TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:75-1, Table of Contents; 75-1-1 through 75-1-5; 75-1-10; 75-1-12.2; 75-1-15; 75-1-26; 75-1-28 through 75-1-31; 75-1-110 through 75-1-120; 75-1-150 through 75-1-152; 75-1-152.3 through 75-1-152.9; 75-1-154 through 75-1-155; 75-1-175 through 75-1-176; 75-1-179; 75-1-231; 340:75-3, Table of Contents; 75-3-1 through 75-3-2; 75-3-6 through 75-3-7.1; 75-3-8 through 75-3-8.3; 75-3-8.6; 75-3-9.1; 75-3-10.1 through 75-3-10.3; 75-3-13; 340:75-4, Table of Contents; 75-4-4; 75-4-11 through 75-4-13; 340:75-6, Table of Contents; 75-6-30; 75-6-40.5; 75-6-47 through 75-6-48; 75-6-48.3; 75-6-85; 75-6-86; 75-6-88; 75-6-90; 75-6-91; 75-6-115.1; 75-6-115.3 through 75-6-115.4; 75-6-115.7; 75-6-115.10; 75-6-117; 75-7-14; 75-7-18; 75-7-24; 75-7-52; 75-7-65; 340:75-8, Table of Contents; 340:75-8-1; 75-8-39; 75-10-17; 340:75-13, Table of Contents; 75-13-7 through 75-13-8; 75-13-10; 75-13-18; 75-13-26; 75-13-28 through 75-13-29; 75-13-45; 75-13-64 through 75-13-65; 75-13-79; 75-13-81; 340:75-15, Table of Contents; 75-15-6 through 75-15-8; 75-15-41 through 75-15-43; 75-15-45; 75-15-85; 75-15-87; 75-15-89; 75-15-107; 75-15-126; 75-15-128.1; 75-15-128.4; 75-16-35; 340:75-18, Table of Contents; 75-18-2; 75-18-10; 75-18-13; 340:75-19, Table of Contents; 75-19-26 through 75-19-30; and 75-19-32 through 75-19-33.

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

The proposed revisions to Subchapters 1, 3, 4, 6, 7, 8, 13, 15, 18, and 19 of Chapter 75 clarify: (1) mission and scope of Child Welfare (CW) services; (2) appeal process regarding investigations resulting in confirmed findings; (3) CW case records and responsibilities; (4) Address Confidentiality Program (ACP) services; (5) citizenship and immigration procedures when a child is determined a foreign national; (6) information regarding human immunodeficiency virus (HIV); (7) services through Oklahoma Children’s Services (OCS); (8) training requirements for CW staff; (9) Child Protective Services (CPS) priorities, protocols, procedures, and findings; (10) Permanency Planning activities, including CW worker contacts; (11) Independent Living (IL) program services; (12) foster home requirements regarding sleeping arrangements, money payments, and child care; (13) child support requirements; (14)
children's benefits; (15) consent for medical services; (16) efforts regarding life support, hydration and nutrition, resuscitation, and organ donation; (17) adoption services; (18) Child and Family Services Review practices and procedures, including Program Improvement Plans (PIPs) and case reviews; (19) services for Indian children in both Oklahoma Department of Human Services (OKDHS) and tribal custody; and (20) by revoking rules that are duplicative.

340:75-1-1, 75-1-3 through 75-1-5, 75-1-10, and 75-1-15 are revoked as most information was incorporated into other Sections of 340:75.

340:75-1-2 is amended to include the mission, scope, and legal base of CW services.

340:75-1-12.2 is amended to clarify eligibility criteria for the appeal process when an investigation results in a confirmed finding.

340:75-1-26 is amended as CW case records responsibility information was moved to 340:75-1-29.

340:75-1-28 ITS only is amended to better detail CW staff responsibilities.

340:75-1-29 through 75-1-31 are issued to better clarify CW case responsibility, ACP services, and citizenship and immigration status for the child determined a foreign national.

340:75-1-110 through 75-1-112 are revoked as most information was incorporated into other Sections of Part 9 of 75-1.

340:75-1-113 through 75-1-120 are amended to clarify HIV related service requirements and worker responsibilities.

340:75-1-150, 75-1-151, 75-1-151.2 through 75-1-155, and 75-4-12.2 are amended to include Parent Aide Services as a component of OCS.

340:75-1-151.1 ITS only is amended to include Parent Aide Services as a component of OCS.

340:75-1-175 through 75-1-179 are revoked as most information is contained in Part 10 of 340:75-1 and Part 1 of 340:75-4.

340:75-1-231 is amended to delete the requirement of completing the New CW Worker Development Plan within the first two years of employment.

340:75-3-1, 75-3-2, 75-3-8.2, 75-3-9.1, 75-3-10.3, 75-4-9, 75-7-14, 75-13-8, 75-13-10, 75-13-18, 75-15-6, 75-15-107, 75-19-29, 75-19-32, and 75-19-33 are amended to reflect updated information.

340:75-3-6 is amended to clarify time frames for the assignment of Priority I and Priority II reports.

340:75-3-6.1 ITS only is amended to update citations and correct program titles.

340:75-3-7 is amended to clarify processing reports that are duplicative.
340:75-3-7.1 is amended to specify the consideration of only Priority I and Priority II reports.
340:75-3-8 ITS only and 340:75-3-10.1 ITS only are amended to reflect updated information.
340:75-3-8.1 and 75-3-13 are amended to delineate investigation and assessment time frames.
340:75-3-8.3 is amended to address protocols relating to infants born alive at any stage of development.
340:75-3-8.6 ITS only is amended to clarify protocols for investigations and assessments, specifically when a person responsible for the child (PRFC) or caregiver refuses to permit the CW worker to visually inspect the child victim or siblings.
340:75-3-10.2 is amended to reflect updated information regarding findings for CPS investigations.
340:75-4-11 is revoked as the information is contained in other Sections of 340:75-4.
340:75-4-12.1 is amended to clarify the process for assessing the need for voluntary foster family care.
340:75-4-13 is amended to update voluntary Family-Centered Services requirements.
340:75-6-30 ITS only is amended to reflect protocol for visitation facilitation for multiple county assignments.
340:75-6-40.5 is amended to include all court reports pertaining to a child’s case plan, including new Form CWS-KIDS-25-B, Preadjudication Court Report.
340:75-6-47 and 75-6-48 are amended to specify the role of the CW worker when working with children and families, including CW worker contacts.
340:75-6-48.3 is issued to address the protocol for children who are absent without leave (AWOL).
340:75-6-85 is amended to include the court's consideration of a foster parent to adopt a child when the child has resided with the foster parent for at least a year.
340:75-6-88 ITS only is amended to specify that when a child is placed in foster care, a medical examination is scheduled within ten days of placement.
340:75-6-90 is revoked as this information is contained in other Sections of 340:75-1 and 340:75-4.
340:75-6-115.3 and 75-6-115.4 are amended to specify the use of preparation contingency funds for permanent connection related activities and IL incentive payments for life skills assessments.
340:75-6-115.10 is amended to revise the age of eligible youth from 17.3 to 16 years for the IL specialized community home program.
340:75-7-12 ITS only is amended to clarify conflict of interest information.
340:75-7-14 is amended to update staff titles to reflect current usage.
340:75-7-18 is amended to include sleeping arrangement considerations for any infant placed in a foster home.
340:75-7-24 and 75-7-52 are amended to clarify the process for requesting a money payment to a foster parent in lieu of or in addition to foster care reimbursement.
340:75-7-65 is amended to specify circumstances regarding payment of foster care child care.
340:75-8-1 is amended to correct a reference to a policy cite.
340:75-10-17 ITS only is amended to update the form name.
340:75-13-7 is amended to provide current procedures for claiming allowance funds to children in OKDHS custody and out-of-home placement resources that provide a monthly allowance for each child.
340:75-13-26 is amended to comply with paternity and child support mandates pursuant to House Bill 1241.
340:75-13-28 and 75-13-29 are amended to clarify that a contracted placement provider is not allowed to receive the full amount of foster care reimbursement and any other monies to which the child is entitled.
340:75-13-64 and 75-13-65 are amended to clarify eligibility for medical services and the required consent for medical services.
340:75-13-79 is amended to include current procedures for Sooner Ride services and other transportation options.
340:75-13-81 is amended to include information relating to withdrawal of life support, withholding or withdrawal of hydration and nutrition, and resuscitation efforts.
340:75-15-7 is amended to include definitions for adoption specialist and adoption transition specialist.
340:75-15-8 is amended to delineate additional responsibilities for the adoption specialist.
340:75-15-41 and 75-15-42 are amended to clarify procedures for adoptive placement criteria and statewide adoption staffings.
340:75-15-43, 75-15-45, and 75-15-85 are amended to include updated information specific to adoptive placements.
340:75-15-87 is amended to reflect the current training requirements for adoptive parent applicants.
340:75-15-126 is amended to conform to statutory requirements regarding insurance coverage for a child who is adopted.
340:75-15-128.1 is amended to clarify overpayment procedures when an adoptive parent receives an overpayment.
340:75-15-128.4 is amended to provide information specific to a sibling relationship when determining special needs eligibility for adoption assistance.
340:75-18-2, 75-18-10, and 75-18-13 are amended to reflect
current Child and Family Services Reviews practices and procedures, including PIPs and case reviews.

340:75-19-26 is amended to reflect updated information when OKDHS provides foster care reimbursement for a child in tribal custody.

340:75-19-26.1 is issued to provide procedures specific to therapeutic foster care for a child in tribal custody.

340:75-19-27 is revoked as this information is provided in 340:75-13-65.

340:75-19-28 is amended to specify required information for the determination of difficulty of care for a child in tribal custody.

340:75-19-30 is amended to include IL activities that the youth in tribal custody must agree to when opting for voluntary foster care after age 18.

Original signed on 4-28-06

Linda Smith, Director
Children and Family Services Division

Sharon Neuwald, Co-Interim Administrator
Office of Planning, Policy & Research

WF # 05-10 (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 a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS 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, DHS 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, DHS: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) 521-3611.

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PART 1. SCOPE AND APPLICABILITY


(a) Mission. The mission of Oklahoma Department of Human Services (OKDHS) Child Welfare (CW) is, with the aid and support of community partners, to provide statewide leadership to promote safety, permanence, and well-being for Oklahoma's families whose children are abused and neglected.

(b) Purpose. The purpose of CW is to identify, treat, and prevent child abuse and neglect and ensure that reasonable efforts are made to maintain and protect children in their own home. When this is not feasible, CW seeks to provide a placement that meets the child's needs and arrange an alternative permanent placement as appropriate. The fundamental rights and responsibilities that guide CW services are described in (1) through (8).

(1) All children have the right to be raised by their families, except when the risks are such that leaving the children in the home will subject them to serious abuse, neglect, or exploitation.

(2) Parents have the right to raise their children, if they are able and willing to protect and care for them.

(3) Parents and children have a right to family privacy, except where parental acts violate the rights of children.

(4) Family diversity, reflected in differing values, cultures, religions, and economic status, must be respected. CW addresses the issue of children's safety without challenging family diversity.

(5) Society has a responsibility to protect the health and welfare of children, including ensuring that children are not neglected or abused. When a minimum standard of care for children is not met, either through parental acts of commission or omission, OKDHS CW must intervene.

(6) All children deserve a safe, permanent family.

(7) Children's health and safety are paramount considerations in all placement and permanency planning decisions.

(8) Permanency planning efforts begin as soon as children enter the CW system and are expedited by the provision of services to families.
(c) **Scope.** OKDHS is the designated state agency mandated to protect children alleged or adjudicated deprived. If the risk of abuse or neglect in the child’s home is high and the family cannot or will not provide safety, then the child must be protected. CW services:

1. are directed toward safety and permanence for the child;
2. focus on the family as an integral part of the child's well-being; and
3. are provided to assist parents in the development of their ability to care for and protect their children.

(d) **Legal base.**

1. The Social Security Act of 1935 required:
   
   (A) each state to make welfare services available to all children; and
   
   (B) child welfare agencies to provide for the protection and care of homeless, dependent, neglected, and potentially delinquent children.

2. Oklahoma’s Social Security Act was approved in 1936 and authorized the Division of Child Welfare.
340:75-1-12.2. Appeal process

(a) **Purpose.** The 1996 Child Abuse Prevention and Treatment Act (CAPTA), Section 5101 et seq. of Title 42 of the United States Code, requires Child Welfare (CW) to provide an appeal process for persons who disagree with a confirmed finding of child abuse or neglect. The appeal process:

(1) provides an opportunity for the review of any confirmed finding by program staff not directly involved in the investigation;

(2) serves as a quality assurance mechanism to assess compliance of staff findings with Child Protective Services (CPS) standards, per OAC 340:75-3; and

(3) enhances the CPS program by providing a review of confirmed findings in investigations.

(b) **Eligibility criteria.** A person may request a review through the appeal process when:

(1) the person is a person responsible for the child (PRFC), per OAC 340:75-3-2, in an investigation involving abuse or neglect allegations;

(2) the investigation results in a finding of confirmed - services recommended or confirmed - court intervention requested regarding the PRFC, and no deprived petition is filed or when a deprived petition is filed, the court case is dismissed prior to adjudication;

(3) no civil proceedings are pending regarding the specific investigation referred for appeal or when civil proceedings are filed, the court case is dismissed prior to a final judgment or results in a favorable judgment for the appellant; and

(4) no criminal proceedings are pending regarding the specific investigation referred for appeal or when criminal charges are filed, the court case is dismissed or the appellant is found not guilty.

(c) **Procedures for appeal process.** The procedures for the appeal process are outlined in (1) through (4).

(1) **Notification of PRFC.** Upon confirmation of abuse, neglect, or both, the CW worker notifies the PRFC of the finding by mailing Forms CWS-KIDS-97, Notification Concerning Finding(s) of Child Abuse/Neglect, and CWS-KIDS-98, Request for Appeal, provided the criteria in OAC 340:75-1-12.2(b)(1) through (4) are met.
Forms CWS-KIDS-97 and CWS-KIDS-98 are mailed:

(A) within ten calendar days of confirmation of abuse or neglect; and

(B) to the PRFC's last known address.

(i) Form CWS-KIDS-97 informs the PRFC of:

(I) any confirmed child abuse or neglect finding in an investigation; and

(II) the date of the abuse or neglect referral, allegation, and finding without identifying the reporting party.

(ii) Form CWS-KIDS-98 specifies:

(I) the PRFC may file an appeal by mailing a request to Children and Family Services Division (CFSD) Appeals Section within 15 calendar days from the postmark of Form CWS-KIDS-98; and

(II) failure to submit an appeal request within 15 calendar days from the postmark of Form CWS-KIDS-98 results in the finding becoming final and the PRFC waives any right to appeal this finding in the future.

(2) Conditions of good cause. A PRFC must be granted a review despite failure to make a timely response, provided good cause is established, such as severe illness or other disabling condition.

(3) Response to appeal request from PRFC. If the PRFC requests a review within the required time, the Appeals Section responds to the PRFC through written notice within ten calendar days following receipt of PRFC's request for review. The Appeals Section notifies the PRFC:

(A) of the right to provide additional information through written statements, that must be submitted within 30 calendar days from the postmark of the notification that the appeal was accepted for review;

(B) that failure to submit additional information within 30 calendar days results in a waiver of this right, unless good cause is established per OAC 340:75-1-12.2(c)(2); and

(C) that verification of legal representation must be established if the PRFC desires notification to an attorney of the determination results. Verification is
established by a:

(i) release of information signed by the PRFC; or

(ii) statement of representation on official letterhead from the attorney.

(4) Procedure for conducting the review. Within 90 days following acceptance of the PRFC's timely request for a review, or a late request in which good cause is established per OAC 340:75-1-12.2(c)(2), the CFSD Appeals Committee determines whether the confirmed finding meets the criteria for confirmation, per OAC 340:75-3.

(A) The decision to uphold or reverse the original finding is final and reached by reviewing:

(i) Form CWS-KIDS-3, Report to District Attorney, and attachments, and relevant information in the KIDS system; and

(ii) all written statements submitted by the PRFC.

(B) If determination establishes that a finding failed to meet the criteria for confirmation, the Appeals Committee reverses the finding. If the finding is reversed, a new finding is entered in KIDS by the Appeals Section.

(C) Notification of the final determination of the finding is the responsibility of the Appeals Section. Notification must be made within 90 days following acceptance of the appellant's request for a review. Written notification is sent to the:

(i) appellant;

(ii) county director, CW field liaison, CW supervisor, and CW worker;

(iii) office of the district attorney in the county in which the finding originated; and

(iv) tribe, if applicable.

INSTRUCTIONS TO STAFF

1. Appeal.

(1) Notification of findings. Child Welfare (CW) staff sends Forms CWS-KIDS-97, Notification Concerning Finding(s) of Child Abuse/Neglect,
and CWS-KIDS-98, Request for Appeal, to the person responsible for the child (PRFC). PRFC, per OAC 340:75-3-2, means:

(A) the child’s parent, legal guardian, custodian, or foster parent. This includes regular, kinship, emergency, Developmental Disabilities Services Division (DDSD), therapeutic foster care, and trial adoptive homes;

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

(C) an agent or employee of a public or private residential home, institution, or facility; or

(D) an owner, operator, or employee of a child care facility, per Section 402 of Title 10 of the Oklahoma Statutes. This includes owner, operator, or employee of a child care facility or home that is not licensed but meets the definition of PRFC.

(2) Eligibility criteria.

(A) The appeal process only applies to investigations conducted by CW. Examples of investigations that are not eligible for the appeal process are investigations of child abuse or neglect conducted by:

(i) a tribal representative on tribal land; and

(ii) the Office of Client Advocacy.

(B) When a civil proceeding is dismissed prior to a final judgment or results in a favorable judgment for the appellant, the appellant must submit a copy of the court ruling within 15 calendar days from the date of the appeal request.

(C) When criminal charges are dismissed without a plea agreement or the appellant is found not guilty, the appellant must submit a copy of the dismissal or not guilty verdict within 15 calendar days from the date of the appeal request.

2. Notification to PRFC.
(1) When to send. The CW supervisor ensures Forms CWS-KIDS-97 and CWS-KIDS-98 are:

(A) sent to each PRFC identified during the investigation within ten calendar days:

(i) after an investigation is approved by the CW supervisor;

(ii) after a petition is dismissed prior to adjudication; or

(iii) when the office of the district attorney (DA) declines to file a petition;

(B) not sent when juvenile, civil, or criminal litigation is pending related to the confirmed finding of abuse or neglect in the investigation; and

(C) not sent to the PRFC when case records reflect such notification may place family members at risk. Justification for not sending Forms CWS-KIDS-97 and CWS-KIDS-98 must be thoroughly documented in KIDS Contacts screens.

(2) How to send. KIDS generates Forms CWS-KIDS-97 and CWS-KIDS-98. The address of the PRFC populates to Form CWS-KIDS-97 that is designed to display the PRFC's address in a window envelope. Forms CWS-KIDS-97 and CWS-KIDS-98 are mailed:

(A) in a number 10 window envelope with the county office return address printed in the left hand corner;

(B) so that the PRFC's full address shows in the window; and

(C) by first class delivery.

3. Response to appeal request from an OKDHS employee.

(1) In lieu of a review by the Appeals Committee, an OKDHS employee may request a review by programs staff comprised of:

(A) Children and Family Services Division (CFSD) Protection and Permanency Services Unit programs administrator;
(B) programs manager; and

(C) programs field representative.

(2) Requests for review by programs staff must be submitted in writing at the time of the appeal request.

4. Final determination.

(1) CFSD Appeals Section notifies the appellant, county director, CW field liaison, CW supervisor, CW worker, office of the DA, and appropriate programs staff, such as CFSD and Division of Child Care, of the final determination regarding whether the confirmed finding is upheld or reversed.

(2) CW staff prints the final determination e-mail and files in the child's CW case record and, if applicable, resource record.

Delivery of Child Welfare (CW) services is recorded by entry into the KIDS system, storage of documents and digital images into the KIDS application file cabinet, and maintaining a paper case file of all related case documents and information. 1 A case record is established on the family when:

(1) the client or representative requests service;

(2) service is requested on the client's behalf and the requested service is available through the CW services program; or

(3) a report of child abuse or neglect is assessed or investigated.

INSTRUCTIONS TO STAFF

1. (a) Purpose of CW case record. Child Welfare (CW) workers use the CW case record to document demographic information, decisions, and actions made with or on behalf of the children and families CW serves. Contacts are kept up to date at least monthly from the point of intake through case closure. All notes and phone messages are not destroyed unless transcribed into the paper case record or KIDS. The case record serves as:

   (1) a means for the CW worker to develop a clear understanding of the client’s situation and a basis for planning with the client;

   (2) evidence that the client has been offered requested or needed services and is receiving services through staff delivery, purchase of service, or referral;

   (3) documentation of the specific goals to which services are directed;

   (4) an accounting of the way in which the Oklahoma Department of Human Services (OKDHS) responsibilities are fulfilled;

   (5) evidence that the client's eligibility has been satisfactorily determined or redetermined;

   (6) a means for future CW workers to obtain knowledge of the client's previous experience in relation to OKDHS;
(7) documentation for the client, OKDHS, and community against inaccuracies that might arise from memory errors;

(8) a means of eliminating repeated inquiries by the CW worker about the same matter;

(9) an aid in the supervision of work, in assisting the CW worker to develop his or her skills, and in evaluating performance; and

(10) a source of reference to OKDHS in making various social and economic studies and surveys and identifying program planning needs.

(b) Paper case record. The majority of direct service CW case information is online in the KIDS system. A paper case record is set up and maintained for the purpose of maintaining case related documents that are not in KIDS, are not generated by CW, and any CW document that requires signatures and dates and is submitted to another entity, for example, the court or client. In part, the CW paper case record includes:

(1) all legals and court documents;

(2) birth verifications;

(3) Social Security cards or information;

(4) Form CWS-KIDS-3, Report to District Attorney, or Form CWS-KIDS-9-A, CPS Family Assessment, or both;

(5) grievance forms;

(6) psychological evaluations;

(7) medical information from providers;

(8) Form DCFS-19, Placement Agreement for Out-of-Home Care;

(9) appropriate child support forms;

(10) Form CWS-KIDS-4, Eligibility Determination;

(11) Form CWS-KIDS-7, Placement Provider Information;
(12) Form CWS-KIDS-8, Placement Plan;

(13) Form CWS-KIDS-10, Treatment Plan, or CWS-KIDS-24, Individualized Service Plan (ISP), or both;


(15) Form ODH 347, Medical and Social History Report for Adoption;

(16) Independent Living Life Skills Assessment;

(17) Form DCFS-29, Child Profile Assessment for Adoption;

(18) Form DCFS-89, Affidavit of Information Disclosure for Adoption;

(19) Form DCFS-91, Placement Recommendation Worksheet; and

(20) any other forms or data that are pertinent to the CW case record, such as letters, police reports, Department of Corrections reports, and similar documents.

c) Case record security. All paper case records are filed in locked file cabinets, according to their status, active or closed.

(1) Case records are kept in the county office in locked file cabinets except when officially handled by CW staff, until the requirements for storage are met per OAC 340:75-1-26 Instructions to Staff 1(h).

(2) Special circumstances may require additional security, such as case restriction. A CW case is restricted in KIDS when:

(A) an OKDHS employee or relative of an employee is involved;

(B) the case is highly publicized;

(C) the case involves a public figure; or

(D) the situation receives a lot of media attention.
(3) The decision to restrict a CW case is made by the CW supervisor. Most CW cases do not require restriction. The county director maintains restricted paper case records in a secure file separate from the county record files.

(d) Transfer of electronic and paper case records.

(1) Timeliness. Timely transfer of cases is necessary to continue service provision to the child and family. Non-receipt of the paper case record, missing information in the KIDS case, or any other issue must not delay services. CW supervisors discuss areas of concern and coordinate and communicate with each other to resolve issues.

(A) Prior to case transfer in KIDS, the receiving county is notified of the transfer by phone or e-mail and provided with any information about the family.

(B) If the initial notice is via e-mail, the initiating county CW staff contacts the receiving county CW staff by phone to discuss current case circumstances no later than five working days after the transfer.

(2) Primary case transfer. The primary CW supervisor transfers primary case responsibility in KIDS no later than five working days after:

(A) county of jurisdiction changes;

(B) a youth attains the age of majority, is in voluntary placement in a county other than the county of jurisdiction, and no other child is being provided services in the case; or

(C) a family receives Family-Centered Services or ICPC case services from another state and the family moves.

(3) Transfer of primary paper case record. The corresponding CW paper case record is sent within ten working days of the change in case status to the other county along with Form ADM-11, Transfer Between Counties.

(4) Secondary case transfer. When a child is placed or the parent(s) resides outside the county of jurisdiction, the CW supervisor of the primary case makes the secondary case assignment in KIDS no later than five working days after placement or notification of the parent(s)' location.
(A) The corresponding CW paper case record is sent within ten working days, if not provided at the time of the child's placement, to the other county along with Form ADM-11.

(B) Case content. Cases to be transferred are updated with current information, including, but not limited to:

(i) child's custody status and any upcoming hearing dates;

(ii) client status information, such as address, phone number, employment, and placement;

(iii) data regarding visits with parents, relatives, siblings, and other family members;

(iv) any scheduled or canceled visits;

(v) recent contacts with clients and collaterals; and

(vi) services scheduled, offered, or provided to a child, family member, and caregiver with type of service, date of service, and name of service provider.

(C) When services are completed or are no longer needed in the secondary county, the CW supervisor of the:

(i) secondary case:

(I) returns the secondary county paper case record to the primary county within ten working days, using Form ADM-11; and

(II) end dates the secondary assignment in KIDS.

(ii) primary case, upon receipt of the secondary paper case record:

(I) reviews the secondary paper case record for any records that are not filed in the primary case record;

(II) files these records in the primary case record; and
(III) prepares the duplicate case record for security destruction per OAC 340:2-21-35.

(5) Closed case transfer. The county that needs a closed CW paper case record that is located in another county office requests transfer of the case, using Form ADM-11. The corresponding CW paper case record is sent to the other county no later than two working days following the request identified on Form ADM-11.

(e) Documentation of race and Hispanic or Latino origin. The collection of uniform data on race and Hispanic or Latino origin is an important piece of documentation in the case record. The CW worker asks adults and, if age appropriate, children to identify all applicable racial categories to which they belong. Additionally, the CW worker determines the adult's or child's Hispanic or Latino origin. Self-identification or self-reporting is the preferred method of gathering information on race and Hispanic or Latino origin.

(1) American Indian or Alaskan Native persons have origins in any of the original peoples of North or South America, including Central America, and maintain tribal affiliation or community attachment.

(2) Asian persons have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.

(3) Black or African American persons have origins in any of the black racial groups of Africa.

(4) Native Hawaiian or Other Pacific Islander persons have origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(5) White persons have origins in any of the original peoples of Europe, Middle East, or North Africa.

(6) Unable to determine is a valid choice for race or Hispanic or Latino origin when:

(A) a child is very young or a child or adult is severely disabled and there is no person available to identify the child's or adult's race or Hispanic or Latino origin;
(B) an adult or, if age appropriate, a child refuses to identify his or her race or Hispanic or Latino origin; or

(C) a parent, relative, or guardian refuses to identify the child's race or Hispanic or Latino origin.

(f) Document and photograph storage. KIDS has the capacity to store documents and digital images. CW workers store any WORD document and digital image in the KIDS File Cabinet.

(1) Saving documents to KIDS. Refer to the File Cabinet How To found in KIDS/Help/How To's for instructions on saving documents.

(2) Storing digital images and photographs. The CW worker stores all photographs as taken. Due to legal issues, no enhancements, such as color, brightness, and contrast, or doctoring, are permitted. Refer to the Storing Photographs and Images How To found in KIDS/Help/How To's for instructions on using a digital camera and saving digital images and photographs.

(g) Case closure. Termination of services to clients may occur according to plan or due to the decision of the client or court, contrary to the CW worker's recommendation. If the CW worker determines that other services are needed, the worker makes every effort to refer the client to another agency or resource and to document the concerns. A CW case is closed in KIDS when there are no outstanding ticklers or actions associated with the case, each client in the case has a DHS client number, and there are no open lines of service. The CW worker enters the date and reason for closing the case and a closing summary that describes the services provided to the child and family. Reasons for closing the CW case include, but are not limited to:

(1) completion of mutually agreed upon goals;

(2) reasons for needing CW services have changed;

(3) services needed are outside the scope of CW; or

(4) court case is dismissed or closed.

(h) Paper case record storage. Closed paper case records are stored in locked file cabinets and kept in the county office until either the youngest...
child in the case reaches age 18 and no longer receives services or there has been no activity on the case for at least two years. When a case meets requirements for storage, the case is sent for storage per instructions via http://s99web01/adss_supportservices/openrecords1.shtm.

(a) **Scope.** If poverty is identified as a contributing factor when assessing risk of abuse or neglect, immediate assistance is provided for the family. The continuum of CW services available to children and families affected by child abuse and neglect includes a flexible contingency fund that is available for services such as food, clothing, utility bills, rent, home or car repairs, and public transportation tokens. This fund, used in conjunction with safety and service planning, as described in OAC 340:75-3-10.1, is used for a one-time purchase of goods, services, or both, needed to maintain the child safely in his or her own home or return the child safely to his or her home. In addition, the contingency fund is utilized for purchased services for children in the custody of the Oklahoma Department of Human Services (OKDHS). Contingency fund accounts are established for each of the six OKDHS Field Operations Division (FOD) areas, and staff from each county office is designated to access the respective area fund.

(b) **Intent.** The contingency fund accounts provide families involved in open Child Protective Services (CPS), Family Centered Service (FCS), Permanency Planning, or Aftercare Permanency Planning cases with the support services necessary for them to provide for and protect their children. The contingency fund is not used for families that are referred to Comprehensive Home-Based Services (CHBS), as CHBS offers another source of discretionary funds for families. Contingency fund determinations are made on a case by case basis. Payment for services through the contingency fund is not an automatic entitlement to the family.

(c) **Authorization.** Payments and services are pre-determined by the CW worker. All services are obtained at the lowest possible cost or best value to the state. Only staff specifically designated by the county director or area director are authorized to issue contingency fund authorizations on the Finance system.

