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| POLICY TRANSMITTAL NO. 10-49 | DATE: SEPTEMBER 1, 2010 |
| CHILDREN AND FAMILY SERVICES DIVISION | DEPARTMENT OF HUMAN SERVICES OFFICE OF INTERGOVERNMENTAL RELATIONS AND POLICY |

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:75-3-2; 75-3-10.1; 75-6-30; and 75-6-89.

EXPLANATION: **Policy revisions were approved by the Commission and the Governor as required by the Administrative Procedures Act.**

OAC 340:75-3-2 ITS are amended to enhance and clarify agency definitions.

OAC 340:75-3-10.1 ITS are amended to update procedures and protocols related to the evaluation of child safety.

OAC 340:75-6-30 ITS are amended to include notice to tribes when parent-child visitation is suspended or terminated prior to adjudication.

OAC 340:75-6-89 ITS are amended to clarify and update procedures related to out-of-state or out-of-country travel.

Original signed on 9-1-10

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WF # 10-W (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

REMOVE

340:75-3-2

340:75-3-10.1

340:75-6-30

340:75-6-89

INSERT

340:75-3-2, pages 1-14, revised 8-30-10

340:75-3-10.1, pages 1-28, revised 8-30-10

340:75-6-30, pages 1-11, revised 8-30-10

340:75-6-89, pages 1-2, revised 8-30-10

340:75-3-2. Definitions ■ 1 through 11

Revised 3-26-10

Legislative intent per Section 1-1-102 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-102) states, "...it is the purpose of the laws relating to children alleged or found to be deprived to...intervene in the family only when necessary to protect a child from harm or threatened harm." The following words and terms, when used in Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) or in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Abandonment" means the:

- (A) willful intent by words, actions, or omissions of the person responsible for the child (PRFC) not to return for a child; or
- (B) failure to maintain a significant parental relationship with a child through visitation or communication in which incidental or token visits or communication are not considered significant; or
- (C) the failure to respond to notice of deprived proceedings. ■ 1

"Abuse" means harm or threatened harm or failure to protect from harm or threatened harm to a child's health, safety, or welfare by a person responsible for the child's health, safety, or welfare, including, nonaccidental physical or mental injury; or sexual abuse or sexual exploitation; however, nothing prohibits a parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

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

"Behavioral Health" means mental health, substance abuse, or co-occurring mental health and substance abuse diagnoses, and the continuum of mental health, substance abuse, or co-occurring mental health and substance abuse treatment.

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

"Custodian" means an individual other than a parent, legal guardian, or Indian custodian, to whom legal custody of the child has been awarded by the court. As used in the Oklahoma Children's Code, the term "custodian" does not mean the Oklahoma Department of Human Services.

"Emergency custody" means court-ordered custody of a child prior to adjudication of the child.

"Failure to protect" means the PRFC:

(A) had knowledge or could have predicted that the child would be:

(i) in imminent danger or a high risk situation; or

(ii) with a person who has a history of abusive, neglectful, or violent behavior;
and

(B) failed to show regard for the child's need for safety.

"Foster parent" means any person maintaining a therapeutic, emergency, specialized community home, tribal, kinship, or foster family home, who is responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

"Harm or threatened harm" means any real or threatened physical, mental, or emotional injury or damage to the body or mind of a child that is not accidental, including but not limited to:

(A) serious physical abuse;

(B) sexual abuse or exploitation;

(C) serious neglect;

(D) failure or omission to provide protection;

(E) abandonment; or

(F) dependency.

"Heinous and shocking abuse" means any aggravated physical abuse that results in serious bodily, mental, or emotional injury. Serious bodily injury means, but is not

limited to, injury that involves:

- (A) substantial risk of death;
- (B) extreme physical pain;
- (C) protracted disfigurement;
- (D) loss or impairment of a function of a body member, organ, or mental faculty;
- (E) an injury to an internal or external organ or the body;
- (F) bone fractures;
- (G) sexual abuse or sexual exploitation;
- (H) chronic abuse including, but not limited to, physical, emotional, or sexual abuse, or sexual exploitation which is repeated or continuing;
- (I) torture including, but not limited to, inflicting, participating in, or assisting in inflicting intense physical or emotional pain upon a child repeatedly over a period of time for the purpose of coercing or terrorizing a child, or for the purpose of satisfying the craven, cruel, or prurient desires of the perpetrator or another person; or
- (J) any other similar aggravated circumstance. ■ 2

"Heinous and shocking neglect" means chronic neglect that includes, but is not limited to:

- (A) a persistent pattern of family functioning in which the caregiver has not met or sustained the basic needs of a child that results in harm to the child;
- (B) neglect that has resulted in a diagnosis of the child as a failure to thrive;
- (C) an act or failure to act by a parent that results in:
 - (i) serious physical or emotional harm;
 - (ii) sexual abuse or sexual exploitation;
 - (iii) death or near death of a child or sibling; or

(D) any other similar aggravating circumstance. ■ 2

"Infant" means a child 12 months of age or younger.

"Investigation" means a response to an allegation of abuse or neglect that involves a serious and immediate threat to the safety of the child making it necessary to determine:

(A) the current safety of the child and the risk of subsequent abuse or neglect; and

(B) whether child abuse or neglect occurred; and

(C) whether the family needs prevention and intervention related services.

"Near death" means a child who is in serious or critical condition as certified by a physician as a result of abuse or neglect. ■ 5

"Neglect" means a situation in which a PRFC either deliberately or through exceptional lack of attention to the child's basic needs causes the child to suffer emotionally or physically. Neglect involves either a chronic, long-standing problem that impacts several aspects of a child's life or is so severe that it is life-threatening. ■ 6

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

(A) the child's parent, legal guardian, custodian, or foster parent;

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

(C) an agent or employee of a public or private residential home, institution, or facility, or day treatment program as defined in Section 175.20 of Title 10 of the Oklahoma Statutes; or

(D) an owner, operator, or employee of a child care facility, per 10 O.S. § 402. ■ 7

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

(A) The injury may result from:

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

(ii) a single episode or repeated episodes and range in severity from significant bruising to death; or

(iii) any action that involves hitting with a closed fist, kicking, inflicting burns, shaking, or throwing the child, even when no injury is sustained but the action places the child at risk of grave physical danger.

(B) Minor injury on a child older than ten years of age is not considered physical abuse unless the actions that caused the injury placed the child in grave physical danger.

"Protective custody" means custody of a child taken by law enforcement or designated employee of the court, without a court order.

"Risk" means the likelihood that an incident of child abuse or neglect will occur in the future. ■ §

"Risk factors" means family behaviors and conditions that suggest the caregivers are likely to maltreat their child in the future.

"Safety evaluation" means evaluation of a child's situation by OKDHS, using a structured, evidence-based tool to determine if the child is subject to safety threats.

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

"Sexual abuse" means any sexual activity, including sexual propositioning between the PRFC and child or any acts committed or permitted by the PRFC, and includes:

(A) rape;

(B) sodomy;

(C) incest; and

(D) lewd or indecent acts or proposals to a child. ■ §

"Sexual exploitation" means allowing, permitting, or encouraging a child to engage in:

(A) prostitution, as defined by law, by a person responsible for the health, safety, or welfare of a child; or

(B) lewd, obscene, or pornographic, as defined by law, photographing, filming, or depicting of the child in those acts by a person responsible for the health, safety, and welfare of the child. ■ 9

INSTRUCTIONS TO STAFF 340:75-3-2

Revised 8-30-10

1. The following terms defined by Oklahoma Department of Human Services (OKDHS) have the following meaning unless the context clearly indicates otherwise:

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

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

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

(C) arranges substitute care for the child; and

(i) fails to return for the child;

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

(iii) the caregiver is unwilling or unable to continue to provide

appropriate care for the child.

"Accepting the report for assessment or investigation" means the screening process has been completed, the report meets the definition of abuse, neglect, or both, and is within the scope of Child Protective Services (CPS), and will be assigned.

"Administrative investigation" means an internal investigation initiated by the advocate general upon receipt of a notice of the death or near death of a child known to Child Welfare (CW).

"Advocate general" means the administrative head of OKDHS Office of Client Advocacy.

"CPS programs manager" means the administrative head of the CPS program for OKDHS Children and Family Services Division (CFSD).

