CW specialist conducted a home visit with the parent who expressed a desire to have parental rights reinstated.
  - The CW specialist completed:
    - ✓ A KIDS search to determine any recent child abuse and neglect history
    - ✓ An OSBI name-based background check to determine any recent criminal activity;
    - ✓ Interviews with the parent's three personal references; and
    - ✓ Completes the assessment of child safety with the parent to determine their ability to keep the child(ren) safe.
- After the CW specialist completes the above, the CW supervisor consults with the District Director and Permanency Planning Programs staff to obtain approval to proceed.
- Upon obtaining approval, the CW specialist contact's the child's attorney to discuss reinstatement.

Child Safety Meeting (CSM)

Oklahoma Administrative Code (OAC) 340:75-3-300

Child Safety Meetings, (CSM) are a mechanism to reach collaborative decisions about the child(ren)'s needs and to determine the best intervention strategy to meet the safety and placement needs of the child(ren). CSMs are a way to make a live decision with a family to engage them in the decision making process so that the best possible solution can be made, which may include placement of the child(ren) outside the home. Determining which intervention will be the best, goes hand in hand with deciding the safest placement for the child based on their needs. A CSM is to consider safety interventions with the family and reaches out to as many family and supports; this has shown to positively impact better outcomes for children and families.

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, having a monitor move in or monitor the home. It is utilized during an investigation or during the front end of an open Family Centered Service, (FCS) case for safety and placement-related decisions.

If an emergency decision had to be made and a CSM was not held it should immediately follow within at least 2 business days and before a Show Cause hearing. A CSM contact should not be documented if held more than 2 business days after an intervention was implemented. Any meeting after that timeframe would be considered a missed CSM and would not be documented as a CSM, but could be documented as a Family Meeting. A CSM should not be held more than 2 business days after the safety decision has been made, but in extenuating situations or circumstances where a CSM was missed or not held within 2 business days but did occur within a period of 5 calendar days it may be documented as a CSM if it was in keeping with the meeting guidelines described in policy and within the CSM protocol. Under no circumstances should a CSM be documented if it was held beyond 5 calendar days. If any meeting occurred after that time frame, it would reflect as a Family Meeting but would not get credit as being a CSM. When a CSM is missed, conducting a Family Meeting as soon as possible is recommended.

CSM Preparation:

- It is the assigned Child Welfare Specialist responsibility to schedule a CSM when a safety intervention is needed to keep the child safe and a placement-related decision must be made around safety. The assigned specialist is to schedule the CSM prior to the intervention whenever possible.
- The assigned Child Welfare Specialist reviews all Criminal and Child Welfare history and the current safety threat to the children and the PRFC's protective capacities, as well as any safety plan monitors in place.
    - If the child welfare specialist needs to staff any of the items that were reviewed this should be done prior to attending the CSM.
    - The child welfare specialist should be ready to articulate what the current safety threats are for the child(ren), and what behaviors need to be corrected.
- When domestic violence is a concern, 2 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 not likely that the alleged batterer and adult victim will make contact.

During the CSM:

- 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.
    - 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 Oklahoma Department of Human Services (DHS) staff participant does not feel the decision made is in the child's best interest, then a request is made for the district director to review the CSM decision.
- The CW specialist explains the CSM's purpose to the parent(s) and encourages inviting others that care about the child and/or could help keep the child safe, such as relatives, friends, or neighbors.
- The CSM aims to determine the least-restrictive, least-intrusive intervention to ensure the child is safe.
- All who attend have either the family's permission or a right to participate as members. This can include but not limited to CPS, FCS, and / PP staff.
    - A child 12 years of age and older is expected to participate in at least parts of the CSM. 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.

After the CSM

- Assigned Child Welfare Specialist is primarily responsible to implement the decision from meeting and follow up with the family on needed services or changes to circumstance
- Other participants play supporting roles.
- Facilitator documents the CSM summary and outcome are in a KIDS Case Contact by the CSM facilitator.

Additional Considerations:

In situations which present danger existed and intervention was considered or even implemented, for example through an emergency safety plan, yet the present danger was absolved prior to the CSM being held, a CSM is not required. A family meeting may still be held to discuss and explore services and any additional supports for the family, but it would be documented as a Family meeting rather than a CSM (even when conducted by CSM facilitators.) It is important to recognize, that a meeting is often still warranted especially if services are recommended; in these situations a Family Meeting is the proper way to document this. Any time a meeting is held without the effort being to determine the proper safety intervention or placement, it is not in keeping with a CSM but rather a family Meeting.

During instances where the court issues an order for placement prior to a CSM being held, a CSM should be held within 2 business days. It is preferable that a CSM be held prior to the court ordering a case transfer from court supervision to court deprived case, also prior to guardianships and/or court ordered placements. This preference is so that DHS can offer a recommendation as

to the intervention and safest placement prior to or at the court hearing or time of order issuance. Having a CSM prior to this will help determine the best recommendations. If it is not possible to have a CSM prior to these types of interventions a Family Meeting must be scheduled within 30 days.

Higher Levels of Intervention

- When there are is a higher level of intervention from a court supervision case to a court deprived case, and the children do not have a placement change, it is acceptable to not hold a CSM. A Family meeting would likely be sufficient. If the child will have a placement change due to the case change, then a CSM should be held within 2 business days.
- During situations where there was a safety plan and FCS case; however there is a requirement for a higher level of care to be issued and the child(ren) have a placement move then a CSM must be held, preferable prior to the case change, but at least within 2 business days when after. When there is no placement change for the child(ren) and they will remain in the safety plan monitor's home through kinship placement, a Family Meeting will be sufficient alongside or while incorporate any Initial Meetings and transfer meetings.
- When a virtual meeting is necessary, CWS staff and families will utilize teleconference platforms to conduct family meetings. If the family does not have access to live video or a call, then CWS staff are expected to have a face to face meeting using safety precautions. Preference is for face to face meetings but in cases where that is not feasible a virtual meeting should be conducted.