(d) **Outcomes.** Service utilization and outcomes are used to determine ongoing funding amounts and the allocation of funds among areas. On a yearly basis, the county’s contingency fund tracking log and the Service Utilization Report are reviewed to determine outcomes for families utilizing this service.

(e) **Allowable services.** Allowable services are those required to maintain the child in the home, return the child to the home, or to maintain the well-being of CW families. The contingency fund is used to pay vendors for goods and services which have been properly authorized and provided to the client. The contingency fund is not used to reimburse clients, staff, or others for purchases made on behalf of clients. Ongoing maintenance or installment payments are not allowed. Cost limits for contingency fund object codes are not exceeded except when an override is approved by specifically designated staff in the six FOD area offices. The issuance of more than one...
contingency fund authorization to purchase the same goods or services is not permitted. Account limits are listed on OKDHS Appendix C-19, Child Welfare Contingency Fund Accounts.

(1) **Food.** This covers a one-time purchase of food for the household not available through Women, Infants, and Children (WIC) or another program, including infant formula and baby food, sufficient to supply the family for a period of time until the family receives some type of income or food stamp benefits.

(2) **Clothing.** This includes an emergency supply of clothing, shoes, or both, appropriate for the weather conditions for infants and children in the household and adequate clothing for children to attend school. In addition, this may include work clothing for the person responsible for the child (PRFC) if the PRFC is actively involved in job search or training or has been guaranteed a job and has demonstrated the need for such clothing.

(3) **Rent deposit or monthly payment.** If adequate housing is needed to prevent the removal of the child(ren), documented rental deposits and the first month's rent are paid or a single month's rent is paid to avoid eviction.

(4) **Utility deposits or monthly payment.** If the lack of utilities in the home may result in the removal of the child(ren), required utility deposits or overdue payments for gas, electricity, and water are covered. This does not include telephone deposits or overdue telephone bills.

(5) **Home repairs.** If the condition of the home may result in the removal of the children, home repairs are covered, including plumbing, painting, repair of broken windows and doors, purchase of screens and door locks, repair of steps and stairs, and rodent or insect fumigation.

(6) **Furniture and appliances.** This includes adequate beds and bedding for infants, children, and the PRFC, as well as basic necessities, such as a dining table and chairs.

(7) **Car repairs.** To be eligible for car repairs, the PRFC must need the car for transportation to obtain or maintain employment or to ensure adequate medical or behavioral health care for the children so that removal is not necessary. When available, public transportation is used in lieu of car repair payments.

(8) **Public transportation vouchers or tokens.** If the PRFC requires public transportation to obtain or maintain employment or to ensure adequate medical or behavioral health care for the children, a three month supply of public transportation
vouchers or tokens is provided.

(9) **Miscellaneous.** This includes goods and services that are required but not specifically covered by other object codes.

(10) **Purchased services.** This includes specific services designed to meet the identified needs of a child in OKDHS custody or PRFC as part of a treatment plan. Examples include tutoring, mentoring, group and family counseling, job placement, therapeutic or recreational services, and educational or vocational advocacy services that are not available through any other sources, including volunteers.

(11) **Automobile.** This includes payments for the purchase of an automobile, down payment for the purchase of an automobile, assistance with making a monthly payment, payment of tag, title, and tax for an automobile, or payment of automobile insurance. The payment of any automobile related costs through the use of the contingency fund must be required to obtain or maintain employment or to ensure adequate medical or behavioral health care for the children. When available, public transportation is used in lieu of payment for automobile related expenses from this object code.

(12) **Attorney fees for TANF Supported Permanency program.** This a one-time authorization for the payment of attorney fees for relatives who are being referred to the Temporary Assistance for Needy Families (TANF) Supported Permanency program to obtain guardianship of the child(ren) placed in their home, in accordance with OAC 340:75-6-31.4.

**INSTRUCTIONS TO STAFF**

1. (a) **Contingency fund authorization procedures.** The county director designates specific county staff as authorized to access funds from the area Child Welfare (CW) contingency fund accounts and establishes procedures for the county office. County procedures include designating:

   (1) names of staff who are approved to issue contingency fund authorizations;

   (2) the specific method for CW workers to make written contingency fund requests and for written approvals to be given;

   (3) a means to track the county’s issuance of contingency fund authorizations;
(4) staff responsible for and the location of the fiscal year contingency fund files for the county office;

(5) procedures for regular monitoring of contingency fund authorizations;

(6) a plan to ensure that staff involved in the contingency fund process are properly informed regarding requirements per OAC 340:75-1-28; and

(7) procedures and a plan to conduct annual service utilization reviews.

(b) Monitoring contingency funds.

(1) In order to maintain appropriate internal controls and the segregation of financial duties, the county director assigns staff who do not have direct case responsibility to issue contingency fund authorizations on the Finance system.

(2) To ensure Oklahoma Department of Human Services (OKDHS) rules are followed, CW supervisors regularly review contingency fund authorizations requested by their staff.

(3) Area directors designate area office staff to issue contingency fund authorizations, including staff specifically approved to issue contingency fund overrides.

(4) Area directors, county directors, or designees are responsible for periodically monitoring contingency fund expenditures.

2. Determining need for contingency funds. The CW worker responsible for the client who will receive the goods or service:

(1) determines the need for the goods or service;

(2) locates a service provider;

(3) determines that the goods or service is not available elsewhere at no expense;

(4) makes a written request for approval of the issuance of the contingency fund according to area-established protocol.
(A) CW supervisors, county directors, CW field liaisons, and other staff designated by the county directors or area directors are authorized to approve the issuance of contingency fund authorizations.

(B) Written approval of the request must be provided;

(5) when the family receives Temporary Assistance for Needy Families (TANF), contacts the Family Support Services (FSS) worker to determine whether flexible funds have been utilized. If available, TANF flexible funds are utilized in lieu of the CW contingency fund; and

(6) documents the contingency fund request in KIDS Contacts screen:

(A) according to area-established protocol; or

(B) no later than the fourth day of the month following authorization.

3. Authorizing payments and services.

(1) The CW worker responsible for the client who will receive the goods or service:

(A) refers to OKDHS Appendix C-19, Child Welfare Contingency Fund Accounts, for the list of services, cost limits, and object codes;

(B) negotiates for the goods or service for the client at the least possible cost or best value and determines whether the cost of labor can be reduced or donated.

(i) When requesting the contingency fund for rent deposits or monthly payment, the CW worker verifies the client's address and obtains a copy of the rent, lease, or mortgage agreement prior to requesting a contingency fund authorization.

(ii) Prior to requesting the contingency fund for utility deposits or monthly payments, the CW worker verifies that the utility service is for the client's residence. The name of the utility service customer, account number, and address of the utility service are included in the Description of services on the contingency fund authorization form.
(C) requests designated staff accesses the authorization screen through the Finance system to enter the provider information, including:

(i) family’s case number;

(ii) cost of the goods or service;

(iii) object code; and

(iv) specific description of the goods or service provided to safeguard against the purchase of unauthorized goods or services; and

(D) after receiving written approval of the contingency fund request and obtaining the contingency fund authorization, signs and delivers the authorization form to the client to take to the vendor.

(2) Upon receipt of the goods or service, the client provides the CW worker with a copy of the receipt or invoice from the vendor. The CW worker and CW supervisor review the receipt or invoice to verify that the goods or service received were those authorized according to the description on the authorization form.

(3) The CW worker or CW supervisor files the receipt or invoice, the contingency fund request, and a copy of the contingency fund authorization form in the county’s contingency fund file for the fiscal year in which the purchase was made.

(4) After the goods or service are delivered, the vendor submits the contingency fund authorization form and the invoice to OKDHS Finance Division. Payment is made no later than five working days from the date the invoice is received.

(A) Clients are not entitled to receive refunds from vendors for contingency fund purchases. Refunds from a vendor for goods or service are made directly to Finance Division.

(B) When clients receive refunds from the vendor they must reimburse the state for the amount of the refund. The CW worker coordinates with the Finance Division for procedures on refunds and reimbursements for refunds.
4. (a) Service utilization. The CW worker enters the **goods** or service, payment, or both, in KIDS Service Log by accessing the Services/Serv Logs/Select Client/Services screen.

(b) Service outcomes. On a yearly basis, the county director or designee reviews the county's utilization of the area's CW contingency fund accounts on the Service Utilization Report and determines outcomes for those families who utilized this service. The outcomes information is used by the Field Operations Division to allocate future funds.
340:75-1-29. Case responsibility

Child Welfare (CW) cases may involve more than one county. For example, a child may be adjudicated in one county, while the child's parent(s), legal guardian, or legal custodian reside in another county, and the child is placed in another county. In such cases, collaboration of the assigned CW workers is required. The case plan goal drives all decision-making.

INSTRUCTIONS TO STAFF

1. Case location and responsibility.

   (1) Location of primary case.

   (A) When there is more than one assigned Child Welfare (CW) worker, the primary CW case is maintained in the county of jurisdiction.

   (B) The exception to location in the county of jurisdiction is when the only CW service is foster care payments for a child in tribal custody per OAC 340:75-19-26.

   (2) Primary and secondary case responsibility.

   (A) The designation of primary and secondary CW worker is not a reflection of the amount of case responsibility. Each CW worker assigned to the case, whether primary or secondary, has equal responsibility to:

      (i) ensure the safety, well-being, and permanency of the child and family; and

      (ii) work together in a professional manner to meet the needs of the child and family.

   (B) If assigned CW workers disagree regarding the case plan or case actions after consultation between the respective supervisors, the CW supervisors contact the respective county director and CW field liaison (CWFL) to:

      (i) review the matter and reach a consensus; or
(ii) if unable to reach a consensus, consult with Children and Family Services Division (CFSD) Permanency Planning Section for direction.

(C) The county of jurisdiction worker is the principal case coordinator and is responsible for:

(i) gathering information regarding the circumstances of the child and, if applicable, parent(s); and

(ii) preparing and submitting the court report.

(D) The principal decision maker is the county of jurisdiction worker, except when the county of jurisdiction is not providing service to a parent(s) working toward reunification. The principal decision maker in this case is the worker providing service to the parent(s).

(E) When a child is in permanent Oklahoma Department of Human Services (OKDHS) custody and the county of jurisdiction is different from the county providing service to the child, the assigned CW workers jointly develop recommendations to the court and determine appropriate case actions.

(F) When a youth is going to age out in OKDHS custody and:

(i) the county of jurisdiction is different from the county of placement, the assigned CW workers meet with the youth at least three months prior to the youth’s 18th birthday to determine the youth’s plan. If the youth has not obtained a General Educational Development (GED) certificate or high school diploma and wants to continue in voluntary placement, the county where the youth is located after turning 18 provides the appropriate services. For the youth in above foster care level placement, where the only assigned CW worker is a liaison, a new CW worker in the county of placement is assigned after the youth turns 18; or

(ii) receives Developmental Disabilities Services Division (DDSD) services, the assigned CW worker and DDSD case manager meet at least three months prior to the youth’s 18th birthday to determine the steps necessary for the continuation of appropriate services to the youth. A follow-up meeting is held with the CW worker and DDSD case manager at least one month prior to the youth’s 18th birthday to
(G) When the only CW service provided is foster care payments for a child in tribal custody:

(i) the primary record is maintained by the CW tribal liaison; and

(ii) when the child's placement is in a different county, a secondary case is sent to the county of placement.

(H) Secondary case responsibility is assigned to the facility liaison for any child in OKDHS custody placed in community-based residential care (CBRC) settings, per OAC 340:75-11-233 and 340:75-11-239.

(I) Refer to OAC 340:75-3-11 for information regarding coordination between counties for completion and submission of Form CWS-KIDS-3, Report to District Attorney.
340:75-1-30. Address Confidentiality Program

The Address Confidentiality Program (ACP) provides services to residents of Oklahoma who are victims of domestic violence, sexual assault, and stalking. The goal of ACP is to help victims keep their location confidential by providing them with a substitute address and a mail forwarding service for use when interacting with state and local agencies. Section 60.14 of Title 22 of the Oklahoma Statutes governs ACP. This statute, when applicable, guides the actions of the Child Welfare worker.

INSTRUCTIONS TO STAFF

1. Address Confidentiality Program (ACP) protocol. When a participant provides the Child Welfare (CW) worker with an ACP authorization card, the CW worker:

   (1) makes a photocopy of the ACP authorization card and files the copy in the CW paper case record;

   (2) enters the ACP code and substitute address, P.O. Box 60189, Oklahoma City, OK 73146-0189, for the participant into KIDS Client/Demo/Address screen and deletes the participant's actual finding address, if this address has already been entered;

   (3) creates a separate paper case record for any document with the participant's actual finding address which is kept in a locked file cabinet in the CW supervisor's office.

   (A) When the participant declines to provide a finding address, the CW worker determines with the participant an alternate meeting location for the CW worker's monthly, face-to-face contact.

   (B) If there is a need to evaluate the residence for safety issues and the actual location of the participant is unknown, the ACP allows state and local agencies to petition the Secretary of State for the participant's actual address when there is a bona fide statutory or administrative requirement for the use of the address or pursuant to a court order.

   (i) The CW worker immediately staffs the case with the CW supervisor and CW field liaison (CWFL).

   (ii) The CWFL contacts, when needed, Children and Family Services Division Child Protective Services (CPS) or Permanency Planning Division Child Welfare Services (DCFS) or Permanency Planning Division Child Welfare Services (DCFS).
(PP) programs manager for consultation on related issues and actions necessary to obtain the actual address;

(4) updates the KIDS Client/Demo/Characteristics screen by selecting the Sensitive Information on File checkbox to notify CW staff who are involved in the case of the separate paper case record;

(5) sends all correspondence for the participant to the ACP substitute address; and

(6) does not include the participant’s actual location in any report sent to the district attorney or court.
340:75-1-31. Citizenship and immigration status

(a) All investigative, family-based safety and reunification services may be provided without regard to the immigration status of the child or parent(s), per Section 1611 of Volume 8 of the United States Code (8 U.S.C. § 1611).

(b) Federal funding restrictions and other legal requirements require determination of citizenship or immigration status of all children in out-of-home care. Federal foster care reimbursement and adoption assistance payments are only paid on behalf of qualified aliens and United States (U.S.) citizens. Qualified aliens include, but are not limited to:

(1) all permanent U.S. residents;

(2) persons with a green card; and

(3) refugees and persons granted asylum.

(c) Per 8 U.S.C. § 1641, undocumented persons are not eligible for medical assistance except in emergency medical situations regardless of custody status. [OAC 340:75-13-80]

(d) When a child is determined a foreign national, Oklahoma Department of Human Services is required by Article 37(b) of the Vienna Convention on Consular Relations to notify the appropriate foreign consul.  ■ 1

INSTRUCTIONS TO STAFF

1. Notification to foreign consul.

(1) The CW worker determines nationality through documentation, such as birth certificate, passport, or other national identity record. Any child who is not a United States citizen, regardless of immigration status, such as a lawful permanent resident, qualified alien, or undocumented person, is considered a foreign national.

(2) If the CW worker determines the child is a foreign national, the CW worker immediately completes Form DCFS-105, Notice to Foreign Consul of Child Welfare Proceedings, and:

(A) mails, by certified mail, return receipt requested, or faxes to the appropriate embassy or consulate. The address or fax number for the embassy or consulate is found at
http://travel.state.gov/consul_notify.html; and

(B) files a copy of completed Form DCFS-105 and proof of receipt of service in the CW paper case record and court file.
PART 9. RULES REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV)

340:75-1-113. Purpose, legal base, and definitions regarding HIV

(a) Purpose. Children in Oklahoma Department of Human Services (OKDHS) custody who are:

(1) at risk for Acquired Immunodeficiency Syndrome (AIDS);

(2) Human Immunodeficiency Virus (HIV) seropositive; or

(3) medically diagnosed with AIDS have specific needs that must be addressed. The principles of care and treatment are:

(A) prevention of transmission by educating persons about the transmission of HIV and precautions exercised to prevent transmission;

(B) provision of therapeutic intervention for children found at risk of exposure to HIV;

(C) protection of persons by universal application of infection control procedures; and

(D) protection of the right to privacy.

(b) Legal base.

(1) Sections 7002-2.1 and 7004-1.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7002-2.1 and 7004-1.1) mandate OKDHS to provide for the care and treatment of children in OKDHS custody.

(2) Per 10 O.S. § 7003-5.4, a placement provider for a child in OKDHS custody may request OKDHS provide:

(A) contagious or infectious screening examinations or tests on a child; and

(B) the results of the child's examinations or tests to the placement provider.

(c) Definitions. The following words and terms, when used in Part 9 of this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:
(1) "Acquired Immunodeficiency Syndrome (AIDS)" means a condition caused by a virus, Human Immunodeficiency Virus (HIV), that attacks the body's natural immune system, reducing the ability to fight off infections and diseases.

(2) "AIDS counseling" means counseling provided by a designated person who:

(A) is trained and certified by Oklahoma State Department of Health or American Red Cross in the health implications of AIDS; and

(B) offers supportive services for a person dealing with suspected or actual HIV infection or AIDS.

(3) "Confidential Human Immunodeficiency Virus (HIV)-related information" means any information:

(A) in the possession of a person who obtains the information pursuant to a release of confidential HIV-related information;

(B) regarding a person who:

(i) is the subject of an HIV-related test; or

(ii) has HIV infection, HIV-related illness, or AIDS; or

(C) that identifies or may identify a person with one or more such conditions, including information pertaining to the person's contacts.

(4) "Exposure to HIV" means the blood, semen, vaginal fluids, or breast milk of an HIV infected person comes in contact with the blood stream or a mucous membrane of an uninfected person.

(5) "High risk behaviors" means activities or conditions that place a person at risk of exposure to HIV due to contact with certain bodily fluids of a person who is infected with HIV, such as:

(A) unprotected sexual contact between such persons;

(B) sharing syringe needles among such persons;

(C) perinatal transmission when the mother is HIV infected; and

(D) breast feeding when the mother is HIV infected.
(6) "HIV" means the virus that causes AIDS.

(7) "HIV test" means a blood test used to detect the presence of antibodies to HIV.

(8) "Informed consent" means consent obtained from a person who:

   (A) understands and is competent to make an intelligent decision about the request for consent and any resulting consequences;

   (B) understands any risk involved and the procedures to be undertaken; and

   (C) volunteers to consent.

(9) "Need-to-know" means a person who needs to be informed about the HIV status of a child due to the person's direct responsibility or accountability for the child's care.

(10) "Reduction of risk to HIV exposure" means reduced exposure to HIV through universal application of infection control procedures. Exposure occurs when one of four body fluids, semen, blood, vaginal fluids, and breast milk, from an infected person comes in contact with the bloodstream or a mucous membrane of an uninfected person.

(11) "Release of confidential HIV-related information" means disclosure through written authorization, including informed written consent for testing and release of HIV test results, that is signed by the person who has the authority to consent.

(12) "Serologic testing and screening" means blood tests used to detect antibodies to HIV, including Enzyme-Linked Immunosorbent Assay (ELISA) and Western Blot.

(13) "Seronegative" means a negative result in a blood test for HIV.

(14) "Seropositive" means a positive result in a blood test indicating that the person has developed antibodies to HIV.

(15) "Specialized AIDS trainer" means a person who:

   (A) is trained by Oklahoma State Department of Health or American Red Cross in the health implications of HIV and AIDS; and

   (B) provides AIDS-related training.
(16) "Transmission of HIV" means passing or spreading HIV infection through:

(A) sexual contact, including oral, vaginal, or anal contact, with an infected person's blood, semen, or vaginal secretions;

(B) exposure to infected blood or blood products through needles, occupational exposure, or transfusions; or

(C) perinatal exposure from a mother, who is infected with HIV, to her fetus or newborn or shortly after birth, probably through breast milk. HIV must be present in sufficient quantity for transmission.

(17) "Universal precautions" means an approach to infection control in which all human blood and certain human body fluids are treated as infected with bloodborne pathogens such as bacteria, HIV, and viruses.
340:75-1-114. General requirements regarding HIV

(a) **Education.** Educational training regarding Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection is required for all Child Welfare (CW) staff and placement providers.

(b) **Services to children not in OKDHS custody.** A child who engaged or is engaging in high risk behaviors associated with HIV is referred by CW staff, along with the child's parent(s), to medical providers and counseling when the child or parent(s) believes there is a risk of exposure to HIV.

(c) **Services to children in OKDHS custody.** Services provided to children in Oklahoma Department of Human Services (OKDHS) custody by the CW worker include, but are not limited to, education, screening and early identification, individualized needs based treatment planning, counseling, placement, and case management, per OAC 340:75-1-115.

(d) **Confidentiality.** Confidentiality requirements pertaining to communicable disease information about children in OKDHS custody are specified in OAC 340:75-1-114(1)(A) through (D).

1. Section 1-502.2 of Title 63 of the Oklahoma Statutes (63 O.S. § 1-502.2) mandates, except as otherwise provided by law, all state records relating to the identity of . . . any person who has or may have any communicable or venereal disease . . . are confidential. 10 O.S. § 7005-1.4 provides OKDHS records, including information regarding any communicable or sexually transmitted disease, pertaining to a child may be inspected and contents disclosed without a court order to certain persons showing proper credentials and pursuant to their lawful duties. HIV-related information about the child, or any person who is a member of the child's case record, may be disclosed to:

   (A) the court having the child currently before it in any proceeding pursuant to Title 10 of the Oklahoma Statutes;

   (B) a district attorney (DA) and employees of the office of the DA in the course of their official duties pursuant to Title 10 of the Oklahoma Statutes;

   (C) the attorney representing a child who is the subject of a proceeding pursuant to Title 10 of the Oklahoma Statutes;

   (D) others entitled to access CW records without a court order, per 10 O.S. § 7005-1.4; and
(E) per 10 O.S. § 7003-5.4, the placement provider, if this information is known to OKDHS.

(2) Disclosure of the child's HIV serological status is limited to the child's placement provider, court, DA, and child's attorney. CW staff confer with the judge and DA to determine the appropriate method of disclosure of HIV-related information to the court and DA to prevent inadvertent disclosure by inclusion of this information in the child's court file. Others entitled to access to CW records without a court order, per OAC 340:75-1-44, are provided communicable disease information on a need-to-know basis.

(3) Anyone advised of a person's HIV status, with the exception of the court, DA, or child's attorney, signs and dates the written statement of confidentiality in (A) of this paragraph.

(A) This information is disclosed to you from confidential records that are protected by state law. State law prohibits you from making any further disclosure of this information without obtaining specific written authorization, per Part 9 of OAC 340:75-1, or as otherwise permitted by law. Any unauthorized further disclosure is in violation of state law and may result in criminal sanctions as provided by Oklahoma Statutes. A general authorization for release of medical or other information is not sufficient authorization for further disclosure.

(B) A copy of the signed written statement is filed in the child's separate and confidential case record.

(4) Any CW staff who violates confidentiality is subject to disciplinary action and any criminal sanctions as provided by Oklahoma Statutes.
340:75-1-115. HIV-related services and Child Welfare worker responsibilities

The Child Welfare (CW) worker is responsible for the provision and documentation of services related to Human Immunodeficiency Virus (HIV) for a child in Oklahoma Department of Human Services (OKDHS) custody.

(1) Education. The CW worker informs the:

(A) child about the methods of transmission, high risk behaviors, methods to reduce risk, consequences of the child's behaviors, and confidentiality related to HIV; and

(B) child’s placement provider about methods of transmission, high risk behaviors, methods to reduce risk, consequences, confidentiality, infection control in the placement, and universal precautions related to HIV.

(2) Early identification.

(A) Per Section 7004-1.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7004-1.1), . . . the Department shall . . . provide for each child placed in the Department's emergency custody to receive, as soon as practicable after the filing of the petition, an initial health screening to identify any health problems that require immediate treatment, to diagnose infections and communicable diseases and to evaluate injuries or other signs of neglect or abuse. The Department shall provide such medical care as is necessary to preserve the child's health and protect the health of others in contact with the child . . .

(B) When a child's medical history or behaviors, as assessed by the CW worker, indicates risk of exposure to HIV, an HIV test may be performed at the time of the initial health screening. The CW worker schedules the test as soon as feasible after the filing of the deprived petition.

(3) Testing. Per 10 O.S. § 7003-5.4, . . . if requested by the placement provider, the Department shall provide for the examinations or tests on the child . . . based on the Centers for Disease Control guidelines for time and frequency of testing . . .

(A) The first test is obtained when requested by the placement provider if no previous testing occurred. The first test serves as a baseline.

(B) Regardless of test results from the first test, a second test is done six months after the first test. The second test confirms whether transmission has occurred.
(4) **Authorization.** When requested by the child's placement provider, per 10 O.S. § 7003-5.4, OKDHS obtains authorization for an HIV test for the child and release of such test results to the placement provider. Authorization for HIV testing or release of HIV test results may be obtained by informed written consent or court order per OAC 340:75-1-116.

(5) **Assessment and needs based treatment planning.** The CW worker includes an assessment of risk behaviors associated with the transmission of HIV in the development of each child's individualized needs assessment.

(6) **Counseling.** The CW worker obtains HIV/Acquired Immune Syndrome (AIDS) counseling for the child who exhibits a need for such. Specialized HIV/AIDS counseling is provided by persons trained through Oklahoma State Department of Health or American Red Cross.

(7) **Case management and planning.** Case management and planning activities for a child in emergency or temporary OKDHS custody include the child's parent(s). The parent(s) is encouraged to provide input into the planning and management of the child's treatment and placement. The CW worker shares HIV-related information concerning a child in emergency or temporary OKDHS custody with the child's parent(s).

(8) **Placement.** A child with medically diagnosed HIV infection is placed in an out-of-home placement consistent with the child's assessed treatment needs in order to participate in all program activities. Disclosure of confidential HIV-related information to a placement provider must be accompanied by the required written statement, dated and signed by the placement provider, with a copy in the child's separate and confidential case record, per OAC 340:75-1-114.

(9) **Case record maintenance and contents.**

(A) The CW supervisor responsible for the primary case oversees all case planning and maintains written documentation of all medical and case planning information regarding the health status of a child who is:

(i) tested for HIV;

(ii) HIV seropositive; or

(iii) medically diagnosed with AIDS.

(B) HIV-related information must be kept in a separate and confidential case
(10) Public information.  Medical information concerning specific clients is not disclosed to the public.

INSTRUCTIONS TO STAFF

1. HIV-related case record contents.  The child's Human Immunodeficiency Virus (HIV)-related case record, per OAC 340:75-1-114, includes, but is not limited to:

   (1) list of persons who receive disclosure information;

   (2) specific purpose for disclosure;

   (3) testing and health status information;

   (4) narrative and other case documentation;

   (5) plan for child's care and treatment; and

   (6) copy of authorizations for an HIV test and release of such test results and confidentiality statements.
340:75-1-116. Methods of obtaining authorization for HIV testing and release of test results

Per Sections 7003-5.2 and 7003-5.4 of Title 10 of the Oklahoma Statutes (10 O.S. § 7003-5.2 and 7003-5.4), authorization for Human Immunodeficiency Virus (HIV) testing or to release the results of HIV testing may be obtained by informed written consent or court order.

(1) The Child Welfare (CW) worker obtains informed written consent, if possible. Separate consents must be obtained for testing and for release of test results.

(A) Informed written consent for a child, regardless of age, in emergency or temporary Oklahoma Department of Human Services custody, must be obtained from the child's parent(s) or legal guardian.

(B) Informed written consents, one for HIV testing and one for release of HIV test results, are obtained by the CW worker when explaining to the child and his or her parent(s) or legal guardian:

(i) the need for HIV testing;

(ii) medical procedures to be conducted;

(iii) confidentiality of HIV testing and disclosure of results;

(iv) time frames for HIV test results;

(v) reasons HIV test results are provided to the CW worker and placement provider;

(vi) other persons who have a need to know about the child's HIV-related information, per 10 O.S. § 7005-1.4; and

(vii) how HIV is transmitted and necessary precautions, including universal precautions.

(C) The CW worker uses Form DCYFS-8, Consent for Release of Information, to obtain informed written consent per OAC 340:75-1-114. A copy of completed Form DCYFS-8 is maintained in the child's HIV-related case record and includes:

(i) type of consent, whether for testing or for disclosure of confidential HIV-related information;
(ii) to whom consent or disclosure is authorized; and

(iii) purpose for consent or disclosure.

(2) When informed written consent from the parent(s) or legal guardian of the child in emergency or temporary OKDHS custody cannot be obtained, the county director or designee may consent for testing and disclosure of test results.

(3) The county director or designee may consent for testing and for release of test results for a child in permanent OKDHS custody.

(4) Any parental consent received by OKDHS, per 10 O.S. § 7003-5.4, applies to any future examination or tests and release of such results as deemed necessary by OKDHS upon the request of placement providers.
340:75-1-117. Release of HIV-related information from a third party

When the source of Human Immunodeficiency Virus (HIV)-related information is a person other than the child, child's parent, legal guardian, or legal custodian, the Child Welfare (CW) worker must obtain written consent that allows the source to release the child's information to the CW worker. When the CW worker:

(1) cannot obtain written consent for release of information from the source, the worker considers the information false; and

(2) obtains written consent for release of information from the source, the worker proceeds with case management for a child at risk for HIV infection.
340:75-1-118. Certified HIV/AIDS counselor role

Oklahoma Department of Human Services employees, who are trained as certified Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) counselors, are responsible for HIV pre-test and post-test activities.

INSTRUCTIONS TO STAFF

1. (a) HIV pre-test activities. The Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) counselor:

   (1) requests a copy of completed Form DCYFS-8, Consent for Release of Information, to inform the Child Welfare (CW) worker when the test is complete, if one has not been provided by the CW worker;

   (2) provides pre-test counseling to the parent(s) or child, as applicable;

   (3) arranges for the child to be tested, when informed written consent is obtained;

   (4) schedules an appointment with the parent(s) or child, as applicable, for post-test counseling and disclosure of test results;

   (5) explains to the parent(s), child, or both, the importance of disclosing test results to the:

       (A) assigned CW worker to ensure proper case management and planning; and

       (B) placement provider to ensure proper care and treatment of the child;

   (6) explains other persons, per Section 7005-1.4 of Title 10 of the Oklahoma Statutes, may have access to HIV-related information in the case record, such as the court, district attorney, and child’s attorney; and

   (7) notifies the assigned CW worker within two working days when the test is complete and provides the worker with the date for post-test counseling for the parent(s), child, or both.