"Domestic violence" means a pattern of assaultive and coercive behaviors that an adult uses against another adult including, but not limited to, sinister threats, physical injury requiring medical attention, and the presence of weapons. The child in the home where the domestic violence occurs is at risk of serious physical danger, neglect, or emotional harm.

"Educational neglect" means the child fails to attend school due to the PRFC's pattern of failure to ensure that the child is enrolled in, allowed to attend, assisted in attending school, or provided other means of education. Truancy or home schooling does not constitute educational neglect.

"Fabricated or induced illness" means a type of child abuse in which the PRFC fabricates or induces medical conditions in the child, formerly referred to as Munchausen Syndrome by Proxy.

"General counsel" means the administrative head of OKDHS Legal Division.

"Immediate protective action plan" means the action taken when an immediate, significant, and clearly observable family condition is presently occurring and is already endangering or threatening to endanger a child. Refer to OAC 340:75-3-10.1 Instructions to Staff (ITS) # 5.

"Impending danger" means 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 is likely to have a severe effect on a child. Refer to OAC 340:75-3-10.1 ITS # 6.

"Infant born alive" means an infant who is born alive at any stage of fetal development as certified by a physician.

"Medical neglect" means withholding medical treatment or prescription medication of any type that may result in significant harm to the child. Withholding medical treatment is medical neglect when the:

- (1) medical treatment is, in the opinion of a physician, required to safeguard the child from serious medical risk;
- (2) medical condition of the child is an emergency or a life-threatening condition, constituting such a serious risk to the child's health, safety, or welfare that a reasonable person would procure medical attention immediately and the PRFC does not do so; or
- (3) needed medical treatment is withheld from an infant born alive at any stage of fetal development or is withheld from an infant born with disabilities if the infant's life-threatening condition will most likely improve or be corrected with medical treatment, per OAC 340:75-3-8.3.

"Mental injury - emotional abuse or neglect" means an injury to the child's intellectual or psychological capacity:

- (1) as evidenced by observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior with regard to the child's culture; and
- (2) resulting from a pattern of cruel or unconscionable acts upon the child, or statements made or permitted to be made to the child, or within the child's environment, by the PRFC. Refer to ITS # 3 of this Section.

"Minor injury" means a slight injury that results from inappropriate discipline to a child older than ten years of age and is located on the legs, shoulders, arms, or buttocks. Refer to ITS # 4 of this Section.

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

"Present danger" means an immediate, significant, and clearly observable family condition that is presently occurring and already endangering or threatening to endanger a child. Refer to OAC 340:75-3-10.1 ITS # 5.

"Prevention and intervention-related services" means a service referred or recommended to the family by OKDHS to change a behavior or condition that caused or resulted in a safety threat or a substantiated report of abuse or neglect.

"Protective capacity" means a skill or resource that can be mobilized to contribute to the ongoing protection of a child. Refer to ITS # 11 of this Section.

"Risk factors" means family behaviors and conditions that suggest the PRFC is likely to maltreat the child in the future. Refer to OAC 340:75-3-10.1 ITS # 1 for the six key questions related to risk factors addressed during the assessment of child safety.

"Safe" means an assessment of child safety has determined that a child is in an environment without any safety threats.

"Safety threshold" means the process that family behavior is evaluated or measured by to determine if 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;

(C) severe and imminent; and

(D) behaviors threaten the safety of a vulnerable child.

(2) The threshold is compromised when family behaviors, conditions, or situations manifest in such a way that they are beyond problems or risk influences and are threatening to child safety.

(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.

"Serious abuse or neglect" means:

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

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

(3) sexual abuse or exploitation.

"Substance abuse" means the illegal or inappropriate use of any drug, or alcohol, that incapacitates or severely limits the PRFC in performing minimal basic care for the child and results in serious neglect of the child or creates the risk of grave physical danger or significant emotional consequences to the child. Refer to ITS # 14 of this Section.

"Third party perpetrator" means a perpetrator other than the PRFC.

"Truancy" means a child refuses to attend school despite efforts by the PRFC to encourage and assist in school attendance.

"Unsafe" means the child is in an environment with safety threats.

2. Heinous and shocking examples. Examples of heinous and shocking abuse or neglect include, but are not limited to, the:

(1) sexual penetration of an infant or toddler;

(2) use of a child in acts of sexual depravity, such as sexual penetration or exploitation among several unrelated adults or multiple family members, sexual involvement with animals, sado-masochistic sexual behavior, involvement in child pornography rings or prostitution, and sexual activity

that results in repeated physical injury;

(3) repeated battering of a child resulting in a life-threatening injury;

(4) systematic torture of a child with no regard for the child's pain or need for medical attention;

(5) purposeful or systematic withholding of life sustaining food or water from a child;

(6) previous incident(s) of a confirmed child fatality or other serious abuse or neglect by the same PRFC or perpetrator and current abuse or neglect is serious; and

(7) deliberate and purposeful attempt to kill a child or previous incident(s) of a confirmed or substantiated death or near death or other serious abuse or neglect by the same PRFC or perpetrator and current abuse is serious.

3. Mental injury examples. Situations that may indicate mental injury when the situation is observable, substantial, and a pattern are:

(1) acts or repeated statements directed at the child that degrade or belittle the child;

(2) exposure to repeated violent or intimidating acts or statements that may or may not be directed at the child, but have a harmful effect on the child;

(3) threatening the child with extreme or vague but sinister punishment, setting unrealistic expectations, or stating unpredictable threats;

(4) ignoring or being psychologically unavailable to the child, ranging from a lack of sustained attention to a barrier of silence;

(5) the PRFC seldom responds to, stimulates, or shows affection toward an infant, and rarely, if ever, holds the infant during feeding;

(6) the PRFC shows unrealistic expectations by regularly scolding and yelling at the infant when the infant exhibits typical responses or needs, such as crying, needing to be fed, changed, or held;

(7) the PRFC shows little or no attachment to the child and fails to provide

minimum levels of nurturing;

(8) the PRFC regularly ignores, rejects, or curses the child when the child requires assistance from the PRFC;

(9) the PRFC exploits the child by requiring the child to routinely carry out extreme tasks that are significantly beyond the child's capabilities;

(10) the PRFC confuses the child's gender identity by forcing the child to dress in clothing inappropriate for the gender of the child in order to shame the child;

(11) the PRFC exposes the child to maladaptive and harmful influences by engaging in serious criminal activity with the full awareness of the child, or by allowing or encouraging the child to engage in illegal acts. The CW worker considers the child's age and maturity level;

(12) the PRFC consistently uses excessive threats and psychological punishments;

(13) the PRFC consistently refuses to permit any professional to assess the child's serious emotional or behavioral problems. This may also be considered medical neglect;

(14) fabricated or induced illness formerly known as Munchausen syndrome by proxy. This condition may also be considered abuse or medical neglect; and

(15) chronic or highly volatile domestic violence that the child witnesses.

4. Minor injury examples. Examples of minor injury include, but are not limited to:

(1) fingertip bruising to the child's arm; and

(2) belt, slap marks, or bruises on the child's buttocks or legs that are not extensive, deep, or located on multiple sites.

5. Near death condition. A near death condition is a condition certified by a physician that a child is in either serious or critical condition as a result of child abuse or neglect.

6. Neglect conditions.

(1) Children three years of age and younger are most vulnerable to life-threatening and significant developmental consequences from neglect.

(2) Poverty, alone, does not constitute neglect, unless the PRFC does not access known and readily available resources to prevent serious emotional or physical harm to the child.

(3) Poor parenting practices that do not result in emotional or physical suffering are not considered neglect.

(4) Neglect of a child may include, but is not limited to:

(A) dangerously inadequate supervision;

(B) extremely hazardous living conditions;

(C) malnutrition;

(D) non-organic failure-to-thrive as certified by a physician;

(E) failure to obtain or provide critically essential medical, dental, or behavioral health care;

(F) mental injury;

(G) seriously inadequate physical care; or

(H) exposure to sexual acts or age inappropriate material.

7. PRFC.

(1) PRFC includes the child's custodial or non-custodial parent and any other person over age 18 residing in the home with the child.

(2) If a facility or home is not licensed but meets the definition of a child care facility, the owner, operator, or employee meets the definition of a PRFC.