Family Meeting

Oklahoma Administrative Code (OAC) 340:75-6-31.1

A family meeting (FM) is a structured, facilitated meeting that includes parents, caregivers, relatives, child welfare specialists, tribal partners, service providers, and other culturally relevant supports to collaboratively create plans that effectively address the child's safety, permanency, and well-being.

FM Preparation

- Assigned Child Welfare Specialist reviews all Criminal and Child Welfare history and the current safety threat to the children and the PRFC's protective capacities, as well as any safety plan monitors in place.
- Assigned Child Welfare Specialist reviews all services being provided to the family and obtains current progress reports and reviews current ISP and the PRFC's progress in services, along with permanency goals, and placement options for the child(ren)
- During the Family Centered Services case the FM must be held within 10-business days after the:
    - establishment of the safety plan; and
    - the parent or legal guardian signs agreement form in acceptance of FCS.
    - within 30-calendar days following the assessment of child safety when an in-home or out-of-home safety plan is necessary.
    - Subsequent FMs may be held:
        - ✓ when moving from an out-of-home to an in-home safety plan; and
        - ✓ at case closure.
- During Permanency Cases FMs are held;
    - within 60-calendar days of the child's removal or petition filing date, whichever is earlier;
    - within 30-calendar days after the court determines reasonable efforts to reunite the child with the parent are not required;
    - a minimum of once every six months;
    - as part of the ongoing assessment process and Individualized Service Plan (ISP) development to:
        - ✓ identify barriers to the child's permanent placement; and
        - ✓ propose and implement solutions to the barriers;
    - when efforts are needed to maintain the stability of the child's current placement;
    - when a decision is made to actively implement concurrent planning or an alternate permanency plan to ensure the family understands the poor prognosis indicators for reunification and the need to identify an alternate permanent caregiver;
    - prior to reunification when a decision is made to reunify the child and the person responsible for the child (PRFC), to identify the supports the PRFC needs from the extended family to enhance child safety;
    - for every youth 14 years of age and older to develop a successful adulthood plan.
    - within 120-calendar days before a youth ages out of care.
    - before the goal of PAPP is approved by the supervisor.

- The county with court jurisdiction coordinates and conducts the FM. The CW specialist in the county of jurisdiction:
  - contacts the appropriate persons to participate as FM members for each case;
  - obtains input from each district involved when services are provided to the child and family by more than one district;
  - informs any FM member, who is unable to attend the meeting that written or verbal information from the member provided to the CW specialist at least 24 hours prior to the FM, is presented at the meeting;
  - documents the FM results in KIDS Contacts screen no later than 30-calendar days after completion of each FM; and
  - reports FM results to the court.

During a FM

- The FM's purpose is to plan and make decisions for and, involve and engage the family of the child(ren) involved with the Oklahoma Department of Human Services.
- The specialist partners with the family in the decision phase of the FM to ensure the plan achieves safety, permanency and well-being. Agency maintains responsibility if consensus cannot be found. Topics of discussion include but are not limited to;

  The current safety threats and the child's safety needs
  - The PRFC's protective capacities and what behavioral changes need to occur for case closure or the children to return home.
  - any of the child's urgent or critical medical or behavioral health needs. The CW specialist ensures that;
    - ✓ these needs are addressed immediately; and
    - ✓ the PRFC(s) and safety plan monitor(s) follow-up on these needs
  - determine the family's appropriate service needs
  - develop a visitation schedule for the child and child's family when an out-of-home safety
  - sibling separation
  - case plan goals
  - developing plans for teenage youth
  - needing higher levels of care/or intervention
  - ISP
  - placement and Kinship options
  - identify the family's concrete needs that may be met through:
    - ✓ referrals to community-based agencies that provide financial assistance; or
    - ✓ the use of Oklahoma Department of Human Services (DHS) contingency funds that can be accessed to assist with service needs, per OAC 340:75-1-28.

After FM

- Facilitator documents in KIDS, attaches forms and summary of the FM to the court report, Summarizes the FM results in KIDS contact screen no later than 30 days after completion of each FM.
- Scans completed FM forms into KIDS File Cabinet.

Additional links related to safety

Safe Sleep

https://www.cdc.gov/vitalsigns/safesleep/index.html

https://www.ok.gov/health/Family_Health/Improving_Infant_Outcomes/Safe_Sleep_For_Your_Baby/index.html

https://www.occhd.org/safesleep

Domestic Violence

http://www.okdhs.org/OKDHS Publication Library/12-36.pdf

Mental health and substance abuse

https://www.ok.gov/odmhsas/

https://findtreatment.samhsa.gov/locator

Tribal Behavioral Health directory

https://www.ok.gov/odmhsas/documents/2018%20Tribal%20Behavioral%20Health%20Directory%202.pdf

Milestones for children

https://www.cdc.gov/ncbddd/actearly/milestones-app.html

DHS Forms

http://infonet.okdhsdmz.nml:82/sites/searchcenter/pages/okdhsformresults.aspx

DHS Nurses email

CWS.Nurses@okdhs.org

OKLAHOMA
Human Services

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