(b) HIV post-test activities. The HIV/AIDS counselor:
(1) provides post-test counseling to the parent(s), child, or both, as applicable; and

(2) notifies the CW worker of the test results the same day of post-test counseling with the parent(s), child, or both.
340:75-1-119. **Children** who disclose HIV status and engage in HIV risk exposure behaviors

(a) **Children who disclose their HIV status to others.** The Child Welfare (CW) worker counsels with a child who freely and deliberately discloses to others that the child is Human Immunodeficiency Virus (HIV) infected. The CW worker explains to the child:

1. any personal consequences that may result from deliberate disclosure, for example stigma, social isolation from peers, and name calling; and
2. the confidentiality of HIV-related information.

(b) **Children who are HIV infected and engage in risk exposure behavior with others.** If a child, who is HIV infected, continues to engage in behaviors that are high risk for the transmission of HIV, CW staff:

1. explains that he or she understands the child's right to self-determination, but that it is a criminal offense to knowingly put others at risk of infection;
2. if the child persists, notifies Oklahoma State Department of Health (OSDH), Epidemiology Section, that the child is HIV infected and continues to engage in risk exposure behavior with others;
3. provides the OSDH Epidemiology Section with the child's name and address and essential facts;
4. if the OSDH Epidemiology Section does not respond within 24 hours, notifies the director of OSDH HIV/Sexually Transmitted Disease (STD) Service that no action has been taken; and
5. when the child continues in risk exposure behavior with others, prior to counseling by OSDH, refers the matter to the local district attorney.
340:75-1-120. Placement providers and contractors of residential care

(a) **Notification of placement.** Placement providers and contractors of residential care are advised regarding possible placement of a child in Oklahoma Department of Human Services (OKDHS) custody who is Human Immunodeficiency Virus (HIV) infected.

(1) **Contractors of residential care.** OKDHS contractors for residential care must have policy and procedures that prohibit discrimination toward children with HIV infection. Per Section 1-502.1 of Title 63 of the Oklahoma Statutes (63 O.S. § 1-502.1), private providers of residential care for children, excluding foster parents, must establish written policy and procedures for addressing the medical and security needs of children who are at risk for HIV infection or medically diagnosed with Acquired Immune Deficiency Syndrome (AIDS). Required written policy and procedures include, but are not limited to:

(A) universal precautions for preventing transmission of communicable diseases;  

(B) staff education and training on AIDS and HIV infection;  

(C) nondiscrimination clause for children who have any contagious disease, including HIV infection;  

(D) statement of confidentiality and procedures for obtaining informed written consent for testing and release of HIV test results, including disclosure to others, that is consistent with Part 9 of OAC 340:75-1;  

(E) guidelines for determining when children are offered serologic testing;  

(F) guidelines to educate children about the transmission of HIV infection and precautions to prevent transmission; and  

(G) procedure for separate and confidential case records on the health status of children who are:  

(i) tested for HIV;  

(ii) HIV seropositive; or  

(iii) medically diagnosed with AIDS.

(2) **Foster parents.** Foster parents must utilize universal precautions for preventing transmission of communicable diseases.
(b) **Disclosure to placement providers.** Per 10 O.S. § 7003-5.4, OKDHS must disclose the child's HIV test results, after obtaining authorization per OAC 340:75-1-116, to the placement provider. Disclosure of confidential HIV-related information to the placement provider must be accompanied by the required written statement, dated and signed by the placement provider and a copy filed in the child's separate and confidential case record per OAC 340:75-1-114.

(c) **Disclosure from contracted placement providers.** HIV-related information disclosure to an OKDHS employee by a placement provider must be obtained with written consent for release per OAC 340:75-1-116.
PART 10. OKLAHOMA CHILDREN'S SERVICES (OCS)

340:75-1-150. Oklahoma Children's Services

Oklahoma Children's Services (OCS) is a contracted services program available throughout Oklahoma. Contracts are awarded to one lead agency in each of the six Oklahoma Department of Human Services (OKDHS) Field Operations Division services areas. OCS offers services designed to help ensure and enhance the safety, well-being, and social functioning of children and their families. The service components of OCS are:

(1) Comprehensive Home-Based Services (CHBS); and

(2) Parent Aide Services (PAS).
340:75-1-151. Referral procedure

Oklahoma Children's Services (OCS) referrals are made by a primary or secondary Child Welfare worker and authorized by the OCS contract liaison in the OCS service area where the child or family resides. Guidelines for selecting appropriate services, whether Comprehensive Home-Based Services (CHBS) or Parent Aide Services (PAS), are provided in this Section and OAC 340:75-4-12. 1 through 4

INSTRUCTIONS TO STAFF

1. (a) Referral focus for CHBS. Form OCS-1, Referral for Service, is accessed via KIDS Service Log. The referring Child Welfare (CW) worker chooses the focus of service that corresponds to the case plan. Comprehensive Home-Based Services (CHBS) include:

   (1) voluntary services to prevent a child's removal from the home due to abuse or neglect;

   (2) maintenance of trial adoptive placement;

   (3) maintenance of kinship placement;

   (4) maintenance of out-of-home permanent placement;

   (5) reunification; and

   (6) maintenance of post legal adoption.

(b) CHBS OCS contract liaison referral guidelines. Oklahoma Children's Services (OCS) contract liaisons use guidelines outlined in (1) through (11) in determining appropriate referrals for CHBS.

(1) Physical abuse.

(A) A referral is appropriate in a physical abuse case when:

   (i) a child has been injured, but the injury is not serious per OAC 340:75-3-10.3, and the child is safe to remain in the home if in-home services are provided; or

   (ii) an older child refuses to return home due to a conflict with a
parent(s) that escalated to physical injury, and family members agree
to work together with CHBS to resolve the issues of conflict.

(B) A referral is not appropriate in a physical abuse case when:

(i) physical abuse to a child is considered serious or life-threatening
per OAC 340:75-3-2;

(ii) there is a history of physical abuse and no person responsible for
the child (PRFC) has been willing or able to protect the child;

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

(iv) there is any intentional injury to an infant.

(2) Sexual abuse.

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

(i) the perpetrator has left the home, in the case of sexual abuse by a
family member;

(ii) the perpetrator does not have access to the child either through
incarceration or court order; or

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

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

(i) the PRFC(s) continually puts the child at risk of sexual abuse by
allowing access by a known perpetrator;

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

(iii) the PRFC(s) denies the existence of risk to the child and does
not agree that treatment is necessary;
(iv) the perpetrator returns to the home; or

(v) the PRFC(s)’ lifestyle places the child at continued risk of sexual abuse through activities, such as prostitution, extensive involvement with pornography, or association with those who participate in those activities.

(3) Neglect.

(A) A referral is appropriate in a serious neglect case when the PRFC(s) or family is willing and able to participate in CHBS. Examples include:

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

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

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

(iv) there is medical neglect, or failure to follow through on health needs of an ill child. The child may remain safely in the home if intensive in-home services are provided;

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

(vi) housing conditions pose a threat to the health and safety of the child and relocation or prompt repairs are needed to avoid removal of the child.

(B) A referral is not appropriate in a neglect case when:

(i) neglect is long-term and chronic, and CW has provided many intervention services including CHBS, but the situation has not been resolved;
(ii) the PRFC(s) does not acknowledge there is a problem, does not want assistance, appears to be seriously mentally ill, or exhibits evidence of significant substance abuse; or

(iii) when neglect is considered life-threatening.

(4) Substance abuse.

(A) A referral is appropriate in a substance abuse case when:

(i) the PRFC(s) acknowledges that his or her drug abuse or dependency places the child at risk, and is willing to enter outpatient treatment for the substance abuse problem and work with CHBS to address the child's needs;

(ii) a child in a family is chemically dependent and the family is willing to work with CHBS to initiate treatment options for the child and improve family communication and interaction;

(iii) a PRFC gives birth to a drug-exposed infant who does not have significant health problems and the PRFC is willing to participate in a drug abuse treatment program and work with CHBS to receive parenting education and skills development; or

(iv) a PRFC who has completed substance abuse treatment services needs help in reconnecting to a healthy support system and overcoming family issues caused by his or her chemical dependency.

(B) A referral is not appropriate in a substance abuse case when the PRFC(s):

(i) is not available for substance abuse treatment;

(ii) is not willing to enter treatment for a substance abuse problem;

(iii) has a chronic history of not following through with substance abuse treatment;

(iv) requests that his or her child with a substance abuse problem be placed outside the home and the PRFC(s) does not verbalize a sense
of commitment and responsibility to the child; or

(v) has mental health issues or developmental delays that make treatment and cooperation impossible.

5) Mental health.

(A) A referral is appropriate in a case where the PRFC(s) or child has a mental or emotional impairment that may be stabilized by appropriate medication or therapy, and the PRFC(s) is willing to comply with recommended treatment, such as:

(i) an impairment is present in the PRFC(s):

(I) but does not significantly impede the PRFC(s)' potential to make necessary changes; or

(II) and there is evidence that the child's needs are minimally met; or

(ii) a child has a serious mental illness but treatment is expected to stabilize the child within the family.

(B) A referral is not appropriate in a case where the PRFC(s) or child has a mental or emotional impairment when:

(i) it is determined that the PRFC(s) or the child with mental illness requires hospitalization;

(ii) the PRFC(s) is impaired to the extent that the PRFC(s) is unable to learn to provide minimal care for the child and no other family member or person is available to provide long-term support or care;

(iii) the PRFC(s) has a history of chronic mental illness with little treatment success; or

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

6) Physical illness or limitation.
(A) A referral is appropriate in a case involving physical illness or limitation of the PRFC(s) or child when the:

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

(ii) the PRFC(s) has a severe physical illness or limitation that threatens his or her ability to meet minimal needs of the child but could provide such care if help were available.

(B) A referral is not appropriate in a case involving physical illness or limitation of the PRFC(s) or child when:

(i) the child has a life-threatening illness, the PRFC(s) does not have the intellectual capacity to learn to provide necessary health care, and no homemaker or public health nurse or family member is available to provide the care; or

(ii) there is no possibility that resources can be obtained to ensure safety and care of the child.

(7) Domestic violence.

(A) A referral is appropriate in a case involving domestic or intimate partner violence when:

(i) the person responsible for physical violence has left the home or is willing to participate in all services to address the issue;

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

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

(B) A referral is not appropriate in a case involving domestic or intimate partner violence when:

(i) violence has been a long-term and chronic dynamic in the relationship with a repeated pattern of separation and reconciliation;
(ii) the parties deny that violence is an issue that is detrimental to them or the child; or

(iii) violence intervention services were provided in the past, but the violence continues.

(8) Voluntary services.

(A) A family who receives voluntary services commonly exhibits issues of parental neglect or a combination of environmental factors that, if unresolved, are likely to result in removal of the child. To determine priority for service, the OCS contract liaison may hold or decline a referral to CHBS, particularly when the family has failed to cooperate with CHBS services in the past.

(B) A CHBS referral is not appropriate in a voluntary case when risk to the child is moderate or may be controlled with the use of contingency funds or other community services.

(9) Reunification. Refer to OAC 340:75-6-31.

(A) A referral is appropriate in a case of reunification when:

(i) the child can safely return to the home if intensive in-home services are made available, and the PRFC(s) has made or will have made the changes that provide the safety and stability prescribed on Form CWS-KIDS-10, Treatment Plan, or CWS-KIDS-24, Individualized Service Plan (ISP); or

(ii) the family is highly motivated to work through numerous barriers to have the child returned and willing to work intensively with CHBS; and

(iii) the family is willing to collaborate in goal setting and treatment with the OCS contract case manager (CCM) to affect the rapid, safe return of the child; and

(iv) at least one PRFC is available to participate with the CCM.

(B) A referral is not appropriate in a case of reunification when:
(i) the permanency plan is something other than reunification;

(ii) no family member is willing to work with the CCM;

(iii) other, less intensive services are sufficient to enable the PRFC(s) to complete the requirements set forth on Form CWS-KIDS-10 or CWS-KIDS-24 and achieve family reunification; or

(iv) the referral is prompted by a need for a single focus service, such as a mentor, tutor, psychological evaluation, drug testing of a PRFC(s), or a similar service.

(10) Permanent placement.

(A) A referral is appropriate in a case involving a child in a permanent placement when:

(i) the permanent placement is at risk of disruption and the child has established ties to the family that afford the child a permanent connection;

(ii) the kinship or trial adoptive family or the child needs assistance in learning behavior management techniques; or

(iii) the kinship or trial adoptive family is willing to address the social behavioral issues that are creating conflict with supportive assistance from CHBS.

(B) A referral is not appropriate in a case involving a child in a permanent placement when:

(i) the resource family refuses to accept services;

(ii) the resource family is a therapeutic foster family;

(iii) the child has not bonded with the resource family, but no other placement is available; or

(iv) CW determines that the permanent placement no longer meets the child's needs and the child will be moved.
(11) Adoption disruption.

(A) A referral is appropriate in a case involving a post adoption disruption when:

(i) the child is placed in substitute care and the goal is to reunify the child with the adoptive family;

(ii) the child presents emotional or behavioral problems that the adoptive parent(s) believes poses a risk of disruption;

(iii) the child is experiencing grief or loss issues that have not been addressed;

(iv) the adoptive family may benefit from enhanced parenting skills to deal with the child's special needs; or

(v) there are situational stressors to the family, such as death, divorce, or the addition of a new family member.

(B) A referral is not appropriate in a case involving a post adoption disruption when the:

(i) adoptive family does not want the child returned to the home;

(ii) adoptive family refuses to accept services; or

(iii) child has threatened family members with physical harm.

(c) CHBS reunification referrals.

(1) Timing of the referral is important. The referral is timed in order that the child in out-of-home care will be returned no later than midpoint in the CHBS service period to allow for safe reintegration.

(2) The CCM develops the plan for return in conjunction with the CW worker, including the tentative date of return and a schedule for overnight, unsupervised visitation prior to the actual return. Reintegration of siblings is strategically planned.

(3) If, at the court hearing, the child is not returned home as anticipated,
and the permanency plan is reunification, the CHBS case may be put in suspended status for six months or the service period may be extended to allow the CCM to assist with reintegration.

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

(d) CHBS maintain kinship placement referrals. The child's CW worker consults with the resource specialist when foster parent behavior is the reason the placement is at risk. Prior to submitting Form OCS-1, the child's CW worker determines whether another course of action is more appropriate to correct any issues with the foster parent's behavior. The resource specialist initials Form OCS-1 to signify to the OCS contract liaison that the specialist concurs with the referral decision.

(e) Completion of Form OCS-1. Required elements of Form OCS-1 are:

(1) identifying information for CHBS referrals. Referrals for CHBS require identifying information on the parent(s) or placement provider, as applicable, and oldest child participating in services. The CW worker prints a copy of the referral before submitting to the supervisor for approval to ensure that the address and other populated information is correct.

(2) reason for the CHBS referral. A request for CHBS must identify the specific reason for the referral, such as prevent the child's removal from the home, child's behavior, or environmental conditions.

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

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

(i) out-of-home placement; or

(ii) potential disruption of the placement;

(B) reasons for the child's placement;
(C) **areas** of greatest risk;

(D) outcomes expected;

(E) tentative date, for reunification cases, that the child will be returned to the family or the date the child was returned. The CW worker selects a date prior to that of the referral to signify the child resides in the home. Reunification is selected as the focus of service when:

(i) the child will be or was returned home in OKDHS custody or supervision; or

(ii) services are required when the court grants custody to a parent who was not previously the custodial parent or for a court supervision case.

(4) Supporting documentation required for CHBS referrals. Current Forms CWS-KIDS-9, Family/Child Strengths and Needs Assessment, and CWS-KIDS-10 or CWS-KIDS-24, are attached to Form OCS-1. For voluntary Family-Centered Services cases, Form DCFS-75, Voluntary Family Service Agreement, and Form DCFS-76, Safety Assessment, are attached.

2. (a) Referral for PAS. Form OCS-1 is accessed via KIDS Service Log. The referring CW worker selects the services needed as indicated on Form OCS-1.

(b) Parent Aide Services (PAS) OCS liaison referral guidelines. A family who receives PAS commonly exhibits issues of parental neglect or a combination of environmental factors that are low to moderate risk. To determine the levels of service or intervention a family needs, the CW worker uses the Levels of Service protocol per OAC 340:75-4-12.1. The OCS contract liaison reviews the Levels of Service protocol and determines whether PAS will adequately meet the needs of the family. Referrals that may not be appropriate for PAS include:

(1) most court-involved cases;

(2) history of previous court involvement;

(3) previous termination of parental rights;

(4) children who reside in out-of-home placements;
(5) serious physical abuse;

(6) out-of-control teens or truancy issues;

(7) sexual abuse; and

(8) ongoing issues involving domestic violence or substance abuse in which treatment was not sought.

(c) Identifying information for PAS referrals. Referrals for PAS require identifying information on the parent(s) and oldest child participating in services.

(d) Reason for PAS referral. A request for PAS must identify the specific reason for the referral, such as prevent the child's removal for specific conditions of risk or, in the exceptional circumstance, that a referral is submitted from a court-involved case.

(e) Supporting documentation for PAS referrals. Voluntary Family-Centered Services cases require Forms DCFS-75 and DCFS-76. For court-involved cases, Form CWS-KIDS-9, CWS-KIDS-10, CWS-KIDS-24, or DCFS-76 is required.

3. Supervisory responsibility for CHBS and PAS referrals. Referrals for CHBS and PAS are approved via KIDS by the CW supervisor after the CW supervisor ensures that each referral is complete, with supporting documentation per OAC 340:75-1-151 Instructions to Staff 1(e)(4), and appropriate for referral. OCS referrals are transmitted via KIDS to the contractor by means of the supervisor's approval.

4. Authorizations for CHBS and PAS. The OCS contract liaison authorizes or rejects CHBS and PAS referrals approved by the CW supervisor. An authorized referral is forwarded to the primary contractor for acceptance. A rejected referral is returned by the OCS contract liaison for additional information, suspended, or denied, with reasons cited. CW supervisors and OCS contract liaisons determine the priority of referrals based on greatest need.
340:75-1-151.1. Contracting agency and the right to decline cases

As a general rule, the contractor has no right to refuse referrals or disrupt service provision except under extraordinary circumstances and only in consultation with and the approval of the Child Welfare (CW) worker, CW supervisor, CW field liaison, and the Oklahoma Children's Services contract liaison.

INSTRUCTIONS TO STAFF

1. Exceptions to the no rejection rule are when:

   (1) neither child nor family is at the address reported and their whereabouts are unknown;

   (2) access to the home by the contract case manager (CCM), parent aide, or contract supervisor is not possible even though multiple attempts to meet with the child, family, or both have been made;

   (3) the CCM or contract supervisor has determined that the risk is dangerous or may be life-threatening to the provider or child;

   (4) the child and family refuse to cooperate with the contractor and verbally reject the services offered; or

   (5) guidelines for referral are not followed. Referrals for a single focus service, such as transportation or special funding, are not appropriate referrals.
340:75-1-151.2. Emergency service response

Oklahoma Children's Services (OCS) may be initiated on an emergency basis, if warranted, with verbal authorization from the OCS contract liaison. Authorization and provision of OCS emergency services do not waive the referral requirement for completion and approval of a referral in KIDS or the Child Welfare (CW) worker's participation in the Comprehensive Home-Based Services (CHBS) intake staffing. For Parent Aide Services (PAS), the CW worker's participation in the initial contact is desired, but not mandatory.

INSTRUCTIONS TO STAFF

1. Emergency service. When an emergency exists, such as the need for immediate services or resources permit a child to be released from a shelter, the Child Welfare (CW) worker, with CW supervisor approval, contacts the Oklahoma Children's Services (OCS) contract liaison by phone or e-mail to request an emergency service response by OCS. Authorization by the OCS contract liaison is required for emergency referrals; however, arrangements may be made by phone, if necessary, to ensure that the contractor has sufficient information to initiate services.
340:75-1-152. Waiting list

When referred cases exceed service capacity, waiting lists are maintained by both the contractor and Oklahoma Children's Services (OCS) contract liaison. The contractor provides weekly updates to the OCS contract liaison on the status of the waiting list.

(1) The OCS contract liaison is responsible for prioritizing referrals for Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS) when the contractor is at maximum service capacity and unable to accommodate the referrals received.

(2) If determined necessary by the Child Welfare (CW) worker, CW supervisor, and OCS contract liaison, a CHBS or PAS case nearing completion may be terminated or suspended so that a contractor may accommodate a crisis referral. This is approved only when the family considered for termination or suspension of services has received adequate services to protect the safety of the child in the home.
340:75-1-152.3. Notification by contractor of OCS referral status

The contractor notifies the Child Welfare (CW) worker, CW supervisor, and Oklahoma Children's Services (OCS) contract liaison of the status of the referral through electronic mail within 24 working hours of receipt of the authorized copy of Form OCS-1, Referral for Service. If the referral is accepted, the contractor provides the name of the contract case manager (CCM) or parent aide who is assigned responsibility for the referral. If the referral is placed on a waiting list, the contractor follows procedures in OAC 340:75-1-152.
340:75-1-152.4. Transfer of responsibility for voluntary services

When the Oklahoma Children's Services (OCS) contractor accepts:

(1) a Comprehensive Home-Based Services (CHBS) voluntary case and the intake staffing is completed; or

(2) a Parent Aide Services (PAS) referral and assigns a parent aide and contract supervisor:

(A) the OCS contractor assumes full case responsibility for services to the family;

(B) the Child Welfare (CW) case is closed, except when the county director deems that the CW case needs continuing CW services; and

(C) monitoring and oversight of the voluntary CHBS or PAS case is assumed by the area OCS contract liaison as described in OAC 340:75-1-155, except when the county director deems that the CW case needs continuing CW services, per OAC 340:75-4-13.

INSTRUCTIONS TO STAFF

1. Transfer of voluntary services case to OCS. For a Comprehensive Home-Based Services (CHBS) referral, the voluntary services case is not transferred to Oklahoma Children's Services (OCS) until the Child Welfare worker fully briefs the contractor and family regarding the required tasks and services needed to control conditions that impact the safety of the child. The intake staffing is the appropriate time to provide this information.
340:75-1-152.5. Request for extended OCS services

Generally, contracted services are concluded before the standard service period expires at nine months for Comprehensive Home-Based Services (CHBS) and six months for Parent Aide Services (PAS).

(1) If the family is in crisis or new safety concerns arise as the case is terminating, an extension may be warranted.

(2) In open Permanency Planning cases, the request for extension is considered and discussed at CHBS case staffings as the final month of service approaches. If it is determined by the Child Welfare (CW) worker and contract case manager (CCM) that a service extension is warranted, and the decision is supported by the CW supervisor, a request for extension is made to the Oklahoma Children's Services (OCS) contract liaison.

(3) If an extension is warranted for voluntary cases, the OCS contract liaison and contract staff determine how much time is needed to accomplish the remaining goals.

INSTRUCTIONS TO STAFF

1. Extension requests.

   (1) Extension request for CHBS.

      (A) Request for extension. A request for extension of Comprehensive Home-Based Services (CHBS) is made in writing no later than 45 calendar days prior to the end of the service by the Child Welfare (CW) worker and must include:

         (1) case name and KK number;

         (2) beginning and ending dates of services;

         (3) specific services received by the family to date;

         (4) purpose of the extension request;

         (5) expected outcome for the extension that is not possible within the standard service period; and
(6) number of months requested.

(B) Supervisor responsibility in approving extensions. The CW supervisor discusses the extension request with the contract supervisor to confirm the contractor's support for the extension. The CW supervisor then transmits the extension request to the Oklahoma Children's Services (OCS) contract liaison with the documented case information in (1)(A) of this Instruction and the contractor's recommendation. If the contractor's recommendation is for no extension, the CW supervisor cites the reason.

(C) CHBS extension authorizations. The OCS contract liaison is authorized to approve or deny extension requests unless a freeze is placed on extensions. Under a freeze, approval of Children and Family Services Division (CFSD) OCS programs staff is required.

(i) The OCS contract liaison informs the CW supervisor of the outcome of the extension request and forwards information regarding the approved extension to the primary contractor and CFSD OCS programs staff.

(ii) The CW worker or CW supervisor re-enters beginning and ending CHBS service dates on KIDS Service screen for all approved extension requests.

(2) Extension requests for voluntary PAS and CHBS.

(A) Approval of request. If family circumstances result in increased risk to a child during the final months of Parent Aide Services (PAS) or voluntary CHBS services, the contract supervisor may discuss the need for continuing services with the OCS contract liaison.

(i) With concurrence of the primary contractor, the OCS contract liaison may approve an extension request for CHBS, unless a freeze is in effect. If a CHBS extension freeze is in effect, the OCS contract liaison forwards the extension request to CFSD OCS programs staff.

(ii) For a PAS extension, the OCS contract liaison forwards the extension request to CFSD PAS programs manager.

(B) Extension request outcomes. The OCS contract liaison notifies the
primary contractor of the authorization or denial of extended PAS or CHBS.

(C) Updating PAS and voluntary CHBS service dates. The OCS contract liaison re-enters beginning and ending service dates on KIDS Service screen for authorized extensions of PAS and voluntary CHBS cases.
340:75-1-152.6. Comprehensive Home-Based Services maintenance level services

Maintenance level Comprehensive Home-Based Services (CHBS) services:

(1) are authorized by the Oklahoma Children’s Services (OCS) contract liaison when a family:

(A) has achieved most of their risk-related goals; or

(B) is required to participate in other ongoing services as part of a Child Welfare treatment and service plan or court order; and

(2) require a minimum of one hour monthly contractor face-to-face contact with the primary caregiver and any child age five or younger. Additional visits may be arranged by the contract case manager (CCM) with a paraprofessional, when appropriate.

INSTRUCTIONS TO STAFF

1. Maintenance service level requests in active Child Welfare (CW) cases. Required monthly staffings include discussion regarding the family’s progress, need for any changes to current service levels, and future planning.

   (1) When a family makes sufficient progress in reducing risk, a step-down in service intensity to maintenance level may be appropriate. Reduced visits both acknowledge the family’s achievements and allow time for the completion of any remaining tasks before supportive services are terminated.

   (2) If the CW worker concurs, an effective date is determined, and notice is given by the contract case manager (CCM) to the family, verbally or in writing, prior to the date maintenance services take effect.
340:75-1-152.7. OCS case suspension

If a family member is unavailable temporarily, such as when a participant is scheduled for inpatient drug and alcohol treatment, surgery, or during planned trips away from home, the Oklahoma Children's Services (OCS) Comprehensive Home-Based Services (CHBS) or Parent Aide Services (PAS) case may be suspended.

INSTRUCTIONS TO STAFF

1. OCS suspension. Service suspension is authorized by the Child Welfare worker in active cases or Oklahoma Children’s Service (OCS) contract liaison in voluntary Comprehensive Home-Based Services (CHBS) or Parent Aide Services (PAS) cases when:

   (1) a family member is temporarily unavailable for services; or

   (2) additional capacity is required by the contractor to accommodate urgent needs of a family on the waiting list.
340:75-1-152.8. Guidelines for the early termination of OCS

(a) In Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS), the contract case manager (CCM) or parent aide in conjunction with the contract supervisor may recommend early termination of services when:

1. case goals are met;
2. further progress is unlikely; or
3. services are not effective in controlling risk.

(b) The CCM's or parent aide's observations regarding risk are documented in the record as appropriate and reported to the Child Welfare (CW) worker, or, in voluntary cases, to the Oklahoma Children's Services (OCS) contract liaison, for possible termination of CHBS or PAS when:

1. there is lack of cooperation by the family; ■ 1
2. the risk to the child remains high and the abusive parent(s) has not developed adequate controls; or
3. there is new abuse or injury.

(c) Early termination and suspension decisions are made jointly by CW and contract staff. ■ 2

INSTRUCTIONS TO STAFF

1. Lack of cooperation by the family. Repeated unavailability, significant avoidance, or failure to follow through with the treatment goals indicate a lack of cooperation by the family. The Child Welfare (CW) worker responds promptly to the contract case manager (CCM) or contract supervisor to review current circumstances of the active CW case.

1. If the CCM is unable to assess risk due to the family’s avoidance, the CW worker:

   (A) ascertains the safety of the child, if possible; and

   (B) advises the court when unable to determine safety or when a child is at imminent risk of harm.
(2) The CW worker consults with the CW supervisor regarding disposition of the Comprehensive Home-Based Services (CHBS) case when the family does not cooperate.

(3) For voluntary cases, the Oklahoma Children's Services (OCS) contract liaison makes the decision regarding early termination and whether further action is required by CW. Consideration is given to effective use of the program as well as safety needs of the child.

2. Termination and suspension of CHBS or PAS.

(1) Termination is approved in court-involved cases when:

   (A) the CW worker determines the case is unsuccessful and substantiates such with the CW supervisor;

   (B) a staffing consultation with the CW worker, CW supervisor, and contract supervisor occurs;

   (C) the CCM or parent aide submits the final report on external KIDS (eKIDS), documenting CHBS or PAS termination; and

   (D) permission of the court is granted, in cases where CHBS or PAS is court-ordered.

(2) In voluntary cases, the CCM or parent aide consults with the OCS contract liaison regarding early termination or suspension of services. If the child's safety is in question, the OCS contract liaison may require the case be re-opened for subsequent action by Child Protective Services.
340:75-1-152.9. Oklahoma Children’s Services contractor's notification to Child Welfare of increased risk

The contract case manager (CCM) and parent aide are required to submit a Critical Incident Report (CIR) to Child Welfare (CW) when the safety or well-being of a child participating in an Oklahoma Children’s Services program is in question.  ■ 1

(1) The CIR is a risk alert that may require action by CW to protect a child. A determination whether to continue contract services is also considered.  ■ 2

(2) The CIR is not used when the CW worker has prior knowledge of the risk circumstances. For example, a CIR is not required when the information is disclosed to the CCM or parent aide by CW staff or if the CCM or parent aide and CW worker were both present when the new risk was identified.