(3) A foster parent maintaining a therapeutic, emergency, specialized

community, tribal, kinship, or foster family home, who is responsible for providing care, supervision, guidance, rearing, and other foster care services to a child meets the definition of a PRFC.

- 8. Risk.** Risk is the likelihood for parenting behavior to occur by the PRFC that is harmful and destructive to a child's cognitive, social, emotional, or physical development, and when the PRFC is unwilling or unable to behave appropriately.
- 9. Sexual behaviors that indicate sexual abuse or exploitation.** Sexual behaviors that may indicate possible sexual abuse or exploitation include the child's:
 - (1) extreme preoccupation with masturbation;
 - (2) sexual interaction with peers that is not within normal developmental limits;
 - (3) sexual aggression toward younger or more naive children;
 - (4) sexual accosting of older children or adults;
 - (5) seductive behavior in younger children; and
 - (6) demonstration of sexual behavior, knowledge, or statements about sexual activity that indicate the child may have been exposed to adult sexuality or actual sexual molestation. Sexual knowledge beyond what would be expected for a child's normal developmental stage may signal, in young children, possible sexual abuse, repeated exposure to adult sexuality, exposure to sexually explicit materials, or pornography.
- 10. Substance abuse and newborns.** If substance abuse by the PRFC results in an infant born drug exposed, the home of the PRFC is carefully evaluated to determine whether the infant can receive the proper nurturing, nutrition, and attention to hygiene necessary for the infant to thrive.
- 11. Protective capacities.** A protective capacity is demonstrated through the way a PRFC thinks, feels, and acts that makes him or her protective toward a child. Diminished protective capacity is the reason CPS becomes involved with a family. Enhanced PRFC protective capacity is a reason CPS no longer needs to be involved with a family.

340:75-3-10.1. Safety determination and responses ■ 1 through 19

Revised 3-26-10

(a) **Evaluation of the child's safety.** Evaluating the safety of a child is a primary Child Protective Services (CPS) function. Safety refers to the present security and well-being of a child who is assessed to be at risk of abuse or neglect. ■ 1

(b) **Determining the need for protective or emergency custody.** There are situations in which the Child Welfare (CW) worker, in consultation with the CW supervisor, must evaluate whether a recommendation for protective or emergency custody is appropriate. These situations include serious abuse or neglect in which the child is in need of immediate protection due to an imminent safety threat. ■ 7

(c) **Child Welfare (CW) joint response with law enforcement.** ■3 When law enforcement takes a child into protective custody due to abuse or neglect allegations that pose an imminent safety threat to a child, the CW worker is contacted in accordance with the joint response protocol developed per Section 1-4-201 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-201). When possible, the CW worker responds to the scene where protective custody of the child has been assumed.

(1) The CW worker conducts a safety evaluation at the scene to determine whether the child faces an imminent safety threat and, if so, whether the child can be protected through placement with relatives or others instead of being placed in foster care with the Oklahoma Department of Human Services (OKDHS).

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

(3) When the CW worker is unable to respond to the scene where a child has been placed in protective custody, the child is taken by law enforcement to a designated county-specific reception center which may be a shelter or other place pursuant to the county-specific joint response protocol. The child may remain in the reception center for up to 23 hours while OKDHS conducts a safety evaluation to determine whether the child faces an imminent safety threat, and if so, whether the child can be protected through placement with relatives or others, instead of placement in foster care with OKDHS. ■ 3 & 4

(4) A child taken into protective custody by law enforcement is not, by virtue of a blanket standing order, considered to be in the emergency custody of OKDHS upon

admission of the child to a shelter. A child cannot be placed in the emergency custody of OKDHS until:

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

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

(d) **Restoration of custody to the parent, legal guardian, or custodian when child is in protective custody.** When the safety evaluation conducted by the CW worker indicates the child does not face an imminent safety threat, OKDHS restores the child to the custody and control of the parent, legal guardian, or custodian per 10A O.S. § 1-4-201. ■ 4 Specific county procedures are followed when a child is released from protective custody by the court.

(e) **Alternatives to protective or emergency custody and safety planning in cases of serious abuse or neglect.** When an alternative to protective or emergency custody is believed appropriate in situations in which serious neglect or physical harm is documented, a voluntary safety plan is discussed and implemented when agreed to by the person(s) responsible for the child (PRFC(s)). ■ 8, 9, and 10

(f) **Safety planning and court involvement.** The voluntary safety plan is developed and implemented by agreement without court intervention. The implementation of a short-term voluntary safety plan does not preclude the CW worker from recommending court involvement.

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

(1) no in-home safety responses are available or acceptable;

(2) the parent(s) appears unable or unwilling to protect the child;

(3) appropriate, timely resources or services to reduce risk and safety threats of abuse or neglect are unavailable; or

(4) continued placement in the home is contrary to the child's health, safety, or welfare. ■ 12

(h) **Pre-petition removal of a child not in OKDHS custody.**

(1) Reasonable efforts are made to prevent the pre-petition removal of a child from the home unless a documented emergency exists that requires immediate removal.

Per Section 4 1-4-201 of Title 10A of the Oklahoma Statutes 10A O.S. § 1-4-201 and Section 671 of Title 42 of the United States Code (42 U.S.C. § 671), a child is removed from the home prior to the filing of a petition only when there is reasonable suspicion:

(A) the child is in need of immediate protection due to an imminent safety threat;
or

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

(2) A child who is in surroundings that pose an immediate threat to the child may be removed from the home by law enforcement without a court order. If law enforcement declines to remove the child or if OKDHS is responding to a referral without law enforcement being involved and the child is believed to be in need of immediate protection due to an imminent safety threat, the CW worker prepares an affidavit to present to the district attorney (DA) to request that the DA consider filing an application with the court to obtain an emergency custody order, per 10A O.S. § 1-4-201. ■ 11

(i) **Pre-petition removal of a foreign national child.** The pre-petition removal of a child from the home, a PRFC, or other caretaker is based on safety considerations related to the child and without regard to the child's citizenship or immigration status. ■ 14

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

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

(2) it is believed assumption of the custody of the child from the facility can occur without risk to the child or the OKDHS employee. ■ 15

(k) **Post-petition removal of a child in OKDHS custody.** Following the filing of a deprived petition, OKDHS may remove a child directly from the child's home when continued placement in the home is contrary to the health, safety, or welfare of the child and the child is in the legal custody of OKDHS, unless ordered placed in the home by

the court. Refer to 10A O.S. § 1-4-806 when the child is in trial reunification status. To ensure the safety of the child and CW worker, assistance from law enforcement is requested in these situations. ■ 16

(l) **Child who has left Oklahoma.** When a child who is the subject of an emergency custody or a pick-up order, has left Oklahoma prior to execution of the order, enforcement of the emergency custody or pick-up order and recognition of Oklahoma's jurisdiction by the other state must occur in order to have the child returned to Oklahoma. Each situation is handled according to the laws and procedures in the state where the child is located. ■ 17

(m) **Medical care for child in protective custody.**

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

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

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

(2) When law enforcement, the parent(s), or guardian is unwilling to consent to emergency medical care, the DA is contacted for purposes of obtaining an order of the court for such treatment.

(n) **Placement considerations when the child is removed from the home.** Once a child has been removed from his or her home, placement preference is given to relatives and persons who have a kinship relationship with the child per 10A O.S. § 1-4-204. Siblings are placed together in the same home when appropriate and possible. Placement decisions are made with the long-term best interests of the child in mind. ■ 18 & 19

(o) **Notification, disposition and release of a child in pre-petition emergency custody.**

(1) The court may provide in an administrative order issued pursuant to 10A O.S. § 1-4-201, for the disposition of children taken into custody and notification to the

court of the assumption of custody. The administrative order or rule may include a process for release of a child prior to an emergency custody hearing. Specific county procedures are followed when a child is released from emergency custody prior to the emergency hearing.

(2) The court may order the child released to the parent, legal guardian, or custodian or to any responsible adult without conditions, or under such conditions as the court finds necessary to ensure the safety, health, or well-being of the child.

INSTRUCTIONS TO STAFF 340:75-3-10.1

Revised 8-30-10

1. (a) Evaluating child safety.

(1) Form 04KI030E, Assessment of Child Safety, is used to evaluate safety by focusing on six key questions in gathering information regarding family functioning to determine if a child is safe or unsafe.

(2) Critical thinking is used when applying the safety threshold and evaluating protective capacities of the person responsible for the child (PRFC).