INSTRUCTIONS TO STAFF

1. Circumstances warranting a CIR. The contract case manager (CCM) and Parent Aide are required to submit a Critical Incident Report (CIR) when:

   (1) three face-to-face contacts are missed by a court-involved family within any 90-day period of service;

   (2) risk to the child is considered by the CCM or parent aide and contract supervisor as unacceptable;

   (3) Oklahoma Children’s Services (OCS) contract staff discovers the family has moved without notifying the agency;

   (4) a family member is hospitalized, gives birth, sustains serious injury, dies, becomes incapacitated, is charged with a criminal violation, is incarcerated, or otherwise confined;

   (5) a family member or someone connected with the family harms or threatens to harm the CCM, parent aide, or other agency personnel; or

   (6) child abuse or neglect is alleged or observed.

2. Disposition of services. The CCM or parent aide notifies the Child Welfare (CW) worker, CW supervisor, or, in voluntary cases, the OCS contract liaison, by phone or facsimile within two hours of learning of these circumstances and enters the CIR in external KIDS (eKIDS) within 48 working hours.
(1) For disposition of the OCS case, the CCM, parent aide, or contract supervisor contacts the CW worker or OCS contract liaison.

(2) The case may be continued, suspended, or terminated based on agreement between the CW worker, CW supervisor, OCS contract liaison, CCM or parent aide, and contract supervisor.
340:75-1-154. Special funding

Special funding is available for the purchase of concrete goods and services that are necessary for the family participating in Oklahoma Children's Services (OCS). Each contractor has special funds budgeted in the contract for utilization only when assistance from other community resources is not available or cannot be accessed in a timely manner to resolve family crisis situations.

INSTRUCTIONS TO STAFF

1. Special funding. Up to $600 is provided for families and children receiving Comprehensive Home-Based Services (CHBS) and $400 for Parent Aide Services (PAS). The contract case manager (CCM) or parent aide, in consultation with the contract supervisor, determines how to best utilize special funding to facilitate successful completion of the family's goals.
340:75-1-155. Role of the OCS contract liaison

The Oklahoma Children's Services (OCS) contract liaison reports to the area director in the respective Oklahoma Department of Human Services (OKDHS) Field Operations Division area. The OCS contract liaison:

(1) works closely with the Child Welfare (CW) field liaisons to gatekeep all referrals to the OCS contractor;

(2) monitors OCS contractor case records;

(3) enhances coordination and communication between OKDHS county offices and OCS contract staff;

(4) provides oversight for the transfer of case responsibility of voluntary services to the OCS contractor; and

(5) ensures, through case monitoring, that families participating in voluntary cases receive the services they need to protect their children, including further action by CW, if actual or threatened harm to a child's safety or well-being occurs during the service period. The duties of the OCS contract liaison include:

(A) gatekeeping;  ■ 1

(B) training of OKDHS staff and contract staff;  ■ 2

(C) consultation for all voluntary services cases;  ■ 3

(D) case monitoring and auditing of active OCS contracted cases; and  ■ 4

(E) contract data maintenance and tracking.  ■ 5

INSTRUCTIONS TO STAFF

1. Gatekeeping. The Oklahoma Children's Services (OCS) contract liaison screens and authorizes referrals to Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS) to ensure that all referrals submitted to the OCS contractor are complete and appropriate.

(1) Deficiencies and concerns regarding completion and submission of referrals are addressed by the OCS contract liaison with the referring Child Welfare (CW) worker and CW supervisor.
(2) The OCS contract liaison regulates priority for service based on each family’s circumstances and risks in a manner that is consistent throughout the area and conserves the area’s resources for optimal utilization of contract services.

2. Training for OKDHS and contract staff. Training is provided individually, in groups, or through written communications to Oklahoma Department of Human Services (OKDHS) staff and contract staff on referral criteria and procedures, role expectations, and OCS policy and contract requirements. Training is specific to OCS issues.

3. Voluntary services cases consultation and staffing. Case consultation and staffing of voluntary cases are critical roles of the OCS contract liaison since no CW worker is assigned. Contract staff requests consultation or staffing with the OCS contract liaison as needed. The OCS contract liaison:

(1) and contract administrators address any issue or concern resulting from case monitoring; and

(2) provides problem resolution for conflicts that may develop between contract staff and OKDHS staff pertaining to any case or task related to OCS.

4. Case monitoring and auditing. Active OCS contracted cases are monitored and audited quarterly by the OCS contract liaisons with a sample of cases in an effort to provide information to both OKDHS and OCS contract staff. Findings are provided to area directors, CW field liaisons, and Children and Family Services Division programs staff as appropriate.

5. OCS contract liaison tracking. The OCS contract liaison maintains detailed tracking systems for OCS referrals, service quotas, and waiting lists for both the area and counties in the area. Information is communicated to OKDHS and contract staff as needed to ensure timely and appropriate services.

Completion of the New Child Welfare (CW) Worker Development Plan is mandatory for all workers new to CW. The New CW Worker Development Plan attempts to ensure a uniform level of competency among all CW workers, regardless of their level of education or field of study. This plan includes five weeks of CORE training, structured mentoring, mandatory specialized training, and intensive supervision.

INSTRUCTIONS TO STAFF


   (1) CW CORE training (CORE).

      (A) Schedule. CORE sessions are presented multiple times each fiscal year in Norman. Schedules are included in the Supervisor and Mentor Guide that is updated each fiscal year. The guide is available in Outlook Public Folders/All Public Folders/ STO DCFS/CW Training/Supervisor and Mentor Guide.

      (B) Enrollment. Enrollment in CORE is completed by the new CW worker's immediate supervisor, as soon as the CW worker's start date is known, by e-mailing the Children and Family Services Division CW Training Section with the worker's name and county of service.

         (i) Each CW worker must start CORE no later than six weeks after the hire date. The new worker does not receive caseload assignments until completion of CORE.

         (ii) At the time of enrollment, the CW Training Section sends the CW supervisor a packet with necessary information to prepare the CW worker for attending and fully participating in CORE.

      (C) Attendance. Successful completion of CORE is the new CW worker's only job responsibility; therefore, absences must be minimal. Annual leave is not approved during CORE. If planned annual or sick leave is scheduled during CORE, the CW worker must attend the next available session. If the CW worker is absent during CORE, the CW supervisor immediately e-mails the CW Training Section liaison listed in the Supervisor and Mentor Guide. The CW Training Section and respective CW supervisor communicate as necessary regarding any absences.
(D) Make-up days. Decisions regarding making up days missed are jointly made by the CORE CW liaison and CW supervisor. The decision is based on the amount of time missed, content missed, and CW worker's progress in training.

(E) Punctuality. Tardiness exceeding a total of 30 minutes in any week of classroom training is reported to the CW supervisor by the CW liaison.

(F) Lodging. Cost of the new CW worker's lodging is directly billed to OKDHS. Mileage and per diem for the CW worker in travel status is filed on the worker's regular travel claim and is paid from the Field Operations Division budget.

(G) Pre-CORE activities. Pre-CORE activities are listed in the Supervisor and Mentor Guide. If the activities are not completed, including the CORE Checklist, the CW worker reports to the county office until the next scheduled CORE.

(H) On-the-job training (OJT). OJT activities are part of the transfer of learning process, and the new CW worker must be allowed time and support in completing the activities listed in the Supervisor and Mentor Guide. For classroom training to have an effect on practice, workers must use their newly acquired skills in the work setting through OJT activities. The CW supervisor ensures the CW worker has an opportunity to complete the assigned OJT activities before and during CORE.

(I) Observation reports. A liaison from the CW Training Section is assigned to every CORE session. The liaison completes an Observation Report on each CW worker and forwards it to the CW supervisor no later than three weeks after completion of CORE.

*(i)* Prior CORE, the CW supervisor advises the CW worker that the Observation Report is sent and may be used in determining recommendations on permanent employment status.

*(ii)* Input for the Observation Report is obtained from the CORE trainers, on-site coordinator, and liaison's personal observations of
the worker.

(I) The Observation Report includes information on group participation, attitude, relevance of questions, commitment to CW, attendance, punctuality, and identified strengths and needs of the CW worker.

(II) The liaison is available to meet with the CW worker and supervisor in the county office, if requested.

(III) The supervisor discusses the report's contents with the worker.

(2) Structured mentoring.

(A) Mentoring relationship. Working with a skilled mentor is the most effective method for a new CW worker to transfer learning from the classroom to the job. A mentoring relationship is essential in giving the CW worker the opportunity to take new concepts, knowledge, and skills and integrate these into supervised real-life situations that cannot be replicated in training.

(B) Assignment. A mentor is assigned to each new CW worker at the beginning of CORE and continues in that role until graduation. The CW supervisor selects the most appropriate mentor available, based on the skills of the mentor and the specific job duties of the new worker upon graduation from CORE.

(i) Ideally, the mentor is a CW worker from the same supervisory group. If there is no qualified CW worker available, a mentor may be assigned from outside the new CW worker's group.

(ii) A CW supervisor may serve as a mentor only if able to fulfill all of the mentoring responsibilities.

(C) Qualifications. A mentor is a CW staff member with one or more years of CW service, unquestionable ethics, and outstanding social work skills, who can expose the new worker to the overall CW program. The mentor understands the intent and spirit of CW policy and models the philosophy and mission of CW in the daily work routine. The mentor is respected by CW staff and children and family services professionals.
in the community.

(D) Responsibilities. Specific instructions for mentors are found in the Supervisor and Mentor Guide.

(E) Documentation. The CW supervisor documents the name of the assigned mentor and dates of the mentoring relationship on Form OPM-111, Performance Management Process, Section F, Summary/Development Plan.

(3) Mandatory specialized training. Each CW worker must complete Level I training within one year of the hire date. The CW worker is automatically enrolled in the training and a schedule is provided to the worker and CW supervisor at the end of CORE and included in the Observation Report.

(4) Intensive supervision for new CW workers. The CW supervisor must provide intensive supervision for new workers throughout CORE and for 12 months thereafter. Intensive CW supervision responsibilities are listed in (A) through (C).

(A) Prior to CORE.

(i) Do not assign the new CW worker a caseload.

(ii) Review all pre-CORE information with the CW worker and explain the New CW Worker Development Plan format.

(iii) Assist the CW worker in making lodging arrangements for CORE if necessary. Lodging requirements are found in the Supervisor and Mentor Guide.

(iv) Complete all activities on the Pre-CORE Checklist included in the Supervisor and Mentor Guide.

(v) Assign a mentor to the CW worker, recognizing that the mentor has great influence on the worker's attitude and philosophy. Make sure the mentor is familiar with his or her responsibilities.

(vi) Allow the CW worker to shadow experienced workers on a variety of job assignments.
(vii) Discuss with the CW worker the role of CORE and the Observation Report in the probationary period.

(B) During CORE.

(i) Provide and explain OJT assignments and monitor completion of all activities during the OJT week in the county office.

(ii) Discuss OJT activities with the CW worker, complete the comments section, and sign documentation forms as required.

(iii) Ensure the CW worker returns to CORE with completed OJT assignment sheets with signatures and comments as required.

(iv) Assist the CW worker in filing mileage and per diem, if appropriate, on the regular mileage claim. Use the CORE workshop announcement to document travel.

(C) After completion of CORE.

(i) Assign only 1/3 of a caseload when the CW worker returns from CORE.

(ii) Assign another 1/3 of a caseload one month post-CORE and the remaining 1/3 caseload two months post-CORE.

(iii) Review with the CW worker the mandatory training schedule for the next year.

(iv) Hold scheduled conferences weekly.

(v) Do not allow the CW worker to perform a new activity if the worker has not shadowed an experienced CW worker on a similar activity, such as supervise visits and testify in court.

(vi) Review the accountabilities on the worker's Form OPM-111.
SUBCHAPTER 3. CHILD PROTECTIVE SERVICES

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CHILD PROTECTIVE SERVICES

REVISED 5-11-06
SUBCHAPTER 3. CHILD PROTECTIVE SERVICES

340:75-3-1. Purpose, philosophy, legal base, and authority

(a) **Purpose.** Child Protective Services (CPS) is a Child Welfare (CW) service that focuses on identifying, treating, and preventing child abuse and neglect and ensuring reasonable efforts are made to maintain and protect children in their own homes when their safety is not at risk. The primary purposes of CPS intervention are:

1. protection and control of the safety of children who are at risk of abuse and neglect; and

2. provision of services to alter the conditions that create risk of abuse or neglect. These purposes are carried out through:

   A. identifying problems and understanding the dynamics of child abuse or neglect cases;

   B. controlling the safety and protection of children who were abused or neglected or who are at risk of abuse or neglect;

   C. encouraging behavioral change in families;

   D. helping families develop coping skills;

   E. enhancing families' problem-solving capabilities;

   F. promoting family maintenance, structure, and stability;

   G. encouraging growth and maturity in families;

   H. reducing the stress in families who are in crisis;

   I. enhancing resources available to families in need; and

   J. assisting families in learning socialization skills.

(b) **Philosophy.** The CW program emphasizes safety of children and preservation of the family when the child is safely maintained within the family. While family reunification or rehabilitation is an optimum means for protecting children, the right to family integrity is limited by the right of children to be protected from abuse and neglect, per Sections 7001-1.1 and 7001-1.2 of Title 10 of the Oklahoma Statutes (10 O.S. §
7001-1.1 and 7001-1.2). Safety drives all case planning decisions, including investigation or assessment, safety planning, court intervention decisions, voluntary case decisions, visitation, and reunification. The safety needs of children three years and younger are given the greatest consideration as these children are most at risk for life-threatening consequences of abuse or neglect.

(1) Effective intervention requires CPS respond in a nonpunitive manner and offer help in the least intrusive manner possible.

(2) All CPS intervention is directed toward rehabilitation when possible.

(3) Children belong with their parents when safety can be ensured.

(4) Families must be involved and participate in the casework process.

(5) Consistent with federal and state requirements:

   (A) reasonable efforts are made when possible to prevent or eliminate the need for a child's removal; or

   (B) intervention is directed toward reunification of the child with the family, when the child will be safe in the home.

(6) When children cannot be maintained in their homes, court intervention, including removal of the child, may be necessary per Title 10 of the Oklahoma Statutes.

(c) Legal base and authority.

(1) 10 O.S. § 7101 et seq. requires that suspected abuse and neglect be reported to Oklahoma Department of Human (OKDHS). OKDHS, in accordance with priority guidelines established by OKDHS, investigates or assesses such reports and forwards investigative findings to the appropriate district attorney's (DA's) office with a recommendation regarding the disposition. Upon request from the DA's office, reports of assessment recommendations are forwarded to the DA's office.

(2) 10 O.S. § 7111 requires OKDHS maintain an information system of the investigation findings or assessment conclusions.

(3) 10 O.S. § 7003-2.1 sets forth methods by which custody of a child may be assumed. Law enforcement officers or employees of the court are authorized to assume protective custody without a court order in appropriate circumstances, or the court may issue an order for emergency custody after application by the DA.
340:75-3-2. Definitions

The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Abandonment" means the person responsible for the child (PRFC):

(A) has deserted the child, which includes abandonment of an infant, per Title 10 of the Oklahoma Statutes (10 O.S.); or

(B) through incapacitating behavior or absence, is severely limited or prevented from providing minimal care for the child; and

(C) has no ability or plans to resume care for the child.

"Abuse " means harm or threatened harm to a child's health or safety by a person responsible for the child's health or safety, per 10 O.S. Section (§) 7102.

"Accepting the report for investigation or assessment" means the screening process has been completed, the report meets the definition of abuse, neglect, or both, 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 Oklahoma Department of Human Services (OKDHS) Office of Client Advocacy.

"Assessment" means a systematic process utilized by OKDHS to respond to reports of alleged child abuse or neglect that, according to guidelines established by OKDHS, do not constitute a serious and immediate threat to the child's health or safety.

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

"Child" means any person younger than 18 years of age, including an infant born alive, except a person:

(A) convicted of a crime per 10 O.S. § 7306-1.1; or

(B) certified as an adult per 10 O.S. § 7303-4.3 and convicted of a felony.
"Child's parent" means either custodial or non-custodial parent.

"Custodian" means a person acting in the role of the parent with or without a legal order. A custodian is a person who provides for the child's health and welfare on an ongoing basis by performing such functions as enrolling the child in school, securing needed medical attention, and providing a home for the child.

"Domestic violence" means a pattern of assaultive and coercive behaviors that an adult uses against another adult when a child is present.

(A) The assaultive and coercive behaviors include, but are not limited to, sinister threats, physical injury requiring medical attention, and the presence of weapons.

(B) The child in the home is at risk of grave physical danger, significant neglect, or significant emotional consequences.

"Educational neglect" means that 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, or assisted in attending school, or provided other means of education.

(A) Per 70 O.S. § 10-105 et seq., the school district must exhaust all available means to compel attendance prior to a CPS investigation of educational neglect.

(B) Truancy or home schooling does not constitute educational neglect.

"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 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 Developmental Disabilities Services Division (DDSD), therapeutic, emergency, kinship, or foster family home, who is responsible for providing care, supervision, guidance, rearing, and other foster care
services to a child.

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

"Harm or threatened harm" means that the child's health or safety is at substantial risk as a result of the PRFC's actions, intention to act, omissions, or conditions that may result or have resulted in, per 10 O.S. § 7102:

(A) serious physical abuse;

(B) sexual abuse or exploitation;

(C) serious neglect;

(D) failure or omission to provide protection; or

(E) abandonment.

"Heinous and shocking" means abuse or neglect that is extreme, cruel, and results in severe emotional consequences, physical disfigurement, maiming, or death.

"Infant" means a child 24 months of age or younger.

"Infant born alive" means an infant who is born alive at any stage of development.

"Initiating a CPS investigation or assessment" means a good faith attempt to make face-to-face contact with all alleged child victims.

"Investigation" means an approach utilized by OKDHS to respond to reports of alleged child abuse or neglect that, according to guidelines established by OKDHS, constitute a serious and immediate threat to the child's health or safety.

"Medical neglect" means the withholding of medical treatment or prescription of any type that may significantly harm the child. The withholding of medical treatment is medical neglect when the:

(A) medical treatment is, in the opinion of a physician, required to safeguard the child from serious medical risk;

(B) medical condition of the child is an emergency or a life-threatening condition, constituting such a substantial risk to the child's health and well-being that a
reasonable person would procure medical attention immediately and the PRFC does not do so; or

(C) needed medical treatment is withheld from an infant born alive at any stage of 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:

(A) 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

(B) 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. ■ 2

"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. ■ 3

"Munchausen syndrome by proxy" means a type of child abuse in which the PRFC fabricates medical conditions in the child.

"Near death" means a child who is in serious or critical condition as certified by a physician.

"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. ■ 4

"Owner, operator, employee of the child care facility or home" means a facility or home that is licensed per 10 O.S. § 402. 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.

"Person responsible for the child (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

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

"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.

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

"Protective custody" means a child taken into custody by a peace officer or employee of the court, without a court order when the child's surroundings endanger the child, per 10 O.S. § 7003-2.1.

"Risk assessment" means determining the level of potential danger to a child and the extent to which the child's safety is jeopardized. ■ 5

"Risk factors" means the circumstances that affect the child's safety. ■ 6

"Safety" means freedom from serious danger due to abuse or neglect in the near or foreseeable future. The CW worker considers the risk factors within the child's home
"Serious abuse and neglect" means:

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

(B) 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

(C) sexual abuse.

"Sexual abuse" means any sexual activity, including sexual propositioning between the PRFC and child or any acts committed or permitted by the PRFC, for the purpose of sexually stimulating the child, PRFC, or others, and includes:

(A) rape;

(B) sodomy;

(C) incest; and

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

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

(A) sexual acts with others;

(B) prostitution;

(C) obscene photographing, filming, or depicting of the child; and

(D) deliberate exposure to adult sexuality, such as allowing a child to observe pornography or adult sex acts.

"Substance abuse" means the illegal or inappropriate use of any drug, including 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. ■ 9

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

"Truancy" means a child elects not or refuses to attend school despite efforts by the PRFC to encourage and assist in school attendance.

INSTRUCTIONS TO STAFF

1. 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 that results in several life-threatening injuries;

   (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 person responsible for the child (PRFC) or perpetrator and current abuse or neglect is serious; and

   (7) deliberate and purposeful attempt to kill a child.

2. 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, or 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 that is 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 gives consideration to 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) Munchausen syndrome by proxy. Munchausen syndrome by proxy may also be considered abuse or medical neglect, depending upon the manifestation of the syndrome; and

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

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

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

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

4. Neglect conditions. Factors considered in regard to neglect are listed in (1) through (4).

(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) failure to thrive;

(E) failure to obtain critically essential medical, dental, or mental health care; and

(F) mental injury.
5. Assessing risk. Key points for assessing risk occur:

   (1) when screening referrals;
   
   (2) when determining what information to gather in an investigation or assessment;
   
   (3) when determining whether to remove a child from his or her home;
   
   (4) prior to the development of safety plans;
   
   (5) prior to the placement of a child in the home of a relative;
   
   (6) prior to decision-making about court intervention;
   
   (7) prior to deciding whether prevention services are appropriate;
   
   (8) prior to the development of visitation plans; and
   
   (9) when making plans for treatment and reunification.

6. Risk factors. Key risk factors are the:

   (1) age of the child. Infants and toddlers are at highest risk of life-threatening consequences of abuse or neglect;
   
   (2) physical and mental abilities of the child. A child with physical or mental special needs is at greater risk;
   
   (3) level of cooperation by the PRFC;
   
   (4) physical, mental, and emotional abilities of the PRFC;
   
   (5) behavior of the perpetrator;
   
   (6) access of the perpetrator to the child;
   
   (7) location of any injury;
   
   (8) extent and severity of injury;
(9) history of abuse or neglect of the alleged child victim or siblings;

(10) physical condition of the home;

(11) available support system for the family;

(12) stress level in the home as evidenced by such things as financial or relationship difficulties; and

(13) history of abuse or neglect in the family or childhood background of the PRFC.

7. Safety assessment. The factors addressed on Form DCFS-76, Safety Assessment, are considered in determining whether protective custody is required to protect a child, per OAC 340:75-3-10.1.

8. 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 or 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 can signal, in young children, possible sexual abuse, repeated exposure to adult sexuality, exposure to sexually explicit materials, or pornography.

9. 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.
340:75-3-6. Intake process for reports of child abuse or neglect

(a) CPS intake. Child Protective Services (CPS) intake provides a mechanism for receiving, assessing, and assigning reports of child abuse, neglect, or both, for investigation or assessment. CPS intake includes all activities and functions that lead to a decision regarding whether the report is appropriate for intervention by Child Welfare (CW). Assessment of risk begins at intake and continues until case closure.

(b) Methods of reporting. Section 7103 of Title 10 of the Oklahoma Statutes (10 O.S. § 7103) mandates that reports of suspected abuse or neglect are made to Oklahoma Department of Human Services (OKDHS). CW is responsible for receiving and documenting all reports of suspected child abuse and neglect by the person responsible for the child (PRFC).

1. Reports are made by any person, including OKDHS employees, and received by phone, in writing, or in person.

2. An investigation or assessment may be initiated by CW on the basis of media reports, personal observations or reviews conducted by CW staff, or other situations when a person believes a child is at risk.

3. Reports are made to and received by CW in the local county office during regular business hours or any time to the statewide toll-free child abuse hotline, 1-800-522-3511.

(c) Interviewing the reporter. The process of interviewing the person reporting suspected abuse or neglect is critical to the protection of children.

(d) Documenting the report. The report is immediately documented on Form CWS-KIDS-1, Referral Information Report.

(e) Background information. Gathering background information begins immediately upon receipt of a report of abuse or neglect.

(f) Assignment of reports.

1. The CW supervisor or designee immediately assigns each report accepted for investigation or assessment.

2. All accepted reports are assigned the same day the report is received unless there is a:
(A) Priority I report with insufficient information to locate the child or family. Attempts to obtain the location are made the same day; and

(B) potential Priority II report where clarifying information is needed to determine acceptance.

(i) Attempts to obtain the information and assign are made the same day, but no later than three calendar days from the date and time the report is received.

(ii) When the location or clarifying information is obtained, the report is immediately assigned for investigation or assessment.

(3) All investigative and assessment time frames begin from the date and time the report is received. 8

(g) Protective service alerts. When a report is received indicating a child was at risk of harm and may continue to be at risk and the child is not located by another county or state, a protective service alert may be issued. The protective service alert is a signal that an investigation or assessment is necessary upon locating the child or family. 9

(h) Emergency response. CW staff is available to respond to emergency child abuse or neglect reports 24 hours a day, seven days a week. An emergency exists when there is reason to believe the child is at imminent risk of serious harm.

INSTRUCTIONS TO STAFF

1. (a) Four purposes of Child Protective Services (CPS) intake are to:

   (1) assist and guide the reporter in providing information regarding alleged child abuse, neglect, or both;

   (2) interpret what child abuse and neglect is to the reporter;

   (3) identify possible child abuse, neglect, or both; and

   (4) gather sufficient information to make necessary decisions.

(b) At CPS intake, decisions are made in response to questions in (1) and (2).

   (1) Does the report meet Oklahoma Department of Human Services (OKDHS) guidelines for child abuse, neglect, or risk?
(2) How urgent is the report?

2. Assisting the reporter. The Child Welfare (CW) worker assists the reporter by:

   (1) responding to the fears and concerns of the reporter;
   
   (2) discussing confidentiality.

   (A) It is contrary to state and federal laws and OKDHS policy for the identity of the reporter or other information contained in the child abuse or neglect case record to be disclosed to any unauthorized person without a court order.

   (B) The reporter is advised of the court process and that in some cases persons who have relevant information are needed in court to testify regarding the child's need for protection. Depending on practices of local court systems, court reports and other documents may be included in the court's case record.

   (C) When a report of abuse or neglect is made about someone other than the person responsible for the child (PRFC), the reporter is advised that the reported information is shared with law enforcement and, if law enforcement requests, the identity of the reporter is provided;

   (3) explaining the importance of reporting;

   (4) explaining the role of CPS;

   (5) explaining what information may be disclosed, at the completion of an investigation or assessment per OAC 340:75-3-13, to the reporter who identifies himself or herself; and

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

3. Gathering information. The focus of the interview with the reporter is to obtain information that relates to harm or risk of harm of the child.

   (1) Information obtained focuses on:

   (A) the alleged abuse or neglect;
(B) each child in the home;

(C) PRFC(s); and

(D) family functioning.

(2) The decision regarding acceptance of the report for investigation or assessment and the urgency of the response required is made solely on information obtained during the interview with the reporter.

(3) The appropriate CPS response is based on the information provided.

4. Documenting the report. The documentation of a report of child abuse and neglect is the responsibility of the CW worker or supervisor. When neither are available, clerical support staff may take a report.

(1) Clerical support staff:

(A) contacts the CW supervisor or acting supervisor immediately to verbally relay the information received so that Priority I reports are responded to appropriately, per OAC 340:75-3-7.1;

(B) documents the reason the initial information was taken by clerical support staff and the contact with the CW supervisor or acting supervisor in the Additional Information section of Form CWS-KIDS-1, Referral Information Report; and

(C) sends the report to the appropriate KIDS Inbox without a recommendation of a priority or screen out.

(2) The CW worker or supervisor reviewing the report:

(A) ensures the referral is complete; and

(B) if incomplete, completes the referral. The name of the CW worker or supervisor reviewing and sending the report for final approval and assignment or screen out is documented on Form CWS-KIDS-1.

5. Diligent documentation. The CW worker makes diligent efforts to obtain and document:
(1) the reporter’s name, address, and phone number;

(2) the relationship of the reporter to the child and family and how well the reporter knows them;

(3) whether the reporter knows of previous abuse or neglect;

(4) the reason for reporting;

(5) the reporter’s source of information, such as personal knowledge or other sources;

(6) the names of any collaterals;

(7) the family’s response, if the reporter has shared the concern with them;

(8) the identity and location of the child and PRFC;

(9) whether the reporter knows of any unsafe conditions in the home, such as:

   (A) loaded firearms or other weapons;

   (B) persons who are volatile or mentally ill; and

   (C) use and types of illegal substances or any known manufacturing, distribution, or both, of illegal substances; and

(10) the seriousness of the situation and the urgency of response.

6. (a) If information in the initial report is not sufficient, gathering of background information continues throughout the investigation or assessment until additional information is obtained.

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

   (A) known to OKDHS and CPS;

   (B) currently receiving OKDHS or CW services;

   (C) known to another state’s CPS; or
(D) known to law enforcement due to reports of domestic violence, significant substance abuse, or sexual abuse.

(2) The CW worker gathers background information by:

(A) checking the Child Abuse and Neglect Information System for protective services alerts or previous CW reports. The Information Management System (IMS), including X-mail for an address search, and KIDS are reviewed for every person included in the report;

(B) reviewing the history of OKDHS services received. All OKDHS records are checked, including medical services history, Family Support Services Division and Child Support Enforcement Division services, OKDHS adoption records and, if applicable, Juvenile Justice Information System (JOLTS). If any CW case record is unavailable due to storage in Children and Family Services Division (CFSD) Adoption Section, restricted status on KIDS, or storage in archives, CFSD CPS Section is contacted for assistance in obtaining any necessary case information;

(C) contacting any collateral that may have pertinent information to assist in making priority decisions;

(D) obtaining the name of any current OKDHS worker involved with the family. Contact with the current OKDHS worker is initiated, when possible, prior to the first contact with the child and family;

(E) contacting any county that has had CW contact with the family to determine the nature of the contact and to request the case records;

(F) contacting CPS in another state upon receipt of information that the family may have had CPS involvement in that state;

(G) contacting law enforcement and obtaining any police records when the report alleges domestic violence, significant substance abuse, or sexual abuse; and

(H) screening the report to determine whether it is assigned using criteria, per OAC 340:75-3-7 Instructions to Staff (ITS).

(b) A check for OKDHS records and background information on the family is
completed, prior to initiating the investigation or assessment, unless:

(1) an urgent response is required and there is no time to check prior to responding to the report; or

(2) the report was received after office hours and it is not possible to access KIDS or IMS.

7. Unable to locate finding. Any allegations previously made that resulted in a finding of unable to locate are documented on Form CWS-KIDS-1 and assigned for investigation or assessment per OAC 340:75-3-8.6 ITS.

8. (a) After initial assignment, the report may be reassigned if the CW supervisor determines that the needs of CW staff warrant adjustment. Reassignment of reports is kept to a minimum.

(b) Multiple reports may indicate that previous investigations did not reveal all relevant information or that the family's problems are escalating. Even if the previous reports were accurately assessed, it is critical to review all available information, since multiple reports may be an indicator that a child is at greater risk of abuse or neglect.