(3) The safety threshold is compromised when family behaviors, conditions, or situations are manifested in a way that is not controlled or managed. Child Protective Services (CPS) history is carefully considered in determining safety.

(4) When present danger exists, an immediate protective action plan is implemented to remove the child from harm while the evidence-based safety assessment, Form 04KI030E, is completed.

(b) Assessment of the six key questions. The purpose of the safety assessment, conducted during an assessment or investigation, is to determine whether CPS intervention is required. Form 04KI030E is used as a guide in gathering information in an effective, organized manner to draw conclusions regarding child safety or impending danger. The information compiled for each of the six key questions provides an indication of how the family functions and assists in making a determination about child safety.

(1) Maltreatment. The Child Welfare (CW) worker assesses the extent of

maltreatment to determine the physical effects on a child and considers what is occurring or has occurred, for example, hitting or injuries. Information gathered in this phase of the safety assessment provides evidence of the presence or absence of maltreatment and includes:

- (A) the type of maltreatment;
- (B) the severity of the maltreatment;
- (C) the history or duration of the maltreatment;
- (D) a description of specific events;
- (E) a description of emotional and physical symptoms; and
- (F) identification of the child and the maltreating PRFC.

(2) Circumstances. The CW worker assesses the circumstances surrounding the maltreatment and considers the nature of what accompanies or surrounds the maltreatment. This key question addresses what was or is occurring at the time the maltreatment occurs or occurred and includes consideration of the:

- (A) PRFC's intent concerning the maltreatment;
- (B) PRFC's explanation for the maltreatment and family conditions;
- (C) PRFC's acknowledgement and attitude about the maltreatment;
- (D) history or pattern of maltreatment of the subject child or others by the PRFC;
- (E) PRFC's criminal history; and
- (F) presence of other problems occurring in association with the maltreatment.

(3) Child functioning. The CW worker assesses how the child functions or behaves on a daily basis and considers the child's general behavior, emotions, temperament, and physical capacity.

(A) This key question determines:

- (i) if a child's individual needs are being met;**
- (ii) if there are any unusual child behaviors;**
- (iii) the child's sense of security;**
- (iv) the child's physical health;**
- (v) the vulnerability of the child; and**
- (vi) signs of positive interaction with PRFCs.**

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

- (i) capacity for attachment;**
- (ii) general mood and temperament;**
- (iii) intellectual functioning;**
- (iv) communication and social skills;**
- (v) expressions of emotions and feelings;**
- (vi) behavior;**
- (vii) peer relations;**
- (viii) school performance;**
- (ix) motor skills;**
- (x) physical and behavioral health; and**
- (xi) functioning within cultural norms.**

(4) Parenting – discipline. The CW worker assesses disciplinary approaches, from the child's perspective and each adult's view of their own

disciplinary experiences, as a child. The manner in which the PRFC approaches discipline and child guidance and the PRFC's emotional state while disciplining the child is considered. Information gathered in this phase of the safety assessment includes:

- (A) disciplinary methods;
- (B) concept and purpose of discipline;
- (C) context in which discipline occurs; and
- (D) how discipline is influenced by culture.

(5) Parenting - general.

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

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

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

- (i) reasons for being a parent;**
- (ii) satisfaction in being a parent;**
- (iii) knowledge and skill in parenting and child development;**
- (iv) expectations and empathy for the child;**
- (v) general parenting style; and**
- (vi) protective capacities.**

(6) Adult functioning. The CW worker assesses adult functioning

considering how the PRFCs feel, think, and act on a daily basis with focus on adult functioning separate from parenting.

(A) This key question determines if the PRFC:

(i) is committed to the safety of the child;

(ii) is willing to do what is necessary and required within the safety plan;

(iii) understands why the child is unsafe; or

(iv) is impeded by behavioral health or substance abuse issues in offering protection to the child.

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

(i) coping and stress management abilities;

(ii) self control in relationships and discipline;

(iii) problem solving abilities;

(iv) judgment and decision-making abilities;

(v) home and financial management;

(vi) employment history;

(vii) substance use;

(viii) behavioral health; and

(ix) physical health and capacity.

(c) Identifying and documenting the presence or absence of safety threats.

(1) The CW worker completes Section IV of Form 04KI030E, applying the safety threshold to identify safety threats that are:

- (A) specific;
 - (B) severe;
 - (C) observable;
 - (D) occurring now or likely to occur within the next few days;
 - (E) out-of-control; and
 - (F) applicable to a vulnerable child.
- (2) When a child is found unsafe, the CW worker completes:
- (A) Section VI of Form 04KI030E, entitled Protective capacities of the PRFC;
 - (B) Section VII of Form 04KI030E, entitled Safety intervention; and
 - (C) Section VIII of Form 04KI030E, entitled Voluntary safety plan, in conjunction with Form 04MP054E, Immediate Protective Action Plan/Voluntary Safety Plan. Refer to OAC 340:75-4-12.
- (3) The CW worker documents all information gathered during the assessment of child safety on Form 04KI030E.
2. Review of a substantiated finding with a safe determination. The CPS supervisor cautiously reviews the substantiated finding of abuse or neglect when a child has been determined safe. This determination may be made when:
- (1) a thorough assessment of child safety has been completed and no safety threats are identified;
 - (2) patterns and the safety threshold were correctly applied;
 - (3) the PRFC demonstrates adequate protective capacities to keep the child safe;
 - (4) an assessment was properly upgraded to an investigation, when applicable; and

(5) the proper substantiation protocol was applied.

3. Joint response system between CW and law enforcement. The system for joint response is utilized when a child has been taken into protective custody by law enforcement and includes:

(1) designating CW staff to serve as contact persons for law enforcement;

(2) CW staff conducting a safety evaluation at the scene where law enforcement has assumed protective custody of a child to determine if the child can be protected through placement with relatives without the need for OKDHS to seek an emergency custody order so that the child can be placed in foster care; or

(3) CW staff conducting a safety evaluation at the designated county-specific reception center for children in protective custody when:

(A) the CW staff is unable to respond to the scene in a reasonable time period;

(B) exigent circumstances exist and law enforcement must act immediately without CW participation; or

(C) there are other circumstances such that it is not feasible or advisable for CW staff to respond to the scene;

(4) a request by CW staff to the district attorney (DA) for application for emergency custody, if the child has not been restored to the custody of the parent, legal guardian, or custodian and the safety evaluation determines the need for emergency custody of the child;

(5) coordination between law enforcement and CW staff for transportation of a child to the home of a relative, kinship care home, an emergency foster care home, a shelter, or any other site at which OKDHS believes the child can be protected when the child cannot be safely left in the home. A shelter is only utilized when the home of a relative, kinship care home, or emergency foster care home is not immediately available or is inappropriate.

4. Restoration of custody to the parent, legal guardian, or custodian when child is in protective custody. When, following a safety evaluation, OKDHS

determines the child in protective custody does not face an imminent safety threat, the child is restored to the custody and control of only the child's parent, legal guardian, or custodian.

5. Present danger.

(1) Present danger means an immediate, significant, and clearly observable family condition that is presently occurring and already endangering or threatening to endanger a child. When present danger exists, steps are taken to protect the child from imminent harm by the implementation of a short-term immediate protective action plan. The plan is designed to protect the child while the assessment of child safety is completed, and may be utilized for up to seven business days. Examples of present danger and potential immediate protective action plans include, but are not limited to:

(A) a child found in the street may require an immediate protective action plan to remove the child from the street and identify adequate supervision for the child; or

(B) a child found in a home containing a working methamphetamine lab may require an immediate protective action plan for the PRFC to voluntarily place the child in a safe location with relatives for short-term care.

(2) When present danger exists and the immediate protective action plan requires a child's temporary placement outside the child's home, the out-of-home safety planning protocol found in ITS # 10 is followed.

(3) When the child's safety is secured, the assessment of child safety is completed to determine if impending danger exists.

6. Impending danger.

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

(A) specific and observable;

(B) out-of-control;

(C) certain to happen in the next several days; and

(D) likely to have a severe effect on a vulnerable child.

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

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

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

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

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

7. Evaluating need for protective or emergency custody.

(1) Law enforcement may place a child in protective custody. When emergency custody is indicated, OKDHS prepares and presents an affidavit to the district attorney documenting:

(A) the imminent safety threat;

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

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

(2) The CW worker consults with the CW supervisor throughout the evaluation process and documents the decision in the case record and documents the decision in the case record. The immediate protective action plan or voluntary safety plan is documented on Form 04MP054E, Immediate Protective Action Plan/Voluntary Safety Plan.

(3) Cases of serious abuse or neglect described in (A) through (P) may pose an imminent safety threat to a child and require a recommendation for placement of the child in protective or emergency custody.

(A) The child was assaulted, hit, poisoned, or burned so severely that

serious injury resulted or could have resulted. For example, the parent threw an infant against a wall, but the infant was not seriously injured.

(B) An infant has bruising or burns on any part of the body.

(C) The child is three years of age or younger and the PRFC demonstrates no attachment to the child, and has dangerously inappropriate parenting skills.

(D) The child was systematically tortured or inhumanely punished. For example, the child was locked in a closet for long periods, forced to eat unpalatable substances, or forced to squat, stand, or perform other unreasonable acts as a means of torture.

(E) The PRFC's reckless disregard for the child's safety caused or could have caused serious injury. For example, the PRFC left a young child in the care of an obviously irresponsible or dangerous person.

(F) The physical condition of the home is dangerous and poses an immediate threat of serious injury to the child. For example, exposed electrical wiring or other materials create an extreme danger of fire or there are gas leaks in the home.

(G) The child was sexually abused or sexually exploited and the perpetrator has access to the child.

(H) The PRFC purposefully or systematically withheld essential food or nourishment from the child. For example, the child was denied food for extended periods as a form of punishment for real or imagined misbehavior.

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

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

(K) The **PRFC** has abandoned the child.

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

(M) There is specific evidence that the **PRFC'S** anger and discomfort about the report and subsequent investigation will result in serious retaliation against the child. Such information is gained through a review of the **PRFC'S** past behavior, the **PRFC'S** statements and behaviors during the investigative interview, or reports from others who know the **PRFC and** family.

(N) A baby is born to a **PRFC** who is currently involved in an open permanency planning case and has not successfully completed the court-ordered individualized service plan or there is a pending motion to terminate parental rights.

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

(P) Any situation that involves a child in a family for which the criteria for the determination that reasonable efforts are not required per OAC 340:75-1-18 **are met.**

8. Voluntary safety plan.

(1) When a child is determined unsafe, the CW worker evaluates the PRFC's protective capacities, available supports such as relatives or community resources, and willingness to collaborate with OKDHS to keep the child safe. When safety threats cannot be managed through a voluntary safety plan or the PRFC does not agree to comply with the voluntary safety plan, protective or emergency custody of the child and court intervention is requested. A voluntary safety plan does not preclude a recommendation for court intervention and supervision by OKDHS to formalize the voluntary service agreement through a court-ordered individualized service plan.

(A) The voluntary safety plan:

(i) is utilized when a child is determined unsafe and court-ordered

removal of the child from the home is not requested;

(ii) may replace the immediate protective action plan when the assessment of child safety is completed;

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

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

(v) is documented on Form 04KI030E, Assessment of Child Safety, and detailed on Form 04MP054E, Immediate Protective Action Plan/Voluntary Safety Plan.

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

(i) safety plan monitors are identified;

(ii) Form 04MP025E, Voluntary Service Agreement, is completed; and

(iii) protocols for determining service needs are followed per OAC 340:75-4-12.1. Refer to ITS # 8.

(2) The purpose of a voluntary safety plan is to control safety threats immediately. The safety plan must:

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

(B) identify how the safety threat will be managed and controlled, including by whom, under what circumstances and agreements, within what time frame, and the availability, accessibility, and suitability of those involved; and

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

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

- (A) identifies as many kin as possible to support the family;**
- (B) engages those who know the child best;**
- (C) facilitates a family team meeting; and**
- (D) makes timely decisions, with input from the team, regarding safety, physical, and emotional well-being of the child.**

(4) Following the guidelines of OAC 340:75-4-12.1 and related ITS, the CW worker:

- (A) assesses the PRFC's reliability, willingness to cooperate, commitment, and alliance to the voluntary safety plan;**
- (B) ensures all necessary arrangements for the safety plan are made and agreed to by all participants;**
- (C) contacts, no less than weekly, persons responsible for the safety plan until the safety threats in the family are significantly reduced.**

9. Safety plan factors. Questions (1) through (8) are considered when evaluating the relative or non-perpetrator PRFC's protective capacities for adequately protecting the child from the perpetrator.

(1) Does the relative, kin, or PRFC believe that abuse or neglect occurred? If not, has the relative, kin, or PRFC demonstrated behaviors related to protective capacities? If not, adequate protection may not be provided.

(2) Is the non-perpetrator PRFC strongly dependent on the perpetrator for financial or emotional support, or both? If so, it may initially be difficult for the non-perpetrator PRFC to overcome his or her own needs and protect the child.

(3) Is the non-perpetrator PRFC a victim of domestic violence or emotional abuse by the perpetrator? If so, the non-perpetrator PRFC may be fearful of the perpetrator and unable to protect the child until services begin.

(4) Did the relative, kin, or non-perpetrator PRFC fail to protect the child

from abuse or neglect or fail to heed serious warning signs that abuse occurred? If so, the relative or non-perpetrator PRFC may not see a threat to the child if the perpetrator wants contact.

(5) Is the relative, kin, or non-perpetrator PRFC displaying a willingness to control and manage the safety threat(s) or is the agreement to participate in the safety plan only to avoid removal of the child? When there is no willingness to seek help to alleviate the concerns that led to the abuse or neglect, relying on the relative or non-perpetrator PRFC is not an adequate safety plan.

(6) Is the non-perpetrator PRFC planning to seek action in divorce court to change custody? If so, it must be evaluated whether this will adequately protect the child. It is likely that visitation will continue even with a change in custody. An action in divorce court does not ensure that all information regarding the abuse or neglect is heard and considered in custody and visitation decisions.

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

10. Assessing voluntary safety plan participants.

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

(A) protective capacities;

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

(C) alignment with the safety plan.

(2) When the safety plan includes an arrangement by the PRFC for the child to temporarily stay outside the home, the CW worker:

(A) reviews CW records to determine if the prospective voluntary safety plan caregiver or any adult residing in the prospective caregiver's home has a history of child abuse or neglect;

(B) completes and submits Form 04AF007E, Records Check, for the prospective voluntary safety plan caregiver and all adult household members;

(C) determines if the prospective voluntary safety plan caregiver or any adult household member:

(i) is subject to the Oklahoma Sex Offender Registration Act and the Mary Rippey Violent Crime Offender Registration Act. Refer to OAC 340:75-7-15 ITS # 1 (6) for instructions to access the free website; or

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

(D) completes Form 04AF004E, House Assessment;

(E) when the child is under three years of age, completes Section One, Physical Environment, of:

(i) Form 04MP004E, Contact Guide Addendum for Face-to-Face Visit with Newborn(s) and Infant(s) – Age 0 to 12 Months, as applicable; or

(ii) Form 04MP006E, Contact Guide Addendum for Face-to-Face Visit with Toddler(s) – Age 13 through 36 Months, as applicable; and

(F) completes and submits Form 04AD003E, Request for Background Check, for the prospective voluntary safety plan caregiver and all adult household members; or

(G) when needed afterhours, requests a National Crime Information Center (NCIC) check for the prospective voluntary safety plan caregiver and all adult household members;

(H) ensures the voluntary safety plan caregiver and all adult household members submit fingerprints within five business days for submission to the CFSD Fingerprint Processing Section, when an NCIC check is completed prior to the child's placement;

(I) contacts, no later than the next business day, other states in which the voluntary safety plan caregiver or adult household members have resided and requests child welfare history for each adult in the household. When

emergency custody of a child is requested, procedures in OAC 340:75-7-15 are followed prior to placement; and

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

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

(ii) child abuse or neglect;

(iii) domestic abuse;

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

(v) a crime involving violence, including, but not limited to, rape, sexual assault, or homicide, but excluding physical assault, battery, or a drug-related offense within the preceding five-year period. Homicide includes manslaughter. A crime involving violence means an offense that:

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

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

(L) reviews all CW and criminal history of the prospective voluntary safety plan caregiver and adult household members with the CW supervisor or county director. The county director may grant exceptions for certain felony convictions but does not grant exceptions for felony convictions or relevant misdemeanors listed in OAC 340:75-7-15(i)(1); and

(M) documents information obtained regarding the assessment of the voluntary safety plan caregiver and household members and other safety plan participants as a Contact in KIDS and files copies of the completed forms in the KK case associated with the CPS investigation.