(1) When there are previous reports concerning the same child and family in the same county, the report is assigned to the CW worker who last conducted an investigation or assessment concerning the child and family, when possible. This only applies when the worker remains in the same county.

(2) When records indicate that there have been more than three previous reports on a family, the CW worker and supervisor:

(A) discuss all previous reports along with information gained from the entire case record and whether there is a pattern of behavior in the family or if more information is needed to determine whether there are significant problems in the family; and

(B) document the date of the staffing and the results of the staffing in the referral, investigation, or assessment KIDS Contacts screen.

(1) Protective service alerts are entered in KIDS by CPS Section staff.

(2) A KIDS case is opened with a case type of Protective Service Alert and a brief description of the circumstances entered in KIDS Contacts screen.

(3) IMS reflects the protective service alert with the CPSA designation and KK number.

(4) When the county CW office conducts a records check and finds a designated CPSA, the office staff contacts CPS Section immediately for additional information.
340:75-3-6.1. Exceptional reports of child abuse and neglect

(a) **Reports resulting from divorce or child custody actions.** If a report of abuse, neglect, or both, is made by a referring court resulting from a divorce, child custody, or juvenile action, an investigation or assessment is initiated, per OAC 340:75-3-7.1 and 340:75-3-8.

1. Findings of the investigation or the conclusions of the assessment resulting from child custody actions are submitted to the referring court, utilizing Form CWS-KIDS-3, Report to District Attorney, within 30 days of receipt of the referral.

2. Form CWS-KIDS-3 is submitted to the district attorney, per OAC 340:75-3-11.

3. The Child Welfare (CW) worker notifies the parties to the proceeding when Form CWS-KIDS-3 is submitted to the court.

(b) **Anonymous reports.** Anonymous reports that meet the definition of abuse or neglect are assigned for investigation or assessment. When a person reporting suspected child abuse, neglect, or both, is reluctant to identify himself or herself, the Child Welfare (CW) worker:

1. uses good interview skills to obtain the reporter's identity; and

2. attempts to determine the reporter's relationship to the child and family in question and any other relevant information.

(c) **Child Protective Services (CPS) reports on an OKDHS employee.** Specific procedures are followed when a report of neglect, abuse, or both, is received that involves an Oklahoma Department of Human Services (OKDHS) employee or a member of the employee's immediate or extended family, with the exception of alleged abuse in an institution. ■ 1

(d) **CPS reports to other counties.** A referral is made to CW in the family's county of residence when a referral is received regarding a child and family who are in another county. ■ 2

(e) **Reports of abuse or neglect in an active permanency planning or voluntary FCS case.** Information regarding the injury is documented on Form CWS-KIDS-1, Referral Information Report, if a child, who is part of an ongoing permanency planning or voluntary Family-Centered Services (FCS) case, is reported or observed by the CW worker to have any injury to the face, head, neck, stomach, or genitals, even an allegedly accidental injury, or to have evidence of any abuse, neglect, or both, per OAC
(f) **Newborns in an active permanency planning or voluntary FCS case.** When a baby is born to a person responsible for the child (PRFC) with an open permanency planning or voluntary FCS case, the information is documented on Form CWS-KIDS-1, per OAC 340:75-3-6. ■ 3

(g) **Address Confidentiality program (ACP).** Reports regarding child abuse and neglect that fall within the scope of CPS are accepted for investigation or assessment even though the actual finding address of the child is confidential, per 22 O.S. § 60.14. ■ 4

(h) **CPS reports on Indian children.** In order to ensure compliance with the Indian Child Welfare Act (ICWA), procedures per OAC 340:75-19-9 and 340:75-19-10 are followed for all children reported or determined Indian.

(i) **CPS reports on children who are married.** Marriage does not emancipate a minor to adult status. As a result, reports regarding abuse and neglect of minors who are married fall within the scope of CPS, particularly when there is no PRFC or other available means to protect the minor from harm. Consultation with the Child Welfare field liaison (CWFL) and Children and Family Services Division (CFSD) CPS Section is available.

**INSTRUCTIONS TO STAFF**

1. **Procedures involving OKDHS employees or family members.** The procedures in (1) through (6) are followed when a report of abuse or neglect involves an Oklahoma Department of Human Services (OKDHS) employee or member of the employee’s immediate or extended family.

   (1) If the report alleges that the child is seriously injured or in need of medical attention, emergency intervention, or both, the Child Welfare (CW) worker immediately assists in ensuring protection for the child and other children in the home.

   (2) The facts involved in the allegation are reported immediately to the district attorney (DA). If the DA declines to intervene, the investigation or assessment is conducted by CW.

   (3) A CW worker from another county or Field Operations Division (FOD) services area is assigned to investigate or assess to avoid any potential conflict of interest any time there is close proximity between the CW office...
and work location of the OKDHS employee or when the CW worker is acquainted with the OKDHS employee or employee's family.

(4) The county director is advised when:

(A) it is necessary to arrange for an investigation or assessment outside of the county; or

(B) there is potential risk to any client.

(5) If the employee is housed in the county office where CW is located, is in a position of responsibility for children, or if the report alleges serious abuse or neglect, the FOD area director is advised of the report. The Children and Family Services Division (CFSD) Child Protective Services programs manager is consulted, as needed.

(6) The initial contact with the OKDHS employee, as in any child abuse and neglect investigation or assessment, is through an unannounced visit to the employee’s home. Interviews are not conducted in the OKDHS office unless requested by the employee. All information is confidential and not discussed with the OKDHS employee in the presence of his or her co-workers or supervisor. All case information related to the investigation or assessment is restricted in KIDS.

2. Coordination between counties. When the child victim is in one county and the family or caregiver in another, CW staff in the respective counties coordinates the investigation or assessment.

(1) The county in which the child is located has primary assignment on KIDS as the investigative or assessment interview with the child is the first step. Secondary assignment is given to those counties in which family members, caregivers, or collaterals reside. The primary and secondary assignment may be changed after contact with the child victim.

(2) For case management when CW services are provided, primary and secondary assignment may differ, per OAC 340:75-1-26 Instructions to Staff (ITS). Only one Form CWS-KIDS-3, Report to District Attorney, is completed on an investigation involving one family and multiple counties, per OAC 340:75-3-11 ITS.

3. Screening reports in an active case. The CW supervisor may screen out the
report if someone other than the direct caregiver verifies that the injury was the result of an accident. Information justifying the screen out disposition is documented in the Additional Information section of Form CWS-KIDS-1, Referral Information Report. If an investigation or assessment is not conducted, the CW worker documents all information concerning the injury in KIDS Contacts screen in the child’s case.

4. Newborn investigations. The referral is assigned as an investigation to determine the immediate safety of and threat of harm to the newborn, per OAC 340:75-3-10.1 ITS and 340:75-6-40.3 ITS.

5. Responsibilities to ACP participants. In cases involving Address Confidentiality Program (ACP) participants, the CW worker:

   (1) follows the verification of and the investigative or assessment responsibilities and tasks related to ACP participants, per OAC 340:75-1-30;

   (2) arranges an alternate location to interview and observe the child if the participant declines to provide a finding address; and

   (3) documents in KIDS Interview screen why a home visit was not accomplished.
340:75-3-7. Screening of reports

(a) **Reports.** All reports are screened to determine whether allegations meet the definition of child abuse or neglect and are within the scope of a Child Protective Services (CPS) investigation or assessment, per Title 10 of the Oklahoma Statutes and OAC 340:75. If the allegations are not appropriate for CPS, the reporter may be given an explanation why an investigation or assessment will not be conducted and, if appropriate, where a referral may be made to assist the family.  ■ 1

(b) **Collateral contacts during the screening process.** If the reporter does not provide critical information that assists in making an informed decision about the disposition of a report, contact may be made with any person who has critical information about the report.  ■ 2

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

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

2. When information does not indicate a child is presently at risk, CPS intervention may not be warranted.

(d) **Disposition of the screened out report.** When a report is received that is not appropriate for CPS and services are needed, the Child Welfare (CW) worker may make a referral within Oklahoma Department of Human Services (OKDHS), to outside resources, or both, for emergency food, shelter, medical services, or counseling. In situations that indicate the child and family are in need of services, referrals to community agencies or OKDHS contract providers may be offered to the family.  ■ 3

(e) **Clarifying information regarding the report for investigation or assessment.** When the screening process results in a report requiring further clarification, contact may be made with the reporter or another collateral contact. Time frames for gathering clarifying information are set forth in OAC 340:75-3-6.

(f) **Reports that are duplicative of a previous report.** When a report is received in which the information is duplicative of a prior report that has been assigned for investigation or assessment, but has not been initiated, the report may be screened out and associated with the assigned investigation or assessment.  ■ 4
(g) **Response to reporter concerning a screened out report.** The reporter may be informed of the decision to screen out the referral and the reason for this decision. The reporting party is advised that the information he or she provides is kept on file electronically and that any future reported allegations of child abuse or neglect that meet the definition of such will be assigned for investigation or assessment.

(h) **Screened reports and information and referral (I&R) files.** All CPS reports not assigned for investigation or assessment are documented in the KIDS system. All other reports not assigned for investigation or assessment, such as a preliminary inquiry that is referred to law enforcement and any other report that does not result in establishing a KK case are also documented in KIDS.

**INSTRUCTIONS TO STAFF**

1. **(a) Criteria for screening reports.**

   (1) Great care is taken in making screening decisions. The Child Welfare (CW) supervisor considers the potential risk factors described by the reporter and the age and vulnerability of the child.

   (A) Even when the report does not have clear-cut allegations of abuse or neglect these factors are considered in making screening decisions.

   (B) Reports regarding children three years of age and younger are screened with extreme caution due to the vulnerability of this age group to serious and life-threatening consequences resulting from abuse or neglect.

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

   (A) that clearly fall outside definitions of abuse and neglect per OAC 340:75-3-2, including minor injury to a child older than ten years of age who has no significant child abuse and neglect history or neglect that would be harmful to a young child but poses less risk to a child older than ten years of age;

   (B) concerning a victim age 18 or older unless the victim is in voluntary placement with Oklahoma Department of Human Services (OKDHS);

   (C) in which the alleged perpetrator is not a person responsible for the child (PRFC) unless there is indication that the PRFC failed to protect
the child. For preliminary inquiry protocol refer to OAC 340:75-3-7.2;

(D) in which there is insufficient information to locate the family and child; and

(E) in which there is no information indicating that abuse or neglect has occurred, rather, the family needs assistance from a social service agency.

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

(A) anonymous reports;

(B) custody disputes in which abuse or neglect is alleged even if there are numerous reports; or

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

(4) Once a CW worker responds to a report by interviewing or observing the alleged child victim, the report cannot be screened out and the Child Protective Services (CPS) investigative or assessment protocol must be followed per OAC 340:75-3-8 or 340:75-3-8.5 and 340:75-3-8.6.

(b) Reporters may contact CW with information concerning serious individual and family problems that do not indicate abuse or neglect of a child. These reports may be appropriate for screening out. Examples of allegations are:

(1) adolescents with behavioral problems, such as delinquency or truancy that is not caused by abuse or neglect and the PRFC attempted intervention and exhibits concern about the behavior;

(2) parent-child conflicts in which no abuse or neglect is alleged;

(3) children who have special needs, such as special education or children who exhibit emotionally disturbed behavior and the PRFC made appropriate attempts to address the child's needs;
(4) children ages five and older spanked on the buttocks by foster or trial adoptive parents, no unreasonable force used, and no injuries observed, per OAC 340:75-3-8.1; and

(5) overreactions to poor parenting practices. Examples of poor parenting practices that are generally not indicative of serious neglect are:

(A) inattention to clothing resulting in the child wearing torn clothing or not having a raincoat or gloves;

(B) providing unbalanced meals or too much junk food;

(C) inattention to hygiene resulting in such things as dirty face or hair as long as the child is not malodorous and the situation is periodic;

(D) housekeeping standards, such as poorly washed dishes, general disarray, and mildly unsanitary conditions;

(E) inattention to minor health issues, such as insect bites, lice, scabies, and minor colds;

(F) substance abuse by the PRFC that does not prevent the PRFC from providing minimal basic care for the child; and

(G) domestic violence between adults in the home that does not involve weapons, physical injury requiring medical attention, or sinister threats that place the child at risk of grave physical danger, significant neglect, or significant emotional consequence.

2. Collateral contact.

(1) During the screening process collateral contact may be necessary. For example, when:

(A) CW receives a report concerning a child who was raped, perpetrator unknown, the CW worker or supervisor may contact law enforcement to determine whether the perpetrator is a PRFC or third party;

(B) a reporter only has secondhand information but supplies the name of someone who has more direct information, CW staff may contact that person to get better information; and
(C) the CW worker believes the collateral will notify the family about the report and the plan is to screen out the report, the CW worker contacts the family by phone or in writing to let them know that a report was received but it did not meet the definitions of abuse or neglect, per Title 10 of the Oklahoma Statutes and OAC 340:75-3-2.

(2) The issues with obtaining clarifying information before a report is accepted for investigation or assessment are:

(A) care must be taken not to provide any of the details of the report; and

(B) good judgment must be used in deciding who can supply clarifying information without contacting the family named in the report.

3. Documentation of screen out. The CW supervisor documents the reason for the screen out decision on Form CWS-KIDS-1, Referral Information Report.

4. Duplication of allegations. Duplication of allegations is when identical information is received from either the same or a different reporter.
340:75-3-7.1. Priority guidelines

(a) **Use of priority guidelines.** Priority guidelines are used by Child Welfare (CW) staff to determine how quickly an initial response must be made to a report of child abuse or neglect. The priority guidelines are used in conjunction with good judgment based on all available information.

(b) **Factors to consider in conjunction with priority guidelines.** The factors considered along with the priority guidelines in establishing investigation or assessment time frames are:

(1) the child’s age;

(2) the child’s physical and mental abilities;

(3) the perpetrator’s access to and attitude toward the child; and

(4) any allegations of bruising or injury to the child.

(c) **Urgency.** Urgency means making a determination regarding how quickly the initial response must be made to the report. A decision about the urgency is made after all available information relative to risk is collected, recorded, and analyzed.

(d) **Priority I reports.** A Priority I report indicates the child is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, but no later than 24 hours after receipt of the report. If a complete investigation or assessment is not possible, a safety measure is put in place to ensure the child's protection. A safety measure is an action taken that protects the child, such as protective child care, perpetrator leaves the home, or other similar protective actions.

(e) **Priority II reports.** Priority II reports indicate there is no imminent danger of severe injury, but without intervention and safety measures it is likely the child will not be safe. Priority II investigations or assessments are initiated within 48 hours to 15 calendar days from the date the report is accepted for investigation or assessment.

**INSTRUCTIONS TO STAFF**

1. **Factors used in establishing assignment time frames.** The factors in (1) through (4) are considered along with priority guidelines in establishing investigation or assessment time frames.
(1) Age. A child, infant through age three, in any potentially dangerous situation, always indicates a higher priority than an older child who is less vulnerable to serious injury or death.

(2) Physical and mental abilities. A severely physically or mentally disabled child generally warrants a higher priority and a more prompt response than a child without such limitations.

(3) Perpetrator access and attitude toward the child. A perpetrator with sole access to a child and a cruel or unrealistic attitude about the child requires a higher priority and more prompt response due to the risk of serious injury to the child.

(4) Any allegations of bruising or injury. Any allegations of bruising or injury must be investigated in a time frame that allows the Child Welfare (CW) worker to:

(A) observe any bruises or injuries in the most severe state; and

(B) ensure protection for the child.

2. (a) Priority guidelines in OAC 340:75-3-7.1:

(1) assist staff in determining urgency; and

(2) are not inclusive or exclusive and are not intended to replace good judgment.

(b) Based on an analysis of the reported circumstances, the CW supervisor:

(1) assigns a priority to each report accepted for investigation or assessment; and

(2) ensures that investigations or assessments are conducted as soon as possible and in accordance with the investigation or assessment time frames. The priority is indicated on Form CWS-KIDS-1, Referral Information Report.

3. Response criteria. Response criteria followed in assignment of Priority I reports are specified in (1) and (2).
(1) Since all time frames begin at the time the report is received, the date the report is received is the first day of a Priority I investigation or assessment.

(2) If there is a failed attempt to have immediate face-to-face contact with the alleged child victim in a Priority I investigation or assessment, a subsequent good faith attempt to locate the child is made the same day and each subsequent working day until contact is made with the child victim or it is determined that the child cannot be located. Each attempted contact with the child victim or other family members is documented on KIDS.

4. Priority I allegations.

(1) The decision concerning a safety measure is:

   (A) discussed with and approved by the CW supervisor and documented on Form CWS-KIDS-1; and

   (B) documented on Form CWS-KIDS-1 in the Comments section.

(2) Examples of Priority I allegations are:

   (A) a child dies because of suspected abuse or neglect. The family situation and safety of other children are immediately assessed;

   (B) an infant is shaken;

   (C) a child of any age suffers serious physical injury due to suspected abuse or neglect, such as fractures, head injuries, extensive serious bruising, or internal injuries;

   (D) a child, infant through age three, has any inflicted physical injury;

   (E) a child is reported to have been intentionally burned. The injury may or may not be severe;

   (F) a child too young or disabled to ensure his or her own basic safety is left alone. Children are considered disabled who:

       (i) have sight or hearing impairments;
(ii) are non-ambulatory;

(iii) are mentally limited; or

(iv) have other severe handicapping conditions;

(G) a child is deserted, abandoned, or lost;

(H) a child has any physical injury inflicted to the face, head, neck, stomach, or genitals;

(I) a child’s condition as described may indicate non-organic failure-to-thrive and need immediate medical treatment;

(J) a child is sexually abused. The alleged perpetrator has access to the child or is responsible for the other children in the home. If there is reason to believe the child's safety may be in jeopardy or the child may be adversely affected by an interview in the child's home, the CW supervisor may:

   (i) extend the initial investigation timeframe to the next working day to allow for an interview at school or another neutral setting; and

   (ii) assign the report as Priority II with the appropriate number of days for response time indicated on KIDS;

(K) a child is deprived of basic physical necessities that result in conditions such as starving or freezing, or is in a life-threatening home environment;

(L) a child needs immediate medical attention. The child's condition is serious and the child's parent(s) cannot or will not obtain treatment;

(M) a person responsible for the child (PRFC) threatens to seriously injure the child and demonstrates or has a plan that indicates intent to carry out the threat;

(N) a child is threatening suicide, the parent(s) is aware of the suicide threat and cannot or will not protect the child or there is a previous history of severe abuse or neglect;
(O) a physical injury is inflicted on a child by a PRFC and there is a previous history of confirmed serious physical abuse;

(P) the PRFC's behavior is so bizarre or impaired that the child is at risk of harm, such as a PRFC who is psychotic, drunk, affected by drugs, or threatening suicide;

(Q) a child's safety is jeopardized because his or her movement is so restricted that the child is unable to protect himself or herself and the conditions are dangerous or hazardous, such as a child who is locked in a car or house, or chained or tied;

(R) although a child is not in immediate danger, assessment or response by the CW worker is required within 24 hours, such as when a child is placed in a shelter by law enforcement, a child's parent(s) cannot be located, or a child is without shelter;

(S) a child recently set a fire or has a history of fire setting and there is information that the PRFC has not taken safety precautions to keep fire-causing materials away from the child;

(T) a child is alleged to have been sexually abused or has alleged injuries and an employee of a child care center is the alleged perpetrator. The parent(s) does not plan to return the child to the child care center; however, the employee still works at the center and continues to care for other young children;

(U) a child is present when domestic violence occurs between adults that involves weapons, sinister threats, or physical injury requiring medical attention, or the child is at risk of grave physical danger or significant neglect;

(V) a child 12 months of age or younger is alleged to be neglected; or

(W) allegations are made regarding foster or trial adoptive parents.

5. **Priority II allegations.**

   (1) The CW supervisor reviews the Priority II report and determines the appropriate time frame for the report to be initiated, from two to 15 calendar days from the date that the report is received.
(2) Generally, the age of the youngest child is the most significant factor in determining these time frames. For example, children, infants through three years of age, require no more than two to five days for response, while children four through ten years may have more than five days for response.

(3) Examples of Priority II allegations are:

(A) a child age four through 17 is alleged to have a current physical injury inflicted on any area other than the face, head, neck, stomach, or genitals;

(B) a child of any age has a physical injury inflicted by a PRFC and there is previous history of confirmed abuse or neglect;

(C) non-organic failure-to-thrive is suspected but the child's described condition does not appear to require immediate medical treatment;

(D) an elementary school-age child is left alone or is given responsibility for the care of preschool children for extended periods of time;

(E) a child needs medical or mental health attention for a condition that may place the child at risk of serious harm within a short time frame;

(F) non-age appropriate sexual behavior indicates the child was exposed to sexual activity, no specific perpetrator named;

(G) a child was sexually abused, but the alleged perpetrator does not have access to the child and there is no need for urgent medical treatment. If the alleged perpetrator gains access to the child the situation is responded to immediately;

(H) there is indication that a child set a fire and circumstances of the fire indicate that there was inadequate supervision by the PRFC;

(I) a child is physically or sexually abused by a child care center employee. The employee is no longer working at the child care center. If information is obtained that the employee is working where he or she has contact with children, or the employee has young children in his or her own home, the worker responds immediately, but no later than 24 hours after receipt of the information.
(J) a child is currently safe but will be returned to an environment where recent domestic violence occurred between adults that involved weapons, physical injury requiring medical attention, or sinister threats that placed the child at risk of grave physical danger, significant neglect, or significant emotional consequence;

(K) a child is abandoned by the PRFC but is with a responsible adult who agrees to provide care for a limited period of time;

(L) a young child is in a home environment that significantly threatens the child's health and physical safety;

(M) a young child's risk of physical harm is likely due to continuing poor supervision by the PRFC; and

(N) severe mental injury is alleged but there is no imminent danger to the child.
340:75-3-8. Investigation protocol

(a) **Purpose of investigation.** The purpose of Child Protective Services (CPS) is to protect children and provide treatment to the family, not criminal prosecution. The CPS investigation sets the stage for direct involvement with the family, problem identification, service provision, and the development of a helping relationship. The CPS investigation process includes gathering information:

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

(2) to assess the protective capacity of the family. ■ 1

(b) **Gathering information.** The interview is a face-to-face contact between the Child Welfare (CW) worker and a person who has or may have information pertinent to assessing risk. ■ 2

(c) **Investigation protocol.**

(1) The investigation protocol is followed for all investigations, unless a modification for good cause is approved and documented by the CW supervisor.

(2) Investigations regarding physical abuse, serious neglect, and sexual abuse are conducted utilizing a multidisciplinary approach when possible, per OAC 340:75-3-8.4.

(3) The investigation protocol is followed closely and sequentially.

(A) Persons interviewed, in order, are the:

(i) alleged victim(s);

(ii) sibling(s);

(iii) person(s) responsible for the child (PRFC(s)), including the custodial and noncustodial parent(s);

(iv) collateral(s); and

(v) if appropriate, professional consultant(s).

(B) Every attempt is made to first conduct interviews privately and separately.
(C) Family members are observed interacting together.

(D) When additional information is needed, key people, such as victims, siblings, and PRFCs, may be re-interviewed.

(d) **Interviewing the alleged victim.** An attempt is made to interview every verbal child victim, and all child victims are observed. The interview with and examination of the alleged child victim may be conducted at any reasonable time and at any place including, but not limited to, the child's school, per Section 7106 of Title 10 of the Oklahoma Statutes (10 O.S. § 7106).

(e) **Interviewing the siblings.** If one child in the family is at risk, the other children may also be at risk. When not at risk of physical harm, the sibling remains adversely affected by family conditions. The sibling often has important information regarding the reported allegations and the dynamics of the family. The protocol and principles per OAC 340:75-3-8 are utilized.

(f) **Home visit or initial contact with the family.** A home visit must be made as part of the investigation, unless there is reason to believe there is an extreme safety risk to the child or CW worker or the report is determined a report that was made in bad faith, per 10 O.S. § 7106.

(1) The initial contact with the family is an unannounced visit to the home. The CW worker does not enter the home unless an adult member of the household is present.

(2) If the child victim or siblings are interviewed by the CW worker in a setting other than the home, a home visit with the PRFC(s) is initiated the same day the child is interviewed.

(3) If the child is found home alone, the CW worker leaves to immediately contact law enforcement, per OAC 340:75-3-8.6.

(4) When the CW worker is admitted to the home, the specific reported allegations are explained to the PRFC(s).

(5) The PRFC(s) is given Oklahoma Department of Human Services (OKDHS) Publication No. 87-02, Questions and Answers for Parents about Child Protective Services.

(6) If the family is not home, the CW worker may leave Form DCFS-80, Contact Letter, in a sealed envelope at the home. Federal law prohibits the use of a mailbox.
for letters that have not been mailed. When the child victim:

(A) or siblings have been interviewed, Form DCFS-80 must be left to notify the PRFC(s) that the CW worker attempted contact with the family; and

(B) has not been interviewed, Form DCFS-80 may be omitted when there is reason to believe such notice to the family may place the child in danger or prevent the CW worker from obtaining unrehearsed information.

(g) Interviewing the PRFC(s). The nature of the report and the concern for the child are discussed with all PRFCs. The noncustodial parent is entitled to the same information as the custodial parent and reasonable efforts are made to locate the noncustodial parent during the initial stages of the investigation. 

(h) Interviewing the perpetrator who is responsible for the child. The alleged perpetrator is interviewed last, as this allows the CW worker to question the perpetrator with the facts and information that have been obtained.

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

(1) A collateral:

(A) is a person who has or is likely to have pertinent information about the child and the family; and

(B) may include relatives, neighbors, law enforcement, teachers, physicians, nurses, or other informed persons.

(2) Collaterals who are minors are not interviewed without first obtaining permission from their parent(s).

(3) Confidential information regarding the family's situation may be released only to other public officials involved in an official capacity in the investigation or appropriate professionals providing medical or treatment services to the family, per OAC 340:75-1-44.

(j) Professional consultation. The CW worker consults, as needed, with those who have additional expertise in areas related to child abuse or neglect.
INSTRUCTIONS TO STAFF

1. Investigation purpose. The investigation requires that Child Welfare (CW) workers possess specific skills that enable them to obtain information from family members or other persons, many of whom are hostile and uncooperative. The purposes of the investigation are to:

   (1) explain the purpose of CW;
   (2) explain the allegations to the family;
   (3) gather information for decision-making;
   (4) determine whether abuse or neglect has occurred;
   (5) assess the presence and level of risk to each child in the home;
   (6) determine what safety response is indicated;
   (7) reduce trauma to each child and ensure safety; and
   (8) identify services that may be appropriate for the family.

2. Gathering information. The primary methods used in gathering information are:

   (1) interviewing.

      (A) Face-to-face interviews with the alleged victim(s), other children in the home, person(s) responsible for the child (PRFC(s)), and collaterals are required.

      (B) Interviews with witnesses are conducted in person, when possible.

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

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

      (A) physical setting of the home;
(B) sleeping arrangements for all family members;

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

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

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

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

(A) written records of interviews and observations;

(B) medical reports;

(C) psychological evaluations;

(D) police reports;

(E) Medical Examiner's Report of Autopsy; and

(F) photographs.


(1) When to modify.

(A) There are no modifications in investigative protocols when there are three or more reports regarding the same child and family, unless there is clear indication that previous reports were made in bad faith.

(B) The order of the protocol may be modified when:

(i) emergency conditions exist that require immediate action to protect the child. Protocol is followed thereafter;

(ii) the emotional atmosphere is volatile, for example, people are emotionally immobilized or violent;
(iii) key persons are not available; or

(iv) the allegation is obviously and unquestionably false, for example, hazardous living conditions are alleged, but not present, or children alleged to be alone are with a responsible caregiver.

(C) When the protocol is modified or not followed, documentation of the reason is made in the Summary/Recommendation section of Form CWS-KIDS-3, Report to District Attorney.

(2) Joint investigation with law enforcement. At minimum, when there is reason to believe that allegations will be confirmed, law enforcement is contacted by the assigned CW worker to conduct a joint investigation. Other members of a multidisciplinary team may be used as consultants, when appropriate.

(3) Separate interviews declined. If the family refuses separate interviews, the CW worker must be aware that information gathered during joint interviewing may not be an accurate representation of the incident or the family's actual functioning.

4. Alleged child victim interviews.

(1) The child's age, developmental level, and emotional state guide the CW worker's interviewing approach. When the alleged victim is a child old enough to be interviewed, the first in-depth interview is conducted with the child even if a brief interview is first conducted with the person responsible for the child (PRFC) or other caregiver. Very young children may not have extensive verbal skills but an interview may provide critical statements or phrases that assist in the investigation.

(2) If there is more than one alleged victim, the CW worker attempts to interview each child individually and apart from siblings or the parent(s). With some children it may be necessary to have an older sibling or other significant person present to obtain information. If so, that person is reminded of the confidential nature of the interview and asked to remain as unobtrusive as possible.

(3) Utilizing the school setting for interviews must not be routine for the convenience of CW staff, as this may be disruptive to the child's educational process. The CW worker may conduct an interview in the
school setting when there is a need for such or in a neutral setting as the allegations place the child at a high level of risk, such as alleged sexual abuse and serious abuse and neglect.

(4) When the child is interviewed in school, a child care center or home, or with another caregiver, the person caring for the child must give permission prior to the interview.

(A) If permission is denied by those authorities, and the PRFC subsequently denies permission, the CW worker follows the refusal to cooperate or respond protocol in OAC 340:75-3-8.6 Instructions to Staff (ITS).

(B) The PRFC's permission is not required before interviewing a child in a neutral setting.

(C) When the child is interviewed without the PRFC's knowledge, the PRFC is notified the same day the child is interviewed.

(D) The PRFC is provided with the details of the allegations and protocol is followed per OAC 340:75-3-8.6.

(5) The CW worker carefully observes each alleged child victim's physical, developmental, and emotional condition and how the child interacts with persons in his or her environment. If injury is alleged see OAC 340:75-3-8.6 ITS.

(6) The CW worker's interview is aimed at obtaining information regarding the alleged abuse or neglect and functioning of the child, parent(s), and family, including:

(A) what happened;

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

(C) the child's current condition;

(D) other effects of abuse or neglect;

(E) contact with all persons having information and knowledge regarding the family dynamics and alleged abuse or neglect; and
(F) the protective capacity of the family.