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

home.

11. Safety planning, court involvement, and recommendations to the district attorney (DA). Options in making recommendations to the District Attorney (DA) are found in OAC 340:75-3-11 Instructions to Staff. In serious cases of abuse or neglect the CW worker ensures:

(1) the family is involved in a court-ordered individualized service plan, when appropriate; and

(2) the safety of the child is monitored.

12. Removal of a child from the home. A decision recommending removal of a child from the home is made after consultation with the CW supervisor. When prior supervisory consultation is not feasible, the case is reviewed with the CW supervisor as soon as possible.

13. Removal of a child not in OKDHS custody. A child who is endangered by his or her surroundings may be removed from the home by law enforcement without a court order. In an emergency situation, the CW worker contacts appropriate law enforcement officials and recommends that the child be placed in protective custody.

(1) Whether the child is placed in protective custody by law enforcement or emergency custody through a court order, Oklahoma statutes require that each court order removing a child from the home include findings of "Contrary to the welfare" and "Reasonable efforts to prevent removal."

(2) The CW worker advises the DA that the court order for removal of a child from the home must include a written finding that continuation of the child in the home is contrary to the child's health, safety, or welfare, or language to that effect, such as, "Removal is in the child's best interests." The order must include a finding regarding whether reasonable efforts were made to prevent removal.

(3) If the court does not make and document the finding of "Contrary to the child's health, safety, or welfare" at the time of removal, the state will not be in compliance with Section 671 of Title 42 of the United States Code.

14. Foreign nationals. Removal of a child from the home is based on safety considerations without regard to citizenship or immigration status. When a

child who is a foreign national is removed from the home, the CW worker notifies the foreign consul by completing Form 04MP016E, Notice to Foreign Consul of Child Welfare Proceedings, per OAC 340:75-1-31 Instructions to Staff.

15. OKDHS authority to execute emergency custody order. An order issued by the district court placing a child in the emergency custody of OKDHS is executed and the child taken into custody by a peace officer or employee of the court, except a child may be removed from a hospital, educational, or child care facility by a CW worker when the criteria in (1) through (5) are met prior to removal.

(1) It is established by the CW worker and supervisor that the removal is necessary to protect the child from safety threats resulting in a serious abuse or neglect situation.

(2) The CW worker prepares and submits an affidavit to the DA who obtains a written emergency custody court order that includes a statement that the child may be removed from the hospital, educational, or child care facility by a CW worker in order to protect the child from safety threats.

(3) A determination is made by the CW supervisor and county director that removal of the child from the facility can occur without disruption to the facility, hostility, or risks or threats to the child or CW worker.

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

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

16. Removal of a child in OKDHS custody. To ensure the safety of the child and CW worker, assistance from law enforcement is requested when a child in OKDHS custody is removed from the home to foster care to protect the child's health, safety, or welfare. When a child in OKDHS custody is determined unsafe in his or her own home and requires removal, a report of abuse or neglect is made to the Abuse and Neglect Hotline.

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

(1) When the child's location is unknown, the CW worker contacts CFSD CPS Section to issue a protective service alert.

(2) When the child's location is known, the CW worker with the information about the allegations and investigation contacts the CPS agency in that county or state and sends a copy of the pick-up or emergency custody order to the CPS agency along with any other requested written documentation. Information may be shared with another CPS agency under these circumstances.

(3) Some CPS agencies, based on the information received, enforce Oklahoma's order by taking the child who is in danger into custody.

(4) When the child is taken into custody, the court of jurisdiction in Oklahoma is notified that, based on the information and order from Oklahoma, the child was taken into custody in the other state or jurisdiction. Oklahoma CW staff secures a court order from the other state or jurisdiction releasing the child to OKDHS custody to return to Oklahoma.

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

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

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

(1) Preparing the family is facilitated by the CW worker:

- (A) explaining the reasons for removal and placement of the child;
- (B) clarifying any question about court procedures;
- (C) making clear the intent to reunify the child with the family, when appropriate, as soon as the home is safe for the child;
- (D) encouraging the parent(s), once he or she understands and accepts the reasons for the placement, to help explain the reasons for the placement to the child. This may comfort and reassure the child that the parent(s) will work with the CW worker so the child may return home;
- (E) asking the parent(s) to provide in-depth information regarding the child's schedule, routines, likes and dislikes, and medical needs to help the placement provider maintain continuity for the child. The CW worker:
- (i) asks the parent(s) to complete Form 04MP012E, Receipt and Release of Prescription and Over-the-Counter Medication(s), when the child takes medication or has medical needs or allergies;
 - (ii) completes Form VS 151, Application for Search and Certified Copy of Birth Certificate, to obtain a full-certified copy of the child's birth certificate, per OAC 340:75-13-9; and
 - (iii) asks the parent(s) to complete Form 04MP015E, Important People in the Child's Life, to document and maintain the child's ongoing relationships;
- (F) acknowledging the parent(s)' anger and grief in response to the loss of his or her child, and expecting the parent(s) to be initially resistant;
- (G) encouraging the parent(s)' involvement in all aspects of the planning and placement process;
- (H) encouraging the parent(s), when appropriate, to make recommendations of potential homes in which the child may be placed;
- (I) providing to the parent(s) OKDHS Publication No. 99-27, Away From Home, A Parent's Guide to Out-of-Home Placement; and

(J) arranging the initial meeting between the parent(s) and the resource parent(s).

(2) Adequately preparing the child for the placement serves several important purposes.

(A) The CW worker alleviates many of the child's anxieties and reduces the child's stress by providing the child with information regarding the need for placement and by familiarizing the child with all aspects of the setting to which the child is moving.

(B) If the CW worker does not know the child well, the CW worker uses the preparation period to better assess the child's strengths and needs. This information is communicated to the placement provider to assist in receiving the child and making the child's transition into the new setting easier.

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

19.(a) Placement considerations. Placement with the non-offending parent, relatives or kin is considered and siblings are placed together in the same home when appropriate and possible. Relative or kinship placements are assessed in terms of the child's safety, per ITS # 9 of this Section, and long-term needs. Relatives or kin are only considered when:

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

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

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

(4) a relative or kin could potentially provide long-term care for the child. The CW worker considers the abilities and willingness of the relative or kin to meet the day-to-day and individual needs of the child should the

placement become long-term.

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

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

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

(2) the other child(ren) placed in the foster family home does not pose a safety threat to the child considered for placement; and

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

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

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

(f) Adoption dissolution notification. When the child receives adoption assistance, is placed in, or returned to OKDHS custody due to the dissolution of an OKDHS or other type of adoption, the CW worker notifies the adoption specialist and the CFSD Post-Adoption Services Section of the child's placement in out-of-home care.

(g) Placement of an infant who is medically fragile or disabled.

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

(A) prematurity;

(B) history of respiratory distress;

(C) oxygen dependency;

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

(E) age younger than six weeks; and

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

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

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

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

(C) provider is willing and able to:

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

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

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

(3) The CW worker provides to the placement provider, at the time of placement, all medical and other related information about the condition of the infant and updates the placement provider concerning any new information as it occurs.

340:75-6-30. Child's visitation with parents and siblings

Revised 3-26-10

(a) **Visitation is a right.** ■ 1 The child and parent(s) have a right to regular visitation. A court may not deny visitation based solely on the failure of a parent to prove that the parent has not used legal or illegal substances or complied with an aspect of the court-ordered individualized service plan per Section 1-4-707 of Title 10A of the Oklahoma Statutes.

(1) Visitation is available to the children and families involved with CW, unless visitation is not in the best interests of the child, taking into consideration:

(A) protection of the physical safety of the child;

(B) protection of the life of the child; or

(C) ■ 3 & 4 protection of the child from being traumatized by contact with the parent; and

(D) the child's expressed wishes.

(2) Regular visitation does not occur when:

(A) the parents decline to participate;

(B) the permanency plan is not reunification; or

(C) the special circumstances described in OAC 340:75-6-30(c) apply.

(b) **Frequency of parent-child visitation.** Family visitation begins no later than one week after the child's removal and a visitation schedule that considers the needs of the child is developed and includes more than one time per month visitation thereafter until the child is returned or the permanency plan is no longer reunification. ■ 1 Exceptions to the frequency of visitation are made when the:

(1) parent(s) fails to cooperate with visitation arrangements;

(2) court orders no visitation;

(3) whereabouts of the parent(s) are unknown;

(4) visitation, even supervised, endangers or as determined by a behavioral health professional, submits the child to highly damaging psychological stress; or

(5) court orders a different frequency of visitation.

(c) **Mail and phone contact.** Contact with the child's parent(s), extended family, and friends through phone calls and letters is encouraged. Mail, including e-mail, and phone calls are not monitored or restricted unless it is essential for the child's protection. ■ 5 The court is advised when restrictions are warranted. Restrictions are court ordered and may be considered when:

(1) threats are made to the child;

(2) the contact causes harm to the child's emotional well-being;

(3) there is an attempt to influence the child's testimony; or

(4) an attempt is made to undermine a present or future placement.

(d) **Contact with siblings.** Reasonable efforts are made to place sibling groups, who have been removed, together in both temporary and permanent placements, per OAC 340:75-6-85.3. When this is not possible, on-going contact such as, face-to-face, phone, letter, or e-mail contact between all siblings is arranged. ■ 2

(e) **Child's visits or contacts with relatives and others.** When a child is in emergency, temporary, or permanent custody of OKDHS, the CW worker evaluates requests for visitation or contact from relatives, extended family members, or others, taking into consideration information from the child's parent(s) and the significance of the relationship to the child's well-being. ■ 6

INSTRUCTIONS TO STAFF 340:75-6-30

Revised 8-30-10

1. (a) Right to visitation.

(1) The parent(s) is notified of the right to visit their child via, Form 04KI012E, Individualized Service Plan (ISP), or Form 04KI013E, Individualized Service Plan (ISP) Dispositional Report, as applicable.

(2) Denial of family visitation, sibling contact, or the exchange of letters and phone calls is not used to reward or punish the child or family.

(b) Parent-child visitation. Family visitation begins no later than one week after the child's removal. Frequent, purposeful visitation contributes to successful placement and reunification and reduces the time to reunification. Visitation is the single most predictive factor in whether a child is successfully reunified. Parent-child visitation is a high priority of the Child Welfare (CW) worker and serves the functions of:

- (1) reassuring the child that the parent(s) has not abandoned him or her and that the parent(s) still cares for him or her;**
- (2) reassuring the parent(s) that CW is serious about maintaining family relationships and helping the parent(s);**
- (3) strengthening familial relationships;**
- (4) demonstrating new parenting skills by the parent(s);**
- (5) evaluating parenting skills;**
- (6) evaluating parent-child interaction;**
- (7) assessing the parent(s)' level of interest and ability to parent;**
- (8) preparing families for reunification; and**
- (9) identifying continued risks to the child's safety that make reunification unfeasible.**

(c) Visitation schedule.

(1) A schedule of visitation is designed jointly with the family, placement provider, and CW worker. Visitation increases in length and frequency and decreases in the level of supervision as the parents change the behaviors that caused the child to be unsafe. Within two weeks of placement, the CW worker facilitates an initial meeting between the child's parent(s) and the placement provider. The goals of the initial meeting are to:

- (A) establish an open relationship between each parent and each Bridge resource parent, but is not used as a time to discuss why the child was removed;**

(B) demonstrate that the CW worker supports the relationship between each parent and each Bridge resource parent; and

(C) discuss the child and allow each parent to provide information each Bridge resource parent needs, including, but not limited to:

- (i) bedtime routines;**
- (ii) favorite foods;**
- (iii) allergies;**
- (iv) medical history;**
- (v) family rituals; and**
- (vi) educational and school information.**

(2) A visitation schedule provides security for parent-child interaction and allows parents a reliable routine for practicing new parenting and relationship techniques. The schedule promotes time management skills for the parents and allows the CW worker an opportunity to observe the parent-child interaction.

(3) The family, placement provider, and CW worker determine the frequency, location, and arrangements for visitations. A family team meeting (FTM) may be utilized to develop a visitation schedule, allowing the informal supports for the family, such as relatives, kin, friends, or neighbors, to assist the parent(s), when appropriate. When safety is ensured, the placement provider participates in visitation, supporting, mentoring, and helping the parent(s) work towards reunification. The visitation schedule is written and signed by the family, placement provider, and CW worker. All, including the child as appropriate, are provided a copy of the document and it is attached to Form 04KI012E, Individualized Service Plan (ISP), or Form 04KI013E, Individualized Service Plan (ISP) Dispositional Report.

(d) Frequency. The CW worker attempts to facilitate the most frequent visitation schedule possible. If there is a court order regarding the frequency of visitation, the schedule will include the number of visits per the order. Contact with the child occurs according to the safety needs of the child.

Initially, frequency is increased by adding a schedule for letters and phone calls, followed by an increase in visits. Phone calls and visits are arranged with the parent(s), placement provider, and child, age permitting.

(e) Length. Initial visits may be of short duration, one to two hours. Length of visits gradually increases as agreed to by the parents, resource parents, and CW worker, and as the parents become more proficient in parenting skills. Increased frequency and duration of visitation is encouraged. Successful unsupervised all day, overnight, and weekend visits are completed prior to planning for the child's return home.

(f) Location. In the beginning stages of a case, visits may require supervision by the CW worker, and when necessary, held in a controlled environment such as the Oklahoma Department of Human Services (OKDHS) office. As soon as safety permits, visits are held in locations conducive to parent-child interaction, such as the parent's home, the placement provider's home, or the home of an approved relative or kin. When a home-like setting is not available or appropriate, visits may be held in locations such as parks, restaurants, and shopping malls. As the parents progress in eliminating the safety threats, the frequency and length of visits increase and the location moves to the placement provider's or parent(s)' home, as appropriate. The length, frequency, and location of visits are based on the needs of the child and the abilities of the parent(s).

(g) Activities. Visits are planned and structured to include age appropriate activities with the child. This allows the parent(s) the opportunity to learn about the child's development and to strengthen the parent-child relationship. As parental involvement progresses, school conferences, and doctor appointments may be combined with the family visits.

(h) Importance of visitation. The Child Welfare (CW) worker stresses to the parent(s) the importance of regular visits with the child. Parents are informed that a child in out-of-home placement anticipates and is positively or negatively affected by family visits. The CW worker explains:

(1) when a parent(s) fails to attend a scheduled visit, it is harmful to the child;

(2) the parent's attendance, behaviors, and interactions with the child at scheduled visits is documented on 04KI014E, Individualized Service Plan

(ISP) Progress Report, to report the parent's progress toward improved parenting; and

(3) frequent parent-child visitation increases the likelihood of early reunification.

(i) Suspension or termination of visitation prior to adjudication. Decisions to suspend or terminate visitation prior to adjudication are made only with notification to the court and child's attorney. Prior to discontinuing visitation with the parent(s), the CW worker consults with the district attorney, child's attorney, and child's therapist, if appropriate, and advises the court of the recommendation. Written notice of this decision with a detailed explanation, including efforts made by OKDHS to improve the quality of family contacts is provided to the:

(1) court;

(2) child's attorney;

(3) parent(s);

(4) court-appointed special advocate (CASA), when applicable; and

(5) tribe, when applicable.

(j) Protocol for visitation facilitation for multiple county assignments.

(1) No later than ten working days after secondary assignment, the CW county of jurisdiction worker begins an e-mail exchange between all assigned CW workers and supervisors to facilitate and make child-focused case decisions regarding specific worker responsibilities.

(A) The e-mail exchange is for the purpose of visitation schedule development. Decisions to be made include:

(i) who will be involved in the visitation;

(ii) when and where visitation will be held;

(iii) who will provide transportation;

(iv) who will be responsible for documentation of visitation in KIDS;
and

(v) visitation cancellation and suspension issues.

(B) Issues that may impact decision-making are:

(i) court orders regarding visitation, such as frequency and supervision;

(ii) needs of child and parent(s);

(iii) suggested activities;

(iv) input from family and kin during family team meetings; and

(v) any other pertinent information.

(2) The CW county of jurisdiction worker and the CW county of placement worker review the decisions regarding visitation and address any issues during the monthly-required phone contact.