(7) Only face-to-face contacts that are attempted or completed with the alleged child victim are counted as initiated investigations in KIDS. The CW worker documents in KIDS:

(A) each attempted contact with the alleged victim or other family member; and

(B) when the alleged victim is deceased, the attempted face-to-face contact, with a statement that the child is deceased.

5. Visiting the home or initial contact.

(1) Interviews in the home are preferable to interviews conducted elsewhere. The home provides insight into the family's environment and the way in which family members interact with one another. If there is concern about safety for the alleged child victim or CW worker in making a home visit, contact is made with law enforcement for assistance in making the home visit.

(2) When the CW worker makes the initial visit to the home, the worker introduces himself or herself and explains in a non-accusatory, courteous manner the reason for the visit. When the CW worker encounters hostility, anger, or other defensive reactions, the worker:

(A) acknowledges the contact is stressful, and that the report must be investigated in accordance with Section 7106 of Title 10 of the Oklahoma Statutes;

(B) does not enter the home unless invited. The worker never enters the home unless there is an adult present in the home; and

(C) if ordered out of the home, leaves immediately.

(3) The main purpose of the interview is to:

(A) obtain information to determine whether the child has been abused or neglected;

(B) assess risk; and
(C) determine the protective capacity of the family.

(4) The CW worker indicates his or her interest in the family and in helping them resolve problems that have been identified as contributing to risk and provides information about the steps that will be taken and what the family can expect.

6. PRFC interviews.

(1) The CW worker's interview with the PRFC is directed toward obtaining relevant information regarding the child, parent(s), family, and alleged abuse or neglect. When there is a non-perpetrator PRFC, that person may be the key to protecting the child and successful intervention. It is important to evaluate the relationship between the non-perpetrator PRFC and the perpetrator.

(2) The CW worker:

(A) informs the noncustodial parent of the situation and gathers any critical information; and

(B) when the non-custodial parent denies paternity or has never seen the child, verifies that there is no record of child support, per OAC 340:75-6-31.8.

(3) The CW worker's interview with the PRFC is directed toward assessing the PRFC's capacity to protect the child related to the alleged abuse or neglect and includes:

(A) how the PRFC describes what happened;

(B) the PRFC's response to the incident and Child Protective Services (CPS) intervention;

(C) the PRFC's capacity to protect the child;

(D) the presence of violence in the home, including violence between adult household members; and

(E) the presence of any stress factors in the home, such as financial difficulties or lack of support systems.
7. Perpetrator interviews. The same information is obtained from the perpetrator as the PRFC as it relates to the alleged abuse or neglect. Additional information obtained from the perpetrator includes the prospect for acknowledging problems and accepting responsibility to resolve the problems.

8. Collateral contacts. The CW worker's interview is directed toward learning about the family as it impacts the risk and safety of the child. The CW worker contacts at least two collaterals who have pertinent, unbiased information regarding the family. The specific nature of the alleged abuse or neglect or details of the allegations are not given to persons outside the immediate family.

(1) References given by the family may not always be appropriate collateral contacts, for example, the family may give an employer as a reference and the employer has little knowledge of the family's functioning.

(2) The CW worker:

   (A) determines who is a more appropriate source of information, such as the child's teacher.

   (i) A modification to exempt collateral interviews may be made when the reported allegations are obviously not true, such as a child allegedly left alone who was not left alone.

   (ii) Judgment and caution are exercised in interviewing collateral contacts; and

   (B) when conducting interviews with collaterals, keeps in mind the confidential nature of the case and explains his or her role, the role of Oklahoma Department of Human Services (OKDHS) and the CPS process.

9. Interviews with professional consultants.

   (1) Examples of the need for professional consultation include the need to verify whether a particular:

   (A) sexual behavior is typically normal; or
(B) drug has certain side effects.

(2) Persons who may be consulted include:

(A) staff within CW who specialize in certain areas, such as staff with advanced child sexual abuse training, Swift adoption specialists, and Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) counselors;

(B) staff within other divisions of OKDHS regarding eligibility or availability of services for a child or family; and

(C) outside consultants, such as members of a multidisciplinary team, a physician, psychologist, pharmacist, and similar professionals.
340:75-3-8.1. Protocol for addressing reports regarding foster or trial adoptive homes

(a) Purpose in investigations or assessments of foster or trial adoptive homes. Children who are in the care or custody of Oklahoma Department of Human Services (OKDHS) require ongoing protection from subsequent abuse or neglect while in therapeutic, emergency, Developmental Disabilities Services Division (DDSD), kinship, and foster family care or trial adoptive placement.

(1) Children placed in care due to abuse or neglect are vulnerable due to:

(A) their previous victimization; and

(B) the heightened risk of abuse or neglect that occurs in an out-of-home placement.

(2) An evaluation and response must occur when there is an observation or report of abuse or neglect or potential for abuse or neglect of a child in a foster or trial adoptive home.

(b) Observation of abuse or neglect in foster or trial adoptive homes. It is the responsibility of Child Welfare (CW) staff to be alert to indicators that a child is at risk of abuse or neglect or has been abused or neglected in his or her out-of-home placement.

(c) Reports regarding children in foster or trial adoptive homes. When a report regarding a foster or trial adoptive home is received, it is documented and evaluated to determine whether the allegations indicate abuse or neglect or a violation of OKDHS rules.

(d) Foster or trial adoptive home investigative or assessment protocol. The investigative protocol is the same as the protocol for conducting an investigation or assessment in the child’s own home, including additional interviews and the evaluation of case records relating to the foster or trial adoptive home, per OAC 340:75-3-8, 340:75-3-8.5, and 340:75-3-8.6.

(e) Time limitations on accepting reports regarding children in foster or trial adoptive homes. Incidents are sometimes reported that allege child abuse or neglect in foster or trial adoptive homes that are not recent events, for example, an adult reports she was molested as a child by her foster father and this is an open foster home. As in cases of intrafamilial child abuse or neglect, information is obtained to determine whether there are children in the foster or trial adoptive home who may be at
Determining safety of children in foster or trial adoptive homes. Safety refers to the present security and well-being of a child. The determination regarding whether a child can safely remain in a foster or trial adoptive home is based upon the urgency, severity of the allegations, and the definition of risk, per OAC 340:75-3-2.

Notification of parent regarding injury. Parents of children who are in emergency or temporary custody of OKDHS are notified by the family's CW worker when the child is injured or removed from the placement due to abuse or neglect. The notification occurs immediately after the child's condition is determined through interview and observation.

Allegations of abuse or neglect of a child in foster or trial adoptive home by a non-PRFC. When a report of child abuse or neglect is received regarding a child in a foster or trial adoptive home that identifies the alleged perpetrator as a person not responsible for the child (non-PRFC), a referral is made to law enforcement. Regardless whether law enforcement investigates and determines no crime has been committed or chooses not to conduct an investigation, the Child Protective Services (CPS) worker completes a third party investigation to determine whether the foster or trial adoptive parent failed to protect the child from a high risk situation that the foster or trial adoptive parent had knowledge of or could have predicted.

Foster or trial adoptive home investigative findings and assessment conclusions. Any report regarding a child in a foster or trial adoptive home is investigated or assessed immediately by CPS staff. After completing the investigation a finding is made regarding abuse and neglect, per Title 10 of the Oklahoma Statutes and OAC 340:75.

Time frames for completion of investigations or assessments of foster or trial adoptive homes.

1. Investigative or assessment interviews with the child victim and person(s) responsible for the child (PRFC(s)) are completed and documented within ten working days from the date the report is received.

2. At ten working days, a staffing is held between the CPS worker, child's CW worker, CW supervisor, and CW field liaison (CWFL) to determine whether it is safe for the child to remain in or return to the foster or trial adoptive home, as applicable.

3. All remaining investigative or assessment interviews are completed and...
documented and the investigation or assessment closed within 30 calendar days from the date the report is received. ■ 9

(k) Investigation or assessment of reports regarding children in OKDHS custody in tribal foster homes. The protocol for investigating or assessing suspected abuse or neglect of children in OKDHS custody in tribal foster homes is the same as investigations or assessments of child abuse or neglect in the child's own home, per OAC 340:75-3-8.1 and 340:75-19-10. ■ 10

(l) Contracted therapeutic or emergency foster and trial adoptive homes. When an investigation or assessment is initiated on a contracted therapeutic or emergency foster or trial adoptive home, the CPS worker follows the same investigative protocol per OAC 340:75-3-8.1. The contracting agency, appropriate OKDHS liaison, county director, and Children and Family Services Division (CFSD) Foster Care, Therapeutic Foster Care (TFC), or Adoption Section programs staff are notified of the investigation as soon as it is determined the home is not an OKDHS foster or trial adoptive home. The contracting agency is informed that no information regarding the referral is discussed with the foster or trial adoptive home prior to the initiation of the investigation or assessment. ■ 11

(m) Decision-making regarding the continued use or closure of the foster or trial adoptive home. When there is an investigation of abuse or neglect in a foster or trial adoptive home, the results of the investigation are evaluated to determine whether to continue to utilize or close the home.

(1) It is the role of the CPS worker to make a finding regarding the allegations. All persons involved with the child are a part of the decision-making process from the time the allegations are reported until the investigation or assessment is completed. The decision-making process includes assessing safety, safety planning, and continued use of the foster or trial adoptive home. The persons involved include the CPS worker, child's CW worker, foster or trial adoptive home specialist, family's CW worker, and all appropriate CW supervisors. When the finding of a child abuse or neglect investigation is confirmed or services recommended, input is provided by all persons involved regarding continued use of the home. The CWFL and CFSD Foster Care, Adoption, TFC, DDSD, and CPS programs staff are also available for consultation.

(2) Decisions or any other actions regarding the continued use or closure of the foster or trial adoptive home are made and discussed with the family by the foster or trial adoptive home specialist and supervisor. Any findings regarding the occurrence or presence of violations in the foster or trial adoptive home, per OAC 340:75-7-37, are handled per OAC 340:75-7-94.
(3) When abuse, neglect, or OKDHS discipline or other policy violations are identified in a tribal foster home, the tribe must work with the foster home to correct those conditions if the home is to continue to care for children in OKDHS custody. The tribal foster home case must reflect the correction. The CFSD tribal coordinator monitors those cases for corrective action before any additional children in OKDHS custody are placed in those foster homes.

(n) Review process for suspected abuse or neglect in foster or trial adoptive homes. The CPS worker notifies, via electronic mail, the CPS Section programs staff and appropriate Foster Care, Adoption, or TFC Section programs staff when an investigation or assessment is completed. CPS programs staff, along with any other appropriate programs staff, is responsible for addressing any concerns regarding the investigation and finding. The appropriate programs staff is responsible for addressing, with the contracted agency staff, the findings of the investigation and any other issues of concern.

INSTRUCTIONS TO STAFF

1. Observation of abuse or neglect. When a Child Welfare (CW) worker observes indicators of abuse or neglect of a child in a foster or trial adoptive home, an immediate evaluation is made by the worker to determine the extent of any injuries and the child’s need for immediate protection.

   (1) Depending on the level of risk present, immediate removal of the child and other children from the placement may be necessary, per OAC 340:75-3-8.1.

   (2) Details of the observed abuse or neglect are documented on Form CWS-KIDS-1, Referral Information Report, and submitted to Child Protective Services (CPS) staff responsible for conducting a complete investigation.

   (3) All other indicators or potential indicators of abuse or neglect are also documented on Form CWS-KIDS-1 and immediately submitted to the CW supervisor for decision-making purposes, per OAC 340:75-3-6.1.

2. Reporting and assignment. The report is documented on Form CWS-KIDS-1. Since Oklahoma Department of Human Services (OKDHS) is legally responsible for the health, safety, and welfare of children in OKDHS custody, great care is used in making these determinations. Generally, a higher level of scrutiny is required when making decisions regarding the safety of children in OKDHS custody. Information justifying all decision-making is fully
documented by the CW supervisor.

(1) When information is received from any source, including information provided by the child, that an OKDHS rules violation has occurred and it is not known if there is either resulting physical or mental injury or a potential for serious physical or mental injury, an initial evaluation is conducted.

(A) The child's CW worker immediately interviews and observes the child for any injuries.

(B) If there are no injuries or other risk-related indicators, a summary of the CW worker's contact with the child is entered in the narrative of Form CWS-KIDS-1, the report is screened out, and the matter is referred to CW foster care or adoption staff to address the violations, per OAC 340:75-7-94. OAC 340:75-3-7 Instructions to Staff (ITS) provides examples of appropriate screened out reports regarding foster and trial adoptive parents.

(2) An investigation is conducted on all reported allegations that meet the definition of abuse or neglect, including all non-accidental physical or mental injuries to children of any age, neglect, sexual abuse, and any practices by the foster or trial adoptive parent that involve hitting or striking a child three years of age or younger, even when there is no report or observation of injury.

(A) OAC 340:75-3-7.3 ITS provides examples of reports regarding foster and trial adoptive homes that are investigated.

(B) The investigation is assigned to staff who can conduct an objective and unbiased investigation. If necessary, out-of-county CW staff may be used.

(3) The two exceptions under which allegations of child abuse and neglect by a foster or trial adoptive parent may be conducted as an assessment are provided in OAC 340:75-3-7.3 ITS. The assessment protocol outlined in OAC 340:75-3-8.5 is followed, along with notification to and inclusion of the foster or trial adoptive home specialist in the assessment process.

(4) All investigations and assessments regarding a foster or trial adoptive parent are assigned as Priority I to ensure the safety of children in OKDHS custody.
(A) If additional information is available concerning the allegations and current situation in the foster or trial adoptive home and this information indicates the safety of the children can be ensured without an immediate investigation or assessment, the CW supervisor may assign the report as a Priority II with a time frame of no more than three working days to initiate the investigation or assessment.

(B) The CW supervisor documents the reason the report was not assigned as Priority I on Form CWS-KIDS-1.

(5) Assigned reports of child abuse or neglect in a child's out-of-home placement are immediately reported to the child’s CW worker, CW supervisor, county director, CW field liaison (CWFL), and appropriate CFSD programs staff. Situations involving:

(A) OKDHS foster homes, contracted emergency foster homes, and kinship homes are reported to Children and Family Services Division (CFSD) Foster Care Section;

(B) trial adoptive homes are reported to CFSD Adoption Section; and

(C) contracted therapeutic foster homes and Developmental Disabilities Services Division (DDSD) homes are reported to CFSD Therapeutic Foster Care (TFC) Section.

3. Investigation or assessment. Foster or trial adoptive home investigative or assessment protocol is outlined in (1) and (2).

(1) In addition to those persons identified in the investigation or assessment protocol, per OAC 340:75-3-8.6 ITS, other persons interviewed include:

(A) all children living in the home, regardless of relationship;

(B) other children previously living in the home who were abused or may have been aware of abuse;

(C) the child's CW worker; and

(D) other CW staff, contract agency staff, or both, who have been or who are frequently in the home.
(2) A review of case records, including the child's case and the foster home, therapeutic foster home, emergency foster home, DDSD, or trial adoptive home case record, is also completed by the CPS worker to gather information pertinent to the investigation or assessment.

4. Child at risk. When there is a child who may be at risk, a full investigation or assessment is conducted. This requires interviews with persons formerly placed in the home and any child presently in the home.

   (1) When a report is received on a closed foster or trial adoptive home, the allegations are assessed to determine whether a child is currently at risk.

   (2) Reports that a child in OKDHS custody was sexually abused or physically injured are investigated on closed foster or trial adoptive homes, even when there are no children in the home.

   (3) When the allegations contain issues of inappropriate discipline or other rules violations, the reported information is filed in the closed foster or trial adoptive resource record.

   (4) If the resource family reapplies, the issues identified in the report are carefully and thoroughly addressed prior to and as a part of the foster or trial adoptive home reassessment process.

5. Safety determination.

   (1) Utilizing the risk factors, safety is determined both at the time a child abuse or neglect report is received and when the investigation or assessment is completed. When the safety of a child cannot be ensured, the child is removed from the foster or trial adoptive home as is any other child who is in OKDHS custody or voluntary care. When children in the household include the foster or trial adoptive parent’s own child, the decision to recommend removal of that child is based on safety, per OAC 340:75-3-10.1.

   (A) When possible, the decision to recommend removal is made by the CPS worker, CW supervisor, and CWFL in collaboration with other persons involved with the child. When a child is in imminent danger and prior collaboration is not feasible, removal of the child or alternative safety plan is immediately initiated, and the case is reviewed with the CW supervisor and CWFL as soon as possible.
(B) The child's CW worker, county director, CWFL, and CFSD TFC, DDSD, Foster Care, or Adoption programs staff, as appropriate, are promptly notified when a child in a foster or trial adoptive home is removed because of suspected child abuse or neglect.

(2) Alternatives to removal of a child from the foster or trial adoptive home are appropriate when the child's safety can be reasonably ensured.

(A) A safety plan must be discussed and agreed to by the:

(i) foster or trial adoptive parent;

(ii) **CPS** worker;

(iii) child's CW worker;

(iv) foster or trial adoption home specialist;

(v) CW supervisor; and

(vi) CWFL.

(B) The safety plan is documented:

(i) in the child's case record;

(ii) in the foster or trial adoptive resource record; and

(iii) on Form CWS-KIDS-3, Report to District Attorney, or CWS-KIDS-9-A, CPS Family Assessment.

(3) Foster Care, Adoption, DDSD, TFC, and CPS programs staff are available for consultation in making decisions regarding the removal of a child from foster or trial adoptive placements.

6. Contact with the child's family. When contacting the child's family immediately is not possible, contact is made the next working day. Upon contact, the **CPS** worker discusses:

(1) the abuse or neglect allegations;
(2) the investigative process;

(3) the safety plan in place or to be developed, if necessary; and

(4) any investigative concerns.

7. Non-PRFCs. When the alleged perpetrator is a child and there is potential for criminal charges, the interview with the minor perpetrator is conducted only to determine the family dynamics and whether the person responsible for the child (PRFC) protected the alleged child victim and will continue to protect the child victim from the minor perpetrator.

(1) The CPS worker evaluates the situation carefully while collaborating with staff responsible for working with the child and foster family to determine the child's need for protection. This includes evaluating the willingness and appropriateness of the foster or trial adoptive parent to protect the child by the establishment and documentation of a safety plan.

(2) When the decision is to allow the child to remain in the home, the safety plan is developed and implemented prior to the completion of the investigation. The child's CW worker ensures that the safety plan is followed. The safety plan is documented:

(A) in the child's case record;

(B) in the foster or trial adoptive resource record; and

(C) on Form CWS-KIDS-3.

8. Investigative findings or assessment conclusions.

(1) Form CWS-KIDS-3 is utilized to document all investigative findings and Form CWS-KIDS-9-A is utilized to document the assessment conclusions.

(2) The CPS worker verbally advises the foster or trial adoptive parent of the investigation findings or the assessment conclusions.

(A) For investigations, the CPS worker mails Form CWS-KIDS-97, Notification Concerning Finding(s) of Child Abuse/Neglect, to each foster or trial adoptive parent. When the finding is confirmed – services recommended or confirmed – court intervention, OAC 340:75-1-12.2
(B) For assessments, the CPS worker mails Form CWS-KIDS-103 or CWS-KIDS-103-A, Notification Regarding Assessment, to each foster or trial adoptive parent.

(3) For investigations and assessments involving contracted foster or trial adoptive homes, the CPS worker advises the contractor of the investigative finding or assessment conclusion by mailing Form CWS-KIDS-97, CWS-KIDS-103, or CWS-KIDS-103-A.

(4) The CPS worker also advises the family that any action regarding policy violations and continued use of the home is addressed by the foster or adoption specialist or appropriate CFSD programs staff, per OAC 340:75-3-8.1(m).

(5) At the conclusion of the investigation or assessment, all reports are submitted to CFSD CPS Section and Foster Care, Adoption, or TFC Section, as appropriate. Other relevant written reports and recommendations for continued use of the home are attached. Copies of Form CWS-KIDS-3 or CWS-KIDS-9-A are also provided to the child's CW worker and the foster resource specialist to address any needed action in an OKDHS foster or trial adoptive home, for example, written plan of compliance, home closure, or similar necessary actions.

9. Investigative or assessment time frames. Investigative findings and recommendations are documented on Form CWS-KIDS-3 and assessment conclusions are documented on Form CWS-KIDS-9-A. Copies are submitted to CFSD CPS and Foster Care, Adoption, or TFC Section, as appropriate.

(1) The appropriate DDSD, Foster Care, Adoption, or TFC programs staff is contacted when an extension is necessary beyond:

   (A) ten working days to complete and document the child victim(s) and PRFC(s) interviews; or

   (B) 30 calendar days to complete, document, and close the investigation or assessment, because key information is not available.

(2) Examples of circumstances necessitating extensions are outlined in (A) through (D).
(A) There are numerous allegations of sexual abuse and interviews are needed with numerous children previously placed in the foster home.

(B) Medical, lab, or autopsy reports are not available within the ten working day time frame.

(C) There are serious abuse and neglect allegations and a criminal investigation is pending.

(D) Key individuals, such as the child victim or alleged perpetrators, are unavailable.

10. Tribal foster homes. In addition to the protocol in OAC 340:75-3-8.1(d), (1) through (3) are also followed.

(1) CW notifies the tribal representative and requests cooperation in investigating or assessing allegations of abuse or neglect of a child in OKDHS custody and tribal foster care.

(2) The decision to remove the child from the home, pending completion of the investigation or assessment, is based upon the same guidelines for any child placed in an OKDHS approved foster home.

(A) The decision whether to remove the child is discussed with the tribal representative and assistance is requested explaining the necessity for removal from the foster family.

(B) If the tribal representative does not cooperate with OKDHS and the foster family to remove the child, CFSD Foster Care programs staff is notified.

(C) If the cooperation of the tribe cannot be obtained through the CFSD tribal coordinator, CW staff has the authority, with the assistance of law enforcement officials, if necessary, to remove the child from the tribal foster home, unless the foster home is located on tribal land.

(3) When the tribal foster home is located on tribal land, the tribe removes the child and places the child in the physical custody of OKDHS as provided for in the terms of the state tribal agreement.

11. Investigation or assessment completion.
(1) When the investigation or assessment is completed, Form CWS-KIDS-3 or CWS-KIDS-9-A is prepared and routed, per OAC 340:75-3-8.1 ITS 8.

(2) The CPS worker shares the investigation findings or assessment conclusions with the contract resource family.

(3) Forms CWS-KIDS-3 and CWS-KIDS-9-A are not provided to the contract agency. It is the responsibility of the appropriate CFSD Foster Care, DDSD, TFC, or Adoption programs staff to share the findings and address concerns and issues with the contract agency regarding continued use of the home for the child in OKDHS custody.

(4) Other relevant written reports and information pertaining to continued use of the home, that are not appropriate to include on Form CWS-KIDS-3 or CWS-KIDS-9-A are submitted by the CW worker to appropriate Foster Care, DDSD, TFC, or Adoption programs staff.
340:75-3-8.2. Protocol for investigating reports of abuse in child care centers or homes

(a) Reports of physical abuse, sexual abuse, and serious neglect in child care centers or homes, licensed or unlicensed, are investigated by Child Protective Services (CPS) staff.

(b) CPS staff notifies and coordinates with Division of Child Care staff when a child abuse or neglect report is received and, when possible, the Division of Child Care licensing specialist accompanies the CPS worker and assists in conducting the investigation.

(c) Allegations of general neglect and violations of licensing laws and regulations, such as dirty facility, children unsupervised, or other similar situations, are referred to and addressed by Division of Child Care.

(d) Children and Family Services Division CPS Section programs staff is available for consultation as needed. As with other reports of child abuse, CPS staff coordinates with the district attorney and law enforcement officials when appropriate.

INSTRUCTIONS TO STAFF

1. Investigative protocol and sharing of Child Welfare (CW) records.

   (1) The Child Protective Services (CPS) worker reviews all child care licensing records pertaining to the child care center or home to obtain background information.

   (2) The parent(s) of the alleged child victim is interviewed, usually in the parent(s)' home.

   (3) Interviews with the child victim are conducted after obtaining permission of the parent(s). Each alleged victim is interviewed privately. If it is in the child's best interest for the parent(s) to remain in the room during the interview with the child, the parent(s) is requested to say as little as possible and allow the CPS worker to direct the interview. Other than officials conducting the investigation, no one else is present.

   (4) Parents of other children subsequently named as victims or witnesses are interviewed with the parents' permission, per OAC 340:75-3-8.2 Instructions to Staff (ITS) 1(3).
(5) If injuries are alleged or apparent, the child is visually inspected by the CPS worker with the consent of the child’s parent(s). A medical examination, for documentation, may be in order when the injury appears serious, when sexual abuse is alleged, or both. The CPS worker assists the parent(s) in arranging for the examination.

(6) An unannounced visit is made to the child care center or home and the child care operator is advised of the nature of the allegation.

(7) Administrative staff, employees, and the alleged perpetrator are interviewed privately and separately. Other persons are interviewed as appropriate.

(8) The physical premises where the alleged incident occurred is viewed or examined.

(9) While no child victim or child witness is interviewed without parental permission, in the event that inadvertent contact with a child victim or child witness is made by the CPS worker at the child care center or home, the parent(s) of the child is contacted the same day.

(10) Investigation of allegations of abuse or neglect is necessary even when there is no identified alleged victim, such as the reporter does not name a specific child but states that the alleged victim is a child attending the child care center or home or several children may be victims.

(A) The CW supervisor, CPS worker, or both, contacts the current Division of Child Care (DCC) licensing specialist involved with the center or home in order to confer regarding the most appropriate way to conduct the investigation.

(B) The order of the protocol may be modified so that the CPS worker can first interview other individuals or witnesses who may have additional identifying information.

(11) DCC staff is verbally advised regarding the status of the investigation any time prior to completion.

(12) CPS staff’s determination regarding the finding is made per OAC 340:75-3-10.2 ITS.
(A) When there are allegations of abuse by a child care center or home employee, the allegations regarding the operator and owner pertain to whether the owner and operator had knowledge that the employee could harm the child.

(B) The operator, owner, and employee are individually notified verbally and in writing of their individual findings.

(C) The operator and owner are notified of the employee’s findings so they can determine what action may be taken regarding continued employment.

(13) After completion of the investigation, the CPS worker advises:

(A) DCC;

(B) the child care owner and operator; and

(C) the parent(s) of the child victim of the investigation findings.

(i) Any questions regarding the abuse or neglect of the child are answered.

(ii) Parents of other children at the child care center or home who were not alleged victims are referred to DCC staff.

(14) Issues related to licensing are addressed with the child care operator by the DCC licensing specialist.

(15) Form CWS-KIDS-3, Report to District Attorney, regardless of the finding, is written by the CPS worker and forwarded to the district attorney as soon as it is prepared.

(16) A copy of Form CWS-KIDS-3 is provided to both the DCC licensing specialist and Children and Family Services Division (CFSD) CPS Section.

(A) Other case information is shared with DCC, including Form CWS-KIDS-6, Case Contacts, Form CWS-KIDS-1, Referral Information Report, and all other CW records on the child care center or home.

(B) CPS staff ensures confidentiality by using a cover sheet with the
notation of Confidential per Section 7005-1.4 of Title 10 of the Oklahoma Statutes. Since licensing files are open to the public, DCC staff must keep any copies of CW case information in a separate file as CW case material is confidential and not available for public inspection.

(17) CPS staff completes:

(A) Form DCFS-79, Notification to Division of Child Care of Child Welfare Investigative Summary. The original is provided to the DCC licensing representative for placement in the public file and a copy is maintained in the CW case record; and

(B) when a confirmed finding of abuse or neglect is appealed and reversed by CFSD Appeals Section, new Form DCFS-79 with the new finding and forwards to DCC.

(18) DCC staff is not authorized to receive any CW information or records pertaining to:

(A) individual child care center employees and the employees' children; or

(B) child care home employees who are not a member of the household and the employees' children.
340:75-3-8.3. Alleged medical neglect of infants born alive and infants with disabilities

Withholding needed medical treatment from an infant born alive at any stage of development or an infant with disabilities is prohibited by state and federal statutes and regulations. Withholding medical treatment is the failure to respond in any manner to an infant born alive and failure to respond to the infant's life-threatening conditions by providing treatment that, in the treating physician's reasonable medical judgment, will most likely improve or correct such conditions.

(1) When treatment is not required. Providing treatment to an infant with disabilities is not required when, in the physician's reasonable medical judgment, any of the following circumstances exist:

(A) the infant is chronically and irreversibly comatose;

(B) provision of treatment would merely prolong dying; or

(C) provision of treatment would be virtually futile in terms of the infant's survival and the treatment itself would be inhumane.

(2) Reports of medical neglect of infants born alive and of infants with handicaps. Reports alleging denial by the parent(s) of medically beneficial treatment, including nutrition and hydration, to an infant born alive or an infant with disabilities are investigated by Child Welfare. The worker obtains as much information as possible regarding the:

(A) infant's condition, including diagnosis and prognosis; and

(B) basis for the reporter's statement that medically indicated treatment is being or will be withheld.

(3) Reports of medical neglect by a medical provider. Reports alleging denial of medically beneficial treatment by the medical provider are investigated by the Office of Client Advocacy. 1

(4) Protocol for investigating alleged medical neglect of infants born alive and infants with disabilities. The protocol for investigating reports of alleged medical neglect of an infant born alive or an infant with disabilities is the same as other investigations of reported child abuse or neglect by a person responsible for the child (PRFC). 2
INSTRUCTIONS TO STAFF

1. **Reports of medical neglect.** When reports are received, CW immediately notifies the county director and Children and Family Services Division (CFSD) Child Protective Services (CPS) Section. Reports involving medical neglect by a medical provider are referred to the Office of Client Advocacy by CPS programs staff.

2. **Investigative protocol.** Investigations are handled expeditiously utilizing investigative protocol, when possible. The CPS worker:

   (1) interviews the person who made the report to review the concerns or allegations and obtain additional information;

   (2) immediately phones the designated hospital liaison to coordinate the investigation.