(3) If there is disagreement regarding any visitation decisions, the CW worker not in agreement consults with his or her CW supervisor to determine necessary action via teleconference or face-to-face staffing among all assigned CW staff.

(k) Visitation documentation. The occurrences and interactions during family visitation provide essential information utilized in making case decisions. KIDS Contacts and Visits screens are used for documentation of visitation and the Visitation section of Form 04KI013E, Individualized Service Plan (ISP) Dispositional Report, or Form 04KI014E is used to provide information to the court regarding visitation. Documentation includes, but is not limited to:

(1) the parent's progress in demonstrating parenting skills during visitation;

(2) the development of the parent-child relationship;

(3) efforts to place siblings, who have been removed, together or provide ongoing visitation or other contact between siblings, if not placed in the same home; and

(4) other significant events.

(l) Failure to attend visitation. When the parent does not attend a scheduled visit, the CW worker discusses the absence with the parent to determine the cause.

(1) When the parent was unable to attend due to circumstances beyond his or her immediate control, another visit is scheduled as soon as it can be arranged and services, such as transportation, are provided to alleviate the cause of the missed visit and promote future visits.

(2) When frequent absenteeism occurs after services are offered:

(A) an evaluation of the reasons for the parent's absence is conducted with the parent's participation;

(B) the parent is informed that failure to keep scheduled visits is harmful to the child's emotional and mental well-being and to the parent-child relationship; and

(C) when feasible, the CW worker attempts to minimize harm to the child due to the parent's failure to attend. One method requires the parent to arrive at the visitation location prior to the child.

(3) When the parent chronically misses visits after services are offered and he or she is aware of resulting harm to the child, this indicates that the parent may be unwilling or unable to assume parenting responsibilities.

(4) Visit absenteeism may be accompanied by arriving late, leaving early, or poor parent-child interaction. The CW worker considers this information in permanency planning for the child.

(m) Anxiety demonstrated during visitation. Visits with parents are often stressful to a child.

(1) The child may:

- (A) be upset by the parent(s)' behaviors;**
 - (B) have a loyalty conflict between the parent(s) and placement provider; or**
 - (C) feel anger, fear, or uncertainty about the separation and the future.**
- (2) Placement providers often attribute a child's difficult behaviors before and after visits to negative feelings the child may have toward the parent(s) or to negative events that might have occurred during the visit.**
- (3) Pre- and post-visit behaviors are documented in KIDS Visits screen and, when appropriate, Form 04KI009E, Court Report, or 04KI014E.**
- (4) When a child demonstrates anxiety surrounding family visits the actions in (A) and (B) are considered.**
 - (A) The CW worker holds a discussion with the parent(s), placement provider, child, and appropriate professionals, such as a counselor or therapist, to determine whether changes will make the visits more satisfactory. With the parent(s)' participation, the CW worker designs a plan of action to correct the situation and assists the parent(s) in making necessary changes.**
 - (B) If the behavior persists after the CW worker has talked to the child, counseling is provided to determine the cause for the reaction. The CW worker maintains awareness of the child's feelings, fears, and desires by conducting visits with the child and observing family visitation a minimum of every four weeks.**
 - (i) When abuse or neglect occurs during visitations, a new investigation is conducted, per OAC 340:75-3.**
 - (ii) Significant events and reactions by the child are documented in the appropriate KIDS screens and Form 04KI009E or Form 04KI014E.**

2. Sibling visitation.

- (1) When sibling groups, who have been removed, are not placed together in temporary or permanent placements, on-going contact such as, face-to-face, phone, letter, or e-mail contact between all siblings is arranged a**

minimum of once every four weeks until the siblings are reunited in out-of-home placement or the permanency plan is achieved. The CW worker verifies this contact with the placement provider at each monthly contact. Sibling contacts approved by the CW worker may be arranged by placement providers.

(2) When sibling contact is detrimental to one or more of the siblings, a temporary exception to visitation is documented in the case record. The CW worker:

(A) arranges services, including counseling, if indicated, to correct the situation; and

(B) reports the status of sibling contact in the Visitation section of Form 04KI009E or 04KI014E.

3. Continuation of visitation. After the court makes a finding that reasonable efforts to reunite are not required or have been made and failed, visitation between the child and parent is evaluated on a case-by-case basis to determine whether to continue visitation. Either finding alone does not indicate that visitation ceases. At the court hearing, the CW worker addresses the need for termination of parental rights and visitation issues.
4. Visitation with a parent whose rights were terminated. In some cases, contact and visitation between an older child or teenager and a parent whose rights were terminated may be appropriate. Teens and older children in other permanent placements, excluding adoptive homes, may desire a relationship with a parent who has made changes and matured since parental rights were terminated.
5. Opening and reading the child's mail. Mail for a child in the Oklahoma Department of Human Services (OKDHS) custody is not opened or inspected except by the child. When the CW worker believes the mail contains:
 - (1) contraband, the worker opens the mail in the child's presence without reading; or
 - (2) inappropriate or harmful information, the worker immediately notifies the CW supervisor. Court approval is required to open or read the child's mail.

- (A) The CW supervisor consults with the CW field liaison (CWFL) regarding any concerns for the child and procedures to open or inspect the mail.**
- (B) If necessary, the CW supervisor contacts the district attorney for assistance in obtaining a court order providing appropriate restrictions.**
- 6. (a) Visitation with relatives, extended family, and significant others. When contact and visitation with relatives and extended family is important for the child's well-being, the CW worker:**
- (1) encourages, when appropriate, the child's relatives and kin to maintain or strengthen their relationship with the child through visitation and other forms of contact, and facilitates the contact and visitation; and**
- (2) when school teachers, church personnel, or other members of the community who know the child request ongoing visitation or contact with the child, considers the parent(s)' feelings and opinions, wishes of the child, and permanency plan.**
- (b) Child's visits or contacts from outside entities. The CW worker determines who is appropriate to have visitation or contact with a child in out-of-home placement. When the child is in emergency or temporary OKDHS custody, the parent(s) and relatives have input into this decision. For the child in permanent OKDHS custody, the CW worker may approve contact, based upon the child's wishes and the permanency plan.**
- (c) The decision is discussed with the child's attorney when there is disagreement with the child's parent(s) regarding the contact or visitation with relatives or others.**

340:75-6-89. Travel outside the county, state, or country

A child in Oklahoma Department of Human Services (OKDHS) custody may travel out of the county or state with the placement provider or a person approved by the Child Welfare (CW) worker. If travel is outside the country, judicial approval is also required. Prior approval is not required for a child in OKDHS custody to accompany the placement provider or approved person on travel not involving overnight stays. When the travel involves an overnight stay, the placement provider contacts the CW worker for approval. ■ 1

INSTRUCTIONS TO STAFF 340:75-6-89**Revised 8-30-10**

1. Prior to approval of the overnight stay, the procedures in (1) through (3) are followed. The CW worker:

(1) determines that travel will not interfere with family visitation, court dates, or other essential case situations;

(2) obtains the destination address and telephone number, and the return date; and

(3) when the travel is out-of-state completes Form 04FC013E, Out-of-State Travel Authorization for Placement Provider, or Form 04FC014E, Out-of-State Travel and Medical Authorization for Non-Placement Provider Caregiver, and provides the form to the placement provider, approved individual, or child;

(4) when the travel is out of the country, completes Form 04FC015E, Out-of-Country Travel and Medical Authorization for Placement Provider Caregiver, or Form 04FC016E, Out-of-Country Travel and Medical Authorization for Non-Placement Provider Caregiver, and provides the form to the placement provider, approved individual, or child; and

(5) informs the placement provider, approved individual, or child that the form is to remain in their possession during the travel.

(A) When the child is in Oklahoma Department of Human Services (OKDHS) emergency or temporary custody, the signature of the parent(s) is obtained on any form authorizing overnight travel. When

the signature of the parent(s) cannot be obtained and the court of jurisdiction does not require notification for in-country travel, the signature of the county director or designee is acceptable. Efforts to obtain the signature of the parent(s) are documented in the KIDS Contacts screen.

(B) When the child is in OKDHS permanent custody and the court of jurisdiction does not require notification of in-country travel, the signature of the county director or designee is obtained.

(C) The court of jurisdiction approves all out-of-country travel.