   **(A)** If no liaison is designated or the liaison is unavailable, the CPS worker contacts the hospital administrator.

   **(B)** Availability of information regarding the infant's status is determined through the hospital liaison. Interviews, if needed, with the responsible physician and others involved in the treatment are arranged as quickly as possible;

   (3) determines if an Infant Care Review Committee (ICRC) exists and whether a review was or will be conducted and interviews the ICRC chairperson or designee as appropriate;

   (4) obtains information regarding the diagnosis, prognosis, and recommended treatment from appropriate medical personnel. This is elicited by:

   **(A)** interviewing the ICRC chairperson, treating physician, specialist, and other medical personnel;

   **(B)** attending an ICRC meeting or medical staffing;

   **(C)** reviewing medical records; and
(D) obtaining independent medical advice or examinations by nontreating physicians to determine if exemptions to treatment exist;

(5) if there is difficulty accessing hospital or pertinent records, requests a court order from the district attorney directing such access;

(6) interviews the parent(s) and others to obtain relevant information, including treatment decisions and the reasons for the decision;

(7) if medically indicated treatment is or will be withheld, attempts to resolve the situation by discussing the concerns with the parents.

(A) When medically indicated treatment is withheld, the infant's condition requires an urgent response, and efforts to obtain parental consent for treatment have failed, procedures in OAC 340:75-3-10.1 are followed.

(B) When a court order for emergency medical treatment is necessary, the parent(s) and responsible physician are promptly notified of the decision on court actions; and

(8) if there is difficulty in obtaining an emergency order or deprived petition, contacts CFSD CPS programs staff to promptly request assistance from Oklahoma Department of Human Services Legal Division.
340:75-3-8.6. General protocols for investigations and assessments

(a) **Purpose for protocols.** There are protocol requirements common to the investigation and assessment processes that ensure continuity in addressing safety and risk factors and issues related to the Child Welfare (CW) worker's contact with families. General protocols are detailed in this Section that apply to both investigations and assessments.

(b) **Time frame for initiation.** Investigations and assessments are prioritized using the priority guidelines in OAC 340:75-3-7.1. The priority guidelines are utilized to determine the response time required to ensure safety for the alleged child victim. Generally, the reported allegations that necessitate an investigation require a higher priority than an assessment.

(c) **Contact requirements.** Prior to interviewing each person involved in an investigation or assessment, the CW worker:

1. presents his or her Oklahoma Department of Human Services (OKDHS) employee identification badge as notification that OKDHS is the agency represented;
2. describes the lawful purpose of the investigation or assessment;
3. discusses the reported child abuse and neglect allegations;
4. answers questions; and
5. explains that, in accordance with state and federal law, the identity of the reporter is not revealed unless ordered by the court.

(d) **Worker safety.** The CW worker must take steps or avoid certain situations in order to ensure his or her own safety per OAC 340:75-1-26.1.

(e) **Contact with the family in the home.** An unannounced home visit is made to initiate contact with the family, per Section 7106 of Title 10 of the Oklahoma Statutes (10 O.S. § 7106).

(f) **Contact with children.** Protocols described in (1) through (6) are followed when there are physical injuries or there is a need for a medical, psychological, or psychiatric examination for a child of any age.

1. The CW worker inspects the child victim younger than 12 months of age
regardless of the allegation. 4 through 6

(2) When the report alleges physical injury due to abuse or neglect or injuries are found during the investigation or assessment, an inspection is required by the CW worker, examination by a medical professional, or both, of the:

(A) child victim; and

(B) sibling, if applicable.

(3) Information gathered, the CW worker's observation of the child, or both, may indicate a need for medical, psychological, or psychiatric examination or treatment of any child in the home of the person responsible for the child (PRFC). It may also include an inquiry into the possibility that the child or PRFC has a history of mental illness, per 10 O.S. § 7106.

(4) As necessary in conducting an investigation or assessment, the CW worker requests and obtains, without a court order, copies of prior medical records of the child including, but not limited to, hospital, medical, and dental records, per 10 O.S. § 7107.

(5) Medical examination or consultation with a physician is required for:

(A) all burns or fractures in a child younger than three years of age;

(B) all bruises or marks on a child younger than two years of age;

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

(D) all bruises, burns, or fractures in a non-ambulatory child;

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

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

(G) all cases of:

(i) sexually transmitted disease in a prepubescent child;
(ii) reported malnutrition and failure to thrive; or

(iii) serious medical neglect. If the family claims to provide medical care, consultation with their doctor is sufficient;

(H) reports in which the child has an observable injury, the caregiver admits responsibility for the injury, and medical documentation is necessary to determine whether there are internal or old injuries; or

(I) a child who exhibits a need for immediate psychological or psychiatric evaluation.

(6) If the PRFC refuses to cooperate in arranging for an examination, the CW worker may request the intervention of law enforcement or request the district attorney to make application for a court order.

(g) **Unable to locate protocol.** When the CW worker is unable to locate the child and family, every effort is made to seek additional sources of information regarding their whereabouts.

(h) **False reports made knowingly and willfully.** When, in the course of the investigation or assessment, the CW worker determines that a false report concerning child abuse or neglect was made knowingly and willfully, the CW worker discusses this information with the CW supervisor. With supervisory approval, information regarding the false report may be forwarded to local law enforcement for a criminal investigation, utilizing Form DCFS-6, Notification to Law Enforcement Agency of Child Abuse/Neglect Report, per 10 O.S. § 7103.

(i) **Failure to report child abuse or neglect.** If, in the course of the investigation or assessment, the CW worker determines that there is a person who clearly knowingly and willfully failed to make a report of child abuse or neglect, the CW worker discusses this information with the CW supervisor. This information may be forwarded to local law enforcement for the purpose of providing information for a criminal investigation, utilizing Form DCFS-6, per 10 O.S. § 7103.

(j) **Modification of protocols.** If, upon contact with the child victim and PRFC, it appears that full application of the protocol for an investigation or an assessment is not necessary, the CW supervisor may determine that a modification to the protocol is appropriate.
INSTRUCTIONS TO STAFF

1. (a) Refer to the definition of initiation of the investigation or assessment, per OAC 340:75-3-2.

(b) If time frames for initiation of the investigation or assessment cannot be met due to excessive workload or staff vacancies, see OAC 340:75-3-13.

(c) When a report is pending beyond the time frame for completion of the investigation or assessment, per OAC 340:75-3-13, and a subsequent report is received, the Child Welfare (CW) supervisor reviews each report and considers the previous reports in setting time frames for completion of the investigations or assessments.

(d) If there are three or more reports pending concerning the same child and family, all of the reports are expedited for investigation or assessment with a dated response time of no more than five days from receipt of the last report.

2. Safety precautions. During the course of an assessment or investigation additional CW worker safety precautions include, but are not limited to:

   (1) taking any threat by an irate parent seriously;

   (2) seeking the assistance of law enforcement if the worker is at risk of harm, such as:

   (A) there is a previous history of domestic violence;

   (B) a family member may be mentally ill, using drugs, or volatile;

   (C) there is the presence of firearms or other weapons;

   (D) there is reported illegal substance manufacturing or distribution, per OAC 340:75-3-8.7; or

   (E) the family's geographic location is isolated or dangerous;

   (3) using discretion in checking a child for signs of abuse. The CW worker considers the child's age and gender, worker's gender, the location and type of abuse and leaves all examinations for sexual abuse to medical doctors; and
(4) not entering a home when there is any risk to the CW worker’s safety, per OAC 340:75-3-8 Instructions to Staff (ITS).

(A) If there is concern about safety for the child or worker in making the initial home visit, contact is made with law enforcement.

(B) If law enforcement:

(i) accompanies the CW worker for the home visit and there is no adult present in the home, the CW worker does not enter the home even though law enforcement enters; and

(ii) requests the assistance of the CW worker in the residence due to an extreme emergency with the child, the CW worker does not enter the residence until it has been secured and determined safe to enter by law enforcement; and

(5) not conducting a search of any type in the home, including a search for illegal substances. The CW worker is prohibited from conducting a search regardless whether an adult in the home gives permission or requested by law enforcement.

3. (a) Contact with the family is made by a home visit. During the assessment or investigation, the CW worker gathers demographic information for all family members, including accurate birth dates, any names used by family members, including full legal names, Social Security numbers, race, and ethnicity, per OAC 340:75-1-26 ITS and 340:75-19-8.

(b) Attempted home visit. If the family is not home, the CW worker may leave Form DCFS-80, Contact Letter, in a sealed envelope at the home. If the child victim or siblings have been interviewed, Form DCFS-80 must be left to notify the person responsible for the child (PRFC) that the CW worker attempted contact with the family. Federal law prohibits the use of a mailbox for letters that are not mailed.

(c) Contact with the family by mail. If the CW worker has made two unsuccessful attempts to reach the family at home, the family may be contacted by mail utilizing Form DCFS-80. The letter is mailed first class in an envelope indicating address correction requested. If the letter is not returned, the CW worker follows the protocol per OAC 340:75-3-8.6 ITS 6.
(d) Phone contact at work. If the worker has made unsuccessful attempts to contact the family and determines that the PRFC or perpetrator works during the day, the CW worker:

(1) may attempt to phone the PRFC or perpetrator at work;

(2) when calling the PRFC's or perpetrator's place of employment, identifies himself or herself by name only. No information about the nature of the call is discussed with the employer; and

(3) when the employer does not allow personal calls or the PRFC or perpetrator is unavailable, leaves a message giving only the worker's name and phone number. No letter is sent to the employer.

4. Visual inspection of the child.

(1) Permission of the child and either the PRFC or caregiver is obtained prior to the visual inspection.

(2) Regardless of whether an injury is alleged, the CW worker conducts a full body inspection by asking the PRFC or caregiver to remove or rearrange the child's clothing, including diapers, for any child younger than 12 months.

(3) When one child is alleged to have serious injuries, the CW worker checks the siblings for injuries.

(4) When injuries are alleged, the CW worker, after obtaining permission, conducts a:

(A) full body inspection of any child younger than five years of age that requires removal of the child's clothing, including diapers; and

(B) for any child age five and older, cursory inspection of the child rather than a full body inspection through rearranging the child's clothing.

(i) If injuries or possible injuries cannot be seen without a full body inspection, an examination by medical personnel must be conducted.
(ii) The child is observed by the CW worker in the presence of the PRFC unless the observation is made while in a setting outside the home, such as child care or school.

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

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

(III) If the child requires assistance undressing due to age, physical condition, or emotional comfort, the CW worker asks the PRFC or caregiver to remove or lift the child's clothing so that the child can be observed.

(IV) If the injuries on a child of any age indicate the need for a medical examination, or the child's age limits the CW worker's ability to conduct an inspection of alleged injuries, the child is taken for a medical examination per OAC 340:75-3-8.6 ITS 5.

(5) When a PRFC or caregiver refuses to permit the CW worker to visually inspect the child victim or siblings, the CW worker consults with the CW supervisor regarding whether to request assistance from law enforcement or submit a request to the district attorney (DA) for a court order per OAC 340:75-3-8.6 ITS 6.

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

(7) Photographing the child victim. When there are injuries that appear indicative of child abuse or neglect, the CW worker:

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

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

(C) does not enhance or alter and stores the digital photographs taken
by the worker per OAC 340:75-1-26 ITS; and

(D) makes available to law enforcement and the DA any photograph as required.

5. Medical, psychological, or psychiatric examination, treatment, or both, in the investigation or assessment.

(1) When a medical examination is required, the CW worker assists the person responsible for the child (PRFC) in making the arrangements. The CW worker accompanies the PRFC and child to the medical examination and remains available during the examination for consultation with the physician.

(A) If the child victim has already been seen by a physician, the CW worker consults with the physician, as soon as possible, and requests a written report of the physician's examination and diagnosis.

(B) Following the child's medical examination or treatment and after receiving a verbal report from the physician, the CW worker requests a written report.

(2) Reimbursement to the vendor for the child abuse examination or treatment may be made per OAC 340:75-13-64. The CW worker, not the medical provider, determines whether other resources are available to the child and advises the hospital or physician regarding procedures for payment, per OAC 340:75-13-64.

(3) Any exceptions to medical examination procedures must be approved by the CW supervisor as soon as possible after the child victim is observed. The exception must be documented in the Summary/Recommendation section of Form CWS-KIDS-3, Report to District Attorney, and good cause shown for the modification.

6. Refusal to cooperate or respond protocol.

(1) The CW worker:

(A) evaluates the available information and determines the most appropriate action when the PRFC does not cooperate in an investigation or assessment by:
(i) refusing to be interviewed;

(ii) refusing to allow access to the child for observation and interview;

(iii) failing to respond to notices from the CW worker when the worker has reliable information that the PRFC did in fact personally receive the notice;

(iv) denying access to mental health records or treatment plans; or

(v) removing the child from Oklahoma before the investigation or assessment is completed;

(B) when the safety of the child is at significant risk:

(i) immediately contacts law enforcement for assistance in interviewing and observing the child; and

(ii) if the PRFC still refuses to allow access to the child and law enforcement declines to place the child in protective custody, immediately documents information obtained from collaterals or witnesses and submits the information on an affidavit or Form CWS-KIDS-3 requesting the DA make application for a court order to allow access to the child;

(C) if the PRFC denies access to mental health records or treatment plans that may relate to abuse or neglect, requests the DA file an application for a court order; or

(D) if the worker believes that a PRFC or other person may remove a child from Oklahoma before the investigation is completed, requests the DA file an application for a temporary restraining order.

7. Unable to locate protocol.

(1) Every effort must be made to locate the child and family. If the CW worker encounters difficulty in locating either the child or family, the CW worker:

(A) contacts the reporter again and advises that the worker is having
difficulty locating the family and asks the reporter for additional sources of information; and

(B) makes another computer inquiry to determine whether the family is receiving services from Oklahoma Department of Human Services (OKDHS).

(i) If the family is receiving services, the CW worker contacts the assigned worker to determine whether there is a new address for the family or any other information to assist in locating the family.

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

(2) No report is closed as unable to locate unless the protocol per OAC 340:75-3-8.6 ITS 7(1)(A) and (B) is followed.

(3) When the report indicates that the safety of the child is or will be at risk and it appears that the family has relocated within Oklahoma or to another state, a statewide or nationwide protective service alert may be initiated by contacting Children and Family Services Division Child Protective Services Section, per OAC 340:75-3-6 ITS.

(A) If it appears that the family has moved to another identified state, the CW worker calls that state’s Child Protective Services and makes a report regarding the child’s safety.

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

(4) If a family is found after an investigation or assessment is closed due to failure to locate, the allegations in the child abuse and neglect report that led to the investigation or assessment are documented on a new Form CWS-KIDS-1, Referral Information Report.

(A) The previous KIDS referral number is documented on the new report along with any new information about the family.

(B) The new referral is prioritized and assigned for investigation or assessment, per OAC 340:75-3-7.1.
(C) The investigation or assessment addresses the allegations in the previous referral that was closed due to failure to locate and any current allegations.

8. Modifying protocol.

(1) Modifications:

(A) are not approved regarding attempts to contact the child victim and PRFC or to make a home visit except under conditions detailed in OAC 340:75-3-8; and

(B) may be approved by the CW supervisor and include:

(i) omitting contact with collaterals in an investigation;

(ii) omitting contact with all members of the family; or

(iii) abbreviating documentation of the contact with the child victim and family.

(2) The CW supervisor documents the reason for the modification to the investigation or assessment protocol in the Summary/ Recommendation section of Form CWS-KIDS-3 and modification to the assessment in Form CWS-KIDS-9-A, CPS Family Assessment.
340:75-3-9.1. Critical incidents and child death or near death review procedure

(a) Child death or near death reporting. When county staff receives a report concerning the death or near death of a child that is suspected to be the result of abuse or neglect, phone contact is made with Children and Family Services Division (CFSD) Child Protective Services (CPS) Section programs staff. Requests for the release of information concerning child fatalities are handled according to OAC 340:75-1-44. 

(b) Critical incidents review. A review by the Critical Incidents Review Committee is scheduled for child deaths, near deaths, or any other critical incidents in which a review is requested by Child Welfare staff or appears indicated due to special circumstances of the incident.

(c) Death or near death of a child known to Child Welfare. Upon receipt of a notice of the death or near death of a child known to Child Welfare, CPS Section programs staff reviews and notifies the Human Services Centers chief operating officer and CFSD director who determine whether an administrative investigation occurs per DHS:2-3-2.

INSTRUCTIONS TO STAFF

1. (a) The initial information regarding the child that is provided verbally is:

   (1) name;
   (2) date of birth;
   (3) date of death or near death incident;
   (4) race;
   (5) gender;
   (6) circumstances of the child's death or near death;
   (7) any known Child Welfare (CW) history; and
   (8) KIDS report number.

(b) Children and Family Services Division (CFSD) Child Protective Services (CPS) programs staff provide, upon inquiry by CW staff:
(1) consultation regarding whether a child death or near death falls within the scope of CW; and

(2) direction regarding the unique investigative procedures required in these instances.

(c) A copy of the entire case record is sent to CFSD CPS Section within 90 calendar days of the child’s death or near death. When the investigative paperwork is not complete because the Medical Examiner’s Report of Autopsy is not available, extensions are granted until the report is received, per OAC 340:75-3-13 Instructions to Staff. CPS programs staff contacts the worker for any additional information needed.

(d) Initial report. After receipt of notice from the county director or designee, CPS Section programs staff prepares a factual account of known circumstances of the child death or near death and current and previous Oklahoma Department of Human Services (OKDHS) and CW history. The initial report is sent to the applicable OKDHS Human Services Center, Field Operations Division, Legal Division, and CFSD staff, State Child Death Review Board, and Oklahoma Commission on Children and Youth.

(e) Public inquiries. CW information and investigations are confidential, unless otherwise provided by law. All communications about the events under investigation, and the investigation itself, are limited to authorized personnel with the OKDHS Office of Communications or CFSD designated spokesperson. Any media, public, or other inquiry about a specific case by persons without an official need to know are directed to the Office of Communications.

2. (a) Child death or near death circumstances automatically set for review by the Critical Incidents Review Committee (CIRC) include:

(1) cases in which there is an ongoing Permanency Planning or voluntary Family-Centered Services case involving siblings;

(2) confirmed child deaths or near deaths in which there are concerns regarding siblings and no ongoing Permanency Planning or voluntary Family-Centered Services case;

(3) cases in which there have been reports of child abuse and neglect within the previous two years;
(4) cases in which it has been established that there have been multiple child deaths or near deaths in the family; and

(5) cases in which there is an identified concern about the investigative process or ongoing Permanency Planning case.

(b) CIRC is composed of OKDHS staff from:

(1) Children and Family Services Division;

(2) Field Operations Division;

(3) Family Support Services Division;

(4) Office of Client Advocacy; and

(5) Office of Information and Referral.

(c) CIRC members receive a copy of the applicable portions of the CW case record and read it prior to the scheduled review.

(1) Notice of the critical incidents review is sent to the appropriate area director, county director, and CW staff at least 30 calendar days prior to the scheduled review.

(2) At minimum, the CW supervisor and CPS and Permanency Planning or voluntary Family-Centered Services workers attend the review.

(3) One staff person must be prepared to verbally present the circumstances of the investigation and answer additional questions posed by CIRC. Information regarding any ongoing services is provided verbally by the Permanency Planning or voluntary Family-Centered Services worker.

3. Child known to CW. A child known to CW is a child who at any time:

(1) within six months prior to the child's death or near death incident:

   (A) was the subject of a CPS investigation or assessment alleging child abuse or neglect;
(B) was the subject of a CPS report that CFSD determines was improperly screened out;

(C) resided in a household that included a member who was the subject of a CPS investigation or assessment alleging child abuse or neglect;

(D) was in OKDHS custody or under OKDHS supervision as a child alleged or adjudicated deprived;

(E) had an active CW case with OKDHS; or

(F) had an active voluntary services case; or

(2) during the two years preceding the child's death or near death incident:

(A) was the subject of more than five CPS reports or three investigations or assessments alleging child abuse or neglect; or

(B) resided in a household that included a member who was the subject of more than five CPS reports or three investigations or assessments alleging child abuse or neglect.
340:75-3-10.1. Safety determination and responses

(a) Evaluation of the child's safety. Evaluating the safety of a child is a primary Child Protective Services (CPS) function.

(1) Safety refers to the present security and well-being of a child who is assessed at risk of abuse or neglect and is determined by:

(A) how controllable the child and family situation is;

(B) whether the child's safety is an immediate concern; and

(C) what the abuse or neglect is or its results may be.

(2) An evaluation must be conducted to identify a service response that will control risk and ensure the child's safety. ■ 1

(b) Determining the need for protective or emergency custody. There are situations in which the Child Welfare (CW) worker must evaluate whether a recommendation for protective or emergency custody is appropriate. These situations include serious abuse and neglect in which the child is at risk of serious physical harm. ■ 2

(c) Safety planning decisions in cases of serious abuse or neglect. When an alternative to protective or emergency custody is considered in situations in which serious physical harm is documented, the CW worker consults the CW supervisor and discusses each alternative to determine whether the child's safety is ensured. The safety plan must be discussed and agreed to by the person(s) responsible for the child (PRFC(s)). ■ 3

(d) Safety planning risk factors. When a safety plan is considered, it is critical to evaluate any risk associated with the safety plan.

(1) In cases of sexual abuse and serious physical abuse or neglect, it is imperative that the perpetrator is not allowed to have unmonitored contact with the child victim until the treatment process begins and there is progress in reducing risk.

(2) In the early stages of working with a family, denial may be a significant deterrent to ensuring protection from the perpetrator. When the family members cannot ensure there will be no unmonitored contact with the perpetrator, a recommendation for short-term protective or emergency custody is considered a safer option for the child. ■ 4
(e) **Safety planning and court involvement.** The implementation of a safety plan does not preclude the CW worker from requesting court involvement. A safety plan is voluntary without court intervention. It is important in serious cases of abuse or neglect for the CW worker to ensure the family is involved in a court-ordered treatment and service plan and the safety of the child is monitored. □ 5

(f) **Removal of a child from the home.** When possible, a decision to recommend removal of a child from the home is made in collaboration with the CW supervisor. When prior supervisory collaboration is not feasible, the case is reviewed with the CW supervisor as soon as possible. A recommendation to remove a child from the home is made when, upon evaluating relevant conditions, the CW worker determines:

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 of abuse or neglect are unavailable; or
4. continued placement in the home is contrary to the child's welfare. □ 6

(g) **Procedures for removal of a child not in Oklahoma Department of Human Services (OKDHS) custody.** Per Section 7003-2.4 of Title 10 of the Oklahoma Statutes (10 O.S. § 7003-2.4) and Section 671 of Title 42 of the United States Code (42 U.S.C. § 671), a child is removed from the home only when continued placement in the home is contrary to the child's welfare. Reasonable efforts are made to prevent removal unless a documented emergency exists that requires removal.

1. A child who is endangered by his or her surroundings may be removed from the home by law enforcement without a court order in the situations described in (A) through (E).

   (A) In an emergency situation, the CW worker contacts appropriate law enforcement officials and recommends that the child be placed in protective custody.

   (B) If law enforcement officials decline to remove the child, the CW worker may prepare 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 10 O.S. § 7003-2.1.

   (i) 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 welfare or language to that effect, such as, "Removal is in the child's best interests." The order must also include a finding regarding whether reasonable efforts were made to prevent removal.

(ii) If the court does not make and document the finding of "Contrary to the welfare" at the time of removal, the state can never come into compliance with the federal law, per 42 U.S.C. § 671.

(iii) 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."

(C) When a child who is in protective custody is in need of medical treatment, diligence is used in obtaining consent of the parent(s) or legal guardian to authorize medical treatment.

(D) Law enforcement may authorize medical examination and treatment in the absence of the parent(s) or legal guardian when a:

(i) competent medical or mental health authority determines the treatment is an emergency; or

(ii) routine diagnosis is necessary to ascertain the condition of a child for his or her protection or the protection of others with whom the child may come in contact, per 10 O.S. § 7003-2.3.

(E) If law enforcement or the parent(s) or guardian is unwilling to consent, the DA is contacted for purposes of obtaining an order of the court for such treatment.

(2) A child may be removed from an educational or child care facility by a CW worker when the criteria in (A) through (F) are met prior to removal.

(A) It is established by the CW worker and supervisor that the removal is necessary to protect the child from risk of endangerment. Risk of endangerment is a serious abuse or neglect situation.

(B) Law enforcement is contacted and declines to remove the child.

(C) The CW worker prepares 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 educational or child care facility by a CW worker in order to protect the child from risk of endangerment.

(D) 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, humiliation to the child, or hostility or risk of reprisal from any party.

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

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

(h) Procedures for removal of a child in OKDHS custody. The CW worker may remove a child directly from the child's home when continued placement in the home is contrary to the welfare of the child and the child is in the legal custody of OKDHS, unless ordered placed in the home by the court. To ensure the safety of the child and CW worker, assistance from law enforcement is requested in these situations.

(i) Procedures for securing emergency medical treatment of a child not in OKDHS custody. When a child is in need of immediate protection due to the need for medical treatment and the PRFC(s) is unwilling or unavailable to consent to such medical treatment or other action, the child may be taken into custody pursuant to a court order.

   (1) The DA may make either verbal or written application for an emergency ex parte order when there is reason to believe the child is in need of immediate medical or mental health treatment.

   (2) The court may or may not issue the order, but a full hearing must be held within 24 hours of filing the application. When an order is made it must specifically include authorization for medical treatment per 10 O.S. § 7003-2.2.

   (3) If the situation is not an emergency, but it is clear that the child requires medical treatment to protect the child's health or welfare, the DA may file an application and the court may hold a hearing within five days of the filing per 10 O.S. § 7003-2.3.

(j) Preparation for the child and family when removal occurs. When the decision is made to remove a child from the child's home, the CW worker makes every effort to reduce the trauma and stress for the child and family by properly preparing all persons involved.
(k) **Placement considerations when the child is removed from the home.**

(1) **Placement planning.** Once a child has been removed from his or her home, placement decisions are made with the long-term best interests of the child in mind in accordance with OAC 340:75-6-85. 

(2) **Placement with relatives or kin.** Placement with relatives or kin is considered when possible. It is important to assess relative or kinship placements in terms of the child's safety, per OAC 340:75-3-10.1(e), and long-term needs. Relatives or kin are only considered when:

   (A) the child will be safe with the relative or kin, per OAC 340:75-3-10.1(e). The history of the family is explored extensively, with the child's PRFC(s) and the relative or kin considered for placement;

   (B) 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;

   (C) 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

   (D) a relative or kin could potentially provide long-term care for the child. The CW worker considers the age of the relative or kin in relationship to the child and the commitment of the relative or kin to the child should the placement become long-term.

(3) **Placement in foster family care.** If it is determined that foster family care is the best placement option for the child, considerations are:

   (A) the foster parent is an age appropriate provider for the child in case the placement becomes long-term;

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

   (C) the foster family is able to accept placement for a sibling(s) or facilitate contact between the siblings; and

   (D) when a foster family placement is made as an emergency, the emergency placement is evaluated quickly and arrangements are made to make a more
appropriate placement as soon as possible.

(4) Placement of an infant who is at-risk.

(A) Factors that determine whether an infant in OKDHS custody is at-risk include:

(i) prematurity;

(ii) history of respiratory distress;

(iii) oxygen dependency;

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

(v) age younger than six weeks; and

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

(B) An appropriate placement for an infant who is at-risk includes an approved foster or kinship family home, health care facility, or children's shelter that meets the criteria in (i) through (iii). The placement

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

(ii) 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

(iii) 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.

(C) 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.

(D) The responsibilities of the CW worker for removal and out-of-home placement of a child at-risk are described in OAC 340:75-6-85.1 through 340:75-6-85.4.

(I) **Release of a child from protective custody.** Unless there is a standing order of the court that allows for disposition of children taken into protective custody, a child is not released from protective custody without authorization and as specified by the court. Specific procedures are followed when a child is released from protective custody by the court. If the child is released from protective custody, the child is only released to the court-ordered custodian. [OAC 340:75-1-16]

**INSTRUCTIONS TO STAFF**

1. Evaluating safety of the child. An evaluation is made by the Child Welfare (CW) worker to determine whether the child is or would be safe in the home if the child were to remain there. The safety assessment is documented on Form DCFS-76, Safety Assessment, and on Form CWS-KIDS-3, Report to District Attorney.

2. Evaluating need for protective or emergency custody. Unless an adequate alternative safety plan is discussed with the CW supervisor and an alternative safety plan is documented in the case record, a protective or emergency custody recommendation is made in serious abuse or neglect situations described in (1) through (16). A safety plan does not preclude a recommendation for court intervention and supervision by Oklahoma Department of Human Services (OKDHS) to formalize the safety plan through a court-ordered treatment and service plan.

   (1) 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.

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

   (3) A person(s) responsible for the child (PRFC(s)) demonstrates no attachment to an infant or toddler, and has seriously inappropriate parenting skills.

   (4) 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.

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

(6) 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.

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

(8) The PRFC(s) 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.

(9) The PRFC(s) 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.

(10) The PRFC(s) 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.

(11) The PRFC(s) has abandoned the child.

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

(13) 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 family.

(14) A baby is born to a PRFC(s) who is currently involved in an open Permanency Planning case and has not successfully completed the court-ordered treatment and service plan or there is a pending motion to terminate parental rights.

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

(16) 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.

3. Making safety plans.

(1) All safety plans are documented on Form DCFS-76 and Form CWS-KIDS-3.

(2) Form DCFS-75, Voluntary Family Service Agreement, is completed when the child remains in the home or when persons other than the PRFC(s) are involved in the safety plan. The CW worker:

(A) ensures all necessary arrangements for the safety plan are made and contacts persons or agencies responsible for carrying out the service plan to confirm the safety arrangements; and

(B) contacts, no less than weekly, persons or agencies responsible for the safety plan until the risk factors in the family are significantly reduced.

4. Safety plan examples.

(1) Alternatives to protective custody. Alternatives to protective custody are listed in (A) through (J).

(A) The perpetrator leaves the home and remains gone either voluntarily or through legal means.
(B) The PRFC(s) is protecting the child and controlling the risk to the child. A reluctant agreement to protect a child from a perpetrator, for example, a parent who doubts that sexual abuse occurred but states the perpetrator will not have access to the child may not constitute an appropriate safety plan. The CW worker must determine that the perpetrator does not have access to the child through corroboration of collaterals.

(C) While the child remains in the home, court intervention is requested to ensure that the family is involved in securing needed treatment and assistance.

(D) The PRFC(s) arranges for the child to be out of the home, such as placement with a relative who:

(i) believes the child;

(ii) is willing to protect the child; and

(iii) upon review of CW records, has no concerning history of child abuse or neglect per OAC 340:75-7-15.

(E) There is a concerned relative who agrees to make contact with the PRFC(s) and child on a daily basis and report to the CW worker.

(F) A parent aide trained in the dynamics of child abuse and neglect is available, without delay, to visit in the home.

(G) Comprehensive Home-Based Services (CHBS) are immediately available to the PRFC(s) and child and the PRFC(s) accepts these services.

(H) A social services agency with appropriate services for the family has staff available to contact the family without delay.

(I) Protective child care services for the child are available and the PRFC(s) is willing to access these services.

(J) The PRFC(s) is willing to place the child in voluntary foster care during the crisis.
(2) Safety plan factors. In order to evaluate whether relatives or the non-perpetrator PRFC(s) can protect the child adequately from the perpetrator, the issues in (A) through (H) must be considered.

(A) Does the relative, kin, or PRFC(s) believe that abuse or neglect occurred? If not, adequate protection may not be provided.

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

(C) Is the non-perpetrator PRFC(s) a victim of domestic violence or emotional abuse by the perpetrator? If so, the non-perpetrator PRFC(s) may be fearful of the perpetrator and unable to protect the child until the treatment process begins.

(D) Did the relative, kin, or non-perpetrator PRFC(s) 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(s) may not see risk to the child if the perpetrator wants contact.

(E) Is the relative, kin, or non-perpetrator PRFC(s) displaying a willingness to support treatment for the family or is the agreement to participate in the safety plan just 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(s) is not an adequate safety plan.

(F) Is the non-perpetrator PRFC(s) 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.

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

(H) Is the person considered as a safety plan alternative placement:
(A) subject to the registration requirements of the Sexual Offender's Registration Act;

(B) convicted of domestic or child abuse;

(C) alcohol or drug-dependent with evidence of intent to inflict harm; or

(D) living with or married to someone who fits those criteria? If so, the person is not considered as a placement option for the child victim per OAC 340:75-7-15.

5. Recommendations to the DA. Options in making recommendations to the district attorney (DA) are found in OAC 340:75-3-11 Instructions to Staff.

6. 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 DCFS-105, Notice to Foreign Consul of Child Welfare Proceedings, per OAC 340:75-1-31 Instructions to Staff.

7. 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 in order to have the child returned. Each situation is handled 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 Children and Family Services Division Child Protective Services (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, will enforce Oklahoma's order by taking the child who is at-risk into custody.
(4) When the child is taken into custody, a court hearing is held or the court is notified that the child was taken into custody based on the information and order from Oklahoma. Oklahoma CW staff must secure a court order from that state releasing the child to OKDHS custody to return to Oklahoma.

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

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

8. Preparation for removal. Preparing the family as well as the child is crucial when removal occurs.

(1) Preparing the family may be 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 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) when the child takes medication or has medical needs or allergies, asks the parent(s) to complete Form DCFS-92, Receipt and Release of Prescription and Over-the-Counter Medication(s);
(ii) asks the mother to sign 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 DCFS-106, Important People in the Child(ren)'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; and


(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 then 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.


(1) The placement that is 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. Many placements that were intended to be short-term placements turn into placements that last for many months or even years, so it is critical to consider this in making the child’s initial placement.

(2) All efforts are made to place siblings together. When it is not possible to initially place siblings together due to lack of bed space, efforts begin the next working day and actively continue for whatever time is necessary to find a placement that keeps the siblings together.

(3) When the child receives adoption assistance, the CW worker notifies the adoption specialist of the child's placement in out-of-home care.

10. 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 at risk in the relative’s or kin’s home.
340:75-3-10.2. Findings for Child Protective Services investigations

After completing the Child Protective Services (CPS) investigation, a finding is made regarding whether the child was or is at risk of abuse, neglect, or both, per Section 7102 of Title 10 of the Oklahoma Statutes and OAC 340:75.

(1) CPS findings are entered into the KIDS system.

(2) Form CWS-KIDS-3, Report to District Attorney, is utilized to document all findings. Findings and criteria for making such findings are described in (A) through (E).

(A) Services not needed. A finding of services not needed is made when there is no identified risk of child abuse or neglect and the family does not need prevention or intervention related services.

(B) Services recommended. A finding of services recommended is made when the report is determined to be unfounded or there is insufficient information to fully determine whether child abuse or neglect has occurred, and the child and family may benefit from prevention and intervention related services. Services may be provided either by Oklahoma Department of Human Services (OKDHS) or other community resources or providers.

(C) Confirmed report – services recommended. A finding of confirmed report – services recommended is made when the report is determined, based upon credible evidence, to constitute child abuse or neglect that is of such a nature that prevention and intervention related services for the person(s) responsible for the child (PRFC(s)) and the child are recommended but initial court intervention is not required. Services may be provided either by OKDHS or other community resources or providers.

(D) Confirmed report - court intervention. A finding of confirmed report - court intervention is made when the report is determined, based upon credible evidence, to constitute child abuse or neglect that is of such a nature that the child’s health or safety is threatened. For example, cases that fit the definition of serious abuse or neglect and warrant court intervention to protect the child. Refer to OAC 340:75-3-10.1 and 340:75-3-11 for additional information in making decisions about court intervention.

(E) Reasonable parental discipline. A finding of reasonable parental discipline is made when circumstances indicate that a PRFC used ordinary force and age appropriate, reasonable discipline methods that did not result in injury or visible
marks on the child. When a finding is made that the report is the result of reasonable parental discipline, the case information is forwarded to Children and Family Services Division CPS Section programs staff for review, per OAC 340:75-3-12.

**INSTRUCTIONS TO STAFF**

1. **CPS findings.**

   (1) Child Protective Services (CPS) investigative findings. Findings in OAC 340:75-3-10.2(2)(A) through (E) are made only in CPS investigations and not in CPS assessments.

   (2) Documentation. Form CWS-KIDS-3 is initially used to document all investigative findings, including a finding of reasonable parental discipline. Procedures in OAC 340:75-3-12 Instructions to Staff are then followed.

   (3) Other findings. CPS investigation findings, other than those found in OAC 340:75-3-10.2(2)(A) through (E), or assessment conclusions that may be used under very specific circumstances are:

      (A) unable to locate finding or conclusion that may be made when every effort has been made to locate the child victim and family per OAC 340:75-3-8.6 ITS; and

      (B) failure to cooperate finding or conclusion that may be made when the PRFC does not cooperate in an investigation or assessment by refusing to allow access to the child victim for observation and interview per OAC 340:75-3-8.6 ITS.

2. **Other options for confirmed – court intervention finding.** There are certain situations, due to the seriousness of the abuse or neglect, when a finding of confirmed – court intervention is appropriate but a deprived petition is not requested, such as:

   (1) foster or trial adoptive home investigations. Deprived court intervention has already been initiated regarding the child in Oklahoma Department of Human Services custody. However, this finding is appropriate when:

      (A) a determination is made that serious abuse or neglect occurred; and
(B) law enforcement is conducting a joint criminal investigation;

(2) child care center and child care home investigations. Deprived court intervention is not necessary as the parent(s) is protecting the child. However, this finding is appropriate for child care center and child care home investigations when:

(A) a determination is made that serious abuse or neglect occurred;

(B) law enforcement is conducting a joint criminal investigation; and

(C) Division of Child Care is investigating continued licensure for the facility; and

(3) when a child dies as the result of abuse or neglect by a PRFC and there are no surviving siblings. This finding is appropriate when the death was of such a serious nature that a criminal investigation is being conducted by law enforcement.
340:75-3-10.3. Confirmation protocol

Specific guidelines in conjunction with definitions, per OAC 340:75-3-2, are utilized in making a confirmed finding of abuse or neglect.

INSTRUCTIONS TO STAFF

1. Guidelines for confirmed finding of abuse or neglect. Guidelines described in (1) through (12) apply when all required and necessary interviews and observations with the child, person responsible for the child (PRFC), and collaterals have been conducted, except when a modification is approved by the Child Welfare (CW) supervisor.

(1) Abandonment.

(A) Prior to confirming abandonment, the CW worker considers:

(i) the PRFC(s)' explanation of the incident to determine the reason for not resuming custody of the child;

(ii) whether there were mitigating circumstances, such as with a teen parent who is in Oklahoma Department of Human Services (OKDHS) custody;

(iii) the duration and chronicity of the PRFC(s)' absence;

(iv) the efforts by the caregiver to locate the PRFC(s); and

(v) the impact of PRFC(s)' absence on the child.

(B) In general, to confirm abandonment one of the factors in (i) through (v) must be present. The PRFC:

(i) deserts the child, and there are no stated or implied plans by the PRFC to resume care or custody of the child;

(ii) arranges for a substitute caregiver and this person is unwilling or unable to continue to care for the child, the caregiver's efforts to locate the PRFC are unsuccessful, and 24 hours or more have elapsed without the PRFC making an effort to retrieve the child.
child left with an appropriate caregiver is not abandoned unless the caregiver refuses to continue to provide care;

(iii) refuses to have the child in his or her care and custody or make appropriate alternative arrangements for the child;

(iv) is unable to provide care for the child and will not be able to assume care of the child; or

(v) abandons an infant, per OAC 340:75-1-23.

(2) Domestic violence.

(A) Prior to confirming domestic violence, the CW worker considers the:

(i) child's age and vulnerability; and

(ii) capacity of the adults to protect the child.

(B) In general, to confirm domestic violence there is a pattern of assaultive and coercive behaviors between adults when a child is present that:

(i) include, but are not limited to, sinister threats that involve the child, physical injury requiring medical attention, or the presence of weapons; or

(ii) the child in the home is at risk of grave physical danger, significant neglect, or significant emotional consequences.

(3) Educational neglect.

(A) Prior to confirming educational neglect, the CW worker considers the:

(i) frequency and duration of non-attendance;

(ii) efforts made by the school district to rectify the problem;

(iii) PRFC's response to these efforts as documented by the school district; and
(iv) PRFC's attempts to resolve the problems.

(B) If a child is being taught at home, the CW worker consults with the school district about any standards regarding home schooling.

(C) In general, to confirm educational neglect the factors in (i) and (ii) must be present.

(i) The child fails to attend school or receive other means of education due to the faults and habits of the PRFC.

(ii) The school district exhausts all available means per Section 10-105 et seq. of Title 70 of the Oklahoma Statutes to compel attendance and the PRFC has failed to respond.

(4) Failure to protect.

(A) Prior to confirming failure to protect, the CW worker considers:

(i) the PRFC's knowledge of potential risk of harm to the child;

(ii) the PRFC's overall attitude about the child's need for safety; and

(iii) whether a normally prudent adult could have predicted harm to the child in the situation.

(B) In general, to confirm failure to protect, either or both of the factors in (i) and (ii) must be present.

(i) The PRFC had knowledge or could have predicted that the child would be in a high risk situation or with an individual who had a history of abusive, neglectful, or violent behavior.

(ii) The PRFC failed to show regard for the child's need for safety.

(5) Lack of supervision.

(A) Prior to confirming lack of supervision, the CW worker must consider the:

(i) child's competence;
(iii) immediate environment;

(iii) duration and frequency without supervision;

(iv) accessibility of a capable adult; and

(v) responsibility and expectations of the child and resources available to the PRFC to improve the supervision plan. If the child is not alone, the CW worker evaluates the competency of the caregiver.

(B) In general, to confirm lack of supervision the factors in (i) and (ii) must be present.

(i) The child is placed in situations beyond the child's ability to cope due to a lack of competent supervision, guidance, or protection.

(ii) The circumstances of the supervision plan are such that a reasonable person would be expected to foresee that the child would be placed at risk of physical harm, sexual abuse, or sexual exploitation.

(6) Medical neglect. In general, to confirm medical neglect either both factors (A) and (B) or factor (C) must be present.

(A) The child does not receive medical, dental, or mental health care for a documented health problem that, if untreated, may place the child in immediate or future jeopardy of limitation, incapacitation, or death.

(B) The PRFC demonstrates a consistent refusal to obtain and follow through with specified medical care.

(C) The health of the child was significantly endangered by the PRFC's failure to obtain medical treatment for the child.

(7) Mental injury - emotional abuse or neglect. In general, to confirm mental injury either one or a combination of the factors in (A) through (D) must be present.

(A) The child has an observable and substantial impairment of his or her intellectual or emotional functioning, or both.
(B) The PRFC demonstrates a pattern of emotionally abusive or neglectful behavior.

(C) A professional opinion from someone with skills in diagnosing mental health concerns indicates the PRFC's behavior causes the child intellectual or emotional impairment.

(D) There is cumulative documentation, such as:

(i) statements by the child and at least one competent witness;

(ii) the PRFC's description of a typical family interaction;

(iii) the PRFC's description of an attitude toward the child;

(iv) collaborative evidence provided by collateral familiar with the family; or

(v) the CW worker's observation and assessment of the child's behavior and demeanor.

(8) Neglect.

(A) Prior to confirming neglect, the CW worker must consider the:

(i) impact on the child due to factors such as the child's age, physical condition, and vulnerability to the conditions; and

(ii) chronicity and duration of the problem and resources available to the PRFC to correct the problem.

(B) In general, to confirm neglect, the factors in (i) and (ii) must be present.

(i) The PRFC does not provide basic food, clothing, or shelter, supervision, or essential medical, dental, or mental health care necessary for the child's health or safety, due to the PRFC's practices or refusal to use available resources.

(ii) The child is harmed or threatened with substantial harm as the result of these practices.
(9) Physical abuse.

(A) Prior to confirming physical abuse, the CW worker must determine whether:

(i) there is a physical injury;

(ii) the severity of the injury; and

(iii) the explanation given by the PRFC and child for the injury.

(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.

(C) In general, to confirm physical abuse the factors in (i) and (ii) must be present.

(i) The child sustains a physical injury resulting in permanent or temporary damage to the child's body.

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

(D) If the PRFC does not admit inflicting the injury to the child, at least one of the pieces of evidence in (i) through (iii) must be present.

(i) In the professional judgment of the CW worker, the injury is clearly consistent with the child's explanation regarding the source of the injury.

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

(iii) Witness statement corroborates the child's statement.

(E) Physical abuse may be confirmed without the presence of an injury if the PRFC admits to an action that in the CW worker's opinion or based on collaborating witness statement constitutes the potential for substantial injury to the child, such as:

(i) the child is customarily hit in the face or head; or
(ii) the child is very young and frail.

(10) Sexual abuse and sexual exploitation. Sexual abuse and sexual exploitation of a child seldom results in physical evidence and often a child victim, due to the seriously troubling emotional aspects of sexual abuse, does not provide consistent reliable information. The absence of confirmation does not mean that sexual abuse or sexual exploitation did not occur. It merely means that the information obtained during the investigation is not sufficient to confirm the allegation.

(A) Prior to confirming sexual abuse or sexual exploitation, the CW worker considers that:

(i) the statements and behaviors of the child are usually the primary sources of documentation of sexual abuse; and

(ii) in order to confirm sexual abuse or sexual exploitation based solely on the child's statement and behavior, the child's ability to describe or demonstrate the specific sexual acts must be present and supported by the child's description as to the context of the sexual abuse. If witnesses to the sexual abuse provide information in the same context as indicated in the child's statement and behavior, this information may be used to support confirmation of sexual abuse.

(B) The three aspects of the child's statement and behavior that are explored are listed in (i) through (iii).

(i) The child's ability to describe either verbally or behaviorally the sexual behavior by exhibiting sexual knowledge beyond what is expected for the child's developmental stage, the description of the sexual behavior is from a child's viewpoint, and the accounts of sex acts are explicit.

(ii) The child is able to describe the context of the sexual abuse, such as:

(I) where it happened;

(II) when it happened;
(III) what the perpetrator said to obtain the child's involvement;

(IV) where other family members were;

(V) what the victim was wearing;

(VI) what clothing of the child was removed;

(VII) what the perpetrator was wearing;

(VIII) what clothing of the perpetrator was removed; and

(IX) the child's description of his or her emotional state during the abuse. For example, being scared, feeling bad, or being confused, whether the perpetrator said anything about telling or not telling, whether the child told anyone, and the reactions of persons the child has told. Generally, a child may be able to provide three or more details about the context of the victimization.

(iii) The child's statement and behavior to be explored is the child's affect or emotional reaction when recounting sexual abuse. Common emotional reactions to the disclosure include:

(I) reluctance to disclose;

(II) embarrassment;

(III) anger;

(IV) anxiety;

(V) disgust;

(VI) sexual arousal; or

(VII) fear.

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

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

(i) admit to some but not all sexual abuse described by the child victim. Typically, the admission is to lesser acts; or

(ii) indirectly admit to the sexual abuse without directly stating that he or she sexually abused the child, for example, the perpetrator says the child isn't lying but doesn't admit his or her guilt.

(D) In general, to confirm sexual abuse, at least one of the factors in (i) through (iii) must be present.

(i) The child's statement and behavior includes the ability to describe or demonstrate specific sexual acts and the ability to describe the context of the sexual abuse.

(ii) Medical evidence.

(iii) Confession of the perpetrator, whether a:

(I) complete confession;

(II) partial confession; or

(III) indirect admission.

(E) A specific perpetrator does not need to be identified in order to confirm sexual abuse or sexual exploitation.

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

(11) Substance abuse. In general, to confirm substance abuse, either factors (A) or (B) and factor (C) must be present.
(A) An infant is born with positive tests for either alcohol or an illegal drug.

(B) A PRFC’s illegal or inappropriate use of any drug, including alcohol, incapacitates or severely limits the PRFC in performing minimal basic care for the child.

(C) There is resulting serious neglect, serious physical abuse, risk of grave physical danger, or significant emotional consequences to the child.

(12) Threat of harm. In general, to confirm threat of harm, the factors in (A) and (B) must be present.

(A) The PRFC either intended to act, acted, omitted to act, or knew about conditions that placed the child at substantial risk.

(B) The intentions, actions, omission, or conditions could have resulted in serious physical injury, sexual abuse, or serious neglect.
340:75-3-13. completion of the investigation or assessment process

(a) Closure with the PRFC or family.

(1) Following completion of the investigation, the Child Welfare (CW) worker notifies each person responsible for the child (PRFC) of any findings pertaining to the PRFC. The CW worker:

   (A) mails Form CWS-KIDS-97, Notification Concerning Finding(s) of Child Abuse/Neglect, to each PRFC. When the finding is confirmed - services recommended or confirmed - court intervention requested, OAC 340:75-1-12.2 applies;

   (B) verbally notifies the PRFC when there are findings; and

   (C) for in-home investigations, mails each PRFC Form CWS-KIDS-97 pertaining to the other PRFC(s). Refer to OAC 340:75-3-8.1 and 340:75-3-8.2 for out-of-home investigative findings and notification to other PRFCs.

(2) Following completion of the assessment, the CW worker notifies each PRFC of the conclusion. The CW worker:

   (A) mails each PRFC Form CWS-KIDS-103 or CWS-KIDS-103-A, Notification Regarding Assessment; and

   (B) verbally notifies each PRFC of the conclusion.

(3) The CW worker assists with any needed referrals for continued services from Oklahoma Department of Human Services (OKDHS) or another agency.

(4) Closure with the PRFC(s) or family may be circumvented when there is reason to believe that it may place the child or CW worker in danger or when the PRFC(s) cannot be located.

(b) Disclosure of the investigative findings or assessment conclusion to a reporting party. Per Section 7109 of Title 10 of the Oklahoma Statutes, certain information may be provided to reporting parties within the guidelines described in (1) through (3) of this subsection.

   (1) Hospital medical staff or physicians, including medical doctors, dentists, osteopathic physicians, residents, and interns, who report physical or sexual abuse may be provided information regarding the findings and any other information that
may be necessary for the child's medical treatment.

(2) When school personnel report serious physical abuse or sexual abuse that is later confirmed, a summary of the circumstances of the incident may be sent to the school principal utilizing Form DCFS-7, Notification to School Concerning Child Abuse Report. Form DCFS-7 includes a brief description of the circumstances of the sexual abuse or serious physical abuse, the names of the parent(s) or PRFC(s) and OKDHS employee who serves as contact person for the case. School personnel have the right to review other applicable CW case record information, per OAC 340:75-1-44.

(3) All other reporters who inquire may be told the finding of the investigation or that the assessment has been concluded. The reporter is told that:

(A) investigation or assessment specifics are not disclosed;

(B) the investigation or assessment has been completed;

(C) a report of any investigative findings has been forwarded to the district attorney's office in accordance with Oklahoma Statutes; and

(D) a completed investigation or assessment does not preclude future investigations or assessments if new allegations of child abuse or neglect are reported.

(c) Time frames for completion of investigations or assessments.

(1) All investigative or assessment interviews with the child victim, siblings, PRFC(s), and collaterals are accomplished through actual contact within 30 calendar days from the date the report is received.

(2) All investigative or assessment interviews with the child victim and PRFC(s) are documented in the appropriate KIDS system screens within 30 calendar days of the date the report is received.

(3) All remaining interviews that have not been documented and any other pertinent information or paperwork is documented in the appropriate KIDS screens within 60 calendar days of the date the report is received.

INSTRUCTIONS TO STAFF

1. (a) Extension of investigation or assessment and paperwork time frames. If
there are factors that prevent the completion and documentation of the investigation or assessment within the designated time frames in OAC 340:75-3-13.3(c)(1), the Child Welfare (CW) supervisor may extend the time frame for completion of the investigation, assessment, or paperwork for a specified time period not to exceed an additional 30 calendar days. If the investigation, assessment, or paperwork cannot be completed by the additional 30-day time frame, a subsequent request for extension must be approved by the next higher supervisory authority, and may not exceed an additional 30 calendar days.

(1) The exceptions to the time frames in OAC 340:75-3-13.3(C)(1) and (2) are foster and trial adoptive home reports and child death reports.

(2) Foster and trial adoptive home investigative or assessment interviews with the child victim(s) and PRFC(s) are completed and documented within ten working days of the date the report is received. Refer to OAC 340:75-3-8.1 for extension procedures.

(3) The paperwork and investigation of child deaths may not be completed until the Medical Examiner's Report of Autopsy is received, which may take up to nine months.

(A) When surviving siblings require immediate protection, paperwork regarding their safety must be completed per time frames in OAC 340:75-3-11.

(B) The paperwork regarding the deceased child is completed within 30 calendar days of receipt of the Medical Examiner's Report of Autopsy.

(b) Exceptions to policy requirements and time frames. If the excessive workload caused by a marked increase in abuse or neglect reports or CW staff vacancies results in any requirements and time frames, per OAC 340:75-3, not being met for more than 60 calendar days, the CW supervisor notifies the county director in writing requesting an exception.

(1) The CW supervisor details in writing to the county director the:

(A) total number of reports received for the 60 calendar day period;

(B) staff available to conduct investigations or assessments;
(C) special circumstances that led to the difficulty in meeting policy requirements and time frames; and

(D) specific policy requirements or time frames that cannot be met.

(2) The county director directs the request for policy exception to the area director.

(c) Examples of excessive workload. Examples of excessive workload situations include, but are not limited to:

(1) an assignment of more than 15 reports per CW worker per month that involves intensive intervention and investigation or assessment;

(2) a comprehensive caseload that exceeds more than 20 assignments per CW worker that requires both permanency planning and investigative responsibility;

(3) a supervisory vacancy of more than one month;

(4) a CW worker vacancy in a one worker county; and

(5) a CW worker vacancy of more than two months.
SUBCHAPTER 4. FAMILY-CENTERED AND COMMUNITY SERVICES

PART 1. VOLUNTARY FAMILY-CENTERED SERVICES

340:75-4-1. Purpose and authority [REVOKED]
340:75-4-2. Referrals to Preventive Services [REVOKED]
340:75-4-3. Worker responsibilities for Preventive Services cases [REVOKED]
340:75-4-4. Provision of Preventive Services [REVOKED]
340:75-4-5. Implementing the initial contacts with the family [REVOKED]
340:75-4-6. Crisis intervention [REVOKED]
340:75-4-7. Collateral contacts [REVOKED]
340:75-4-8. Termination of Preventive Services [REVOKED]
340:75-4-9. Purpose, philosophy, legal base, and authority
340:75-4-10. Definitions [REVOKED]
340:75-4-11. Scope of voluntary Family-Centered Services (FCS) [REVOKED]
340:75-4-12. Initiation of Family-Centered Services (FCS) [REVOKED]
340:75-4-12.1. Voluntary Family-Centered Services procedures
340:75-4-12.2. Determining appropriate referrals to Oklahoma Children's Services
340:75-4-13. Ongoing voluntary Family-Centered Services
340:75-4-14. Termination of voluntary Family-Centered Services (FCS)

PART 3. FAMILY FOCUS [REVOKED]

340:75-4-25. Scope [REVOKED]
340:75-4-26. Values and beliefs [REVOKED]
340:75-4-27. Goals [REVOKED]
340:75-4-28. Program Overview [REVOKED]
340:75-4-29. Target population [REVOKED]
340:75-4-30. Service description [REVOKED]
340:75-4-31. Determining appropriate child welfare referrals to Family Focus Services [REVOKED]
340:75-4-32. Family eligibility requirements [REVOKED]
340:75-4-33. Guidelines for referral of child welfare protective service cases [REVOKED]
340:75-4-34. Physical abuse [REVOKED]
340:75-4-35. Sexual abuse [REVOKED]
340:75-4-36. Neglect [REVOKED]
340:75-4-37. Substance abuse [REVOKED]
340:75-4-38. Mental health [REVOKED]
340:75-4-39. Physical illness or limitation [REVOKED]
340:75-4-40. Referrals for family reunification services [REVOKED]
OAC 340:75-4 (p2) CHILD WELFARE

340:75-4-41. Referral procedure [REVOKED]
340:75-4-42. Contracting agency, right to decline case, and contingency allocation [REVOKED]
340:75-4-43. Guidelines for the early termination of Family Focus Services [REVOKED]
340:75-4-44. Role of the CW/JSU gatekeeper [REVOKED]
340:75-4-45. Role of the CW worker [REVOKED]
340:75-4-46. Role of the Family Focus Services worker [REVOKED]

PART 9. SOONERSTART EARLY INTERVENTION PROGRAM [REVOKED]

340:75-4-120. Purpose [REVOKED]
340:75-4-121. Eligibility [REVOKED]
340:75-4-122. Background and authority [REVOKED]
340:75-4-123. Structure [REVOKED]
340:75-4-124. Services [REVOKED]
340:75-4-125. Funding [REVOKED]
340:75-4-126. Referrals [REVOKED]
340:75-4-127. Children in Foster Care [REVOKED]
340:75-4-128. Transition [REVOKED]
PART 1. VOLUNTARY FAMILY-CENTERED SERVICES

340:75-4-9. Purpose, philosophy, legal base, and authority

(a) **Purpose.** Voluntary Family-Centered Services (FCS) include decision-making processes following a child abuse or neglect investigation or assessment, and services provided to families. The purposes of voluntary FCS are to assess a family's needs for services and make referrals for services when child abuse, neglect, or both are identified. Service needs assessment and referral focus on increasing safety for the child and family, while preserving and strengthening the family in order to prevent unnecessary out-of-home placements.

(b) **Philosophy.** Family reunification or rehabilitation is a priority, but the right to family integrity is limited by the right of children to be protected from abuse and neglect, per Section 7001-1.2 of Title 10 of the Oklahoma Statutes. FCS emphasizes a commitment to:

1. maintain children safely in their own homes when possible;
2. focus on entire families rather than individuals; and
3. provide comprehensive services that meet the range of families' therapeutic, supportive, and concrete needs.

(c) **Legal base and authority.** Preventive and pre-placement services to children and families are mandated by the Promoting Safe and Stable Families Act, Title IV-B, Subparts I and II, and Oklahoma Department of Human Services Child and Family Services Plan.
340:75-4-12.1. Voluntary Family-Centered Services procedures

Upon completion of an investigation or assessment, utilizing all available information, the Child Welfare (CW) worker determines the safety and service needs of the child and family, per this Section. Appropriate service referrals for the family are made according to the selection criteria for Levels of Service. 

(1) Investigation or assessment documentation. At the conclusion of an investigation or assessment the CW worker completes either Form CWS-KIDS-3, Report to District Attorney, or Form CWS-KIDS-9-A, CPS Family Assessment, and Forms DCFS-75, Voluntary Family Service Agreement, and DCFS-76, Safety Assessment, per OAC 340:75-3-11 and 340:75-3-13.

(2) Safety planning. The safety of the child is addressed before any other intervention is pursued. Safety determination and responses are completed in accordance with OAC 340:75-3-10.1 and documented on Form DCFS-76.

(3) Determining service needs and collaborating with the family in safety and service planning. When possible, the safety evaluation and service planning include the involvement and input of the family. The risk to the child and the level of need within the family determine the intensity and duration of services required to address any concerns within the family. The CW worker may access contingency funds to assist with service needs in accordance with OAC 340:75-1-28.

(4) Voluntary Family Service Agreement. The CW worker discusses service options with the family and explains that services are voluntary unless there is court action involving the child and family.

   (A) When services are recommended, Form DCFS-75 is explained to the family and the family is offered the opportunity to enter into a voluntary agreement to accept services.

   (B) Form DCFS-75 documents the services needed and agreed to by the family to help provide for the child's safety without CW intervention.

(5) Informal supports to Voluntary Family Service Agreement. With the family's permission, supportive persons, such as neighbors, friends, volunteers, and extended family members, may be involved in safety plans and service agreements. Supportive persons who agree to be resources for the family commit to involvement in the safety planning and voluntary services by signing Form DCFS-75.
(6) **Formal supports to Voluntary Family Service Agreement.** Formal supports include programs and professional services, such as community-based service programs, that assist the family in providing a safe environment for the child. Comprehensive Home-Based Services (CHBS) are available through Oklahoma Children's Services (OCS) as described in OAC 340:75-4-12.2.

(7) **Assessing the need for voluntary foster family care.** Voluntary foster family care is available as a preventive and protective service to enhance family functioning without court intervention.

   (A) A child may be placed in foster family care at the request of the child's parent(s) or legal guardian when an emergency temporarily disrupts normal functioning.

   (B) A child whose needs exceed traditional foster family care is not eligible for this service, per OAC 340:75-8-1.

   (C) Relatives or other resources available to the family are fully explored and ruled out as a possible option before considering voluntary foster family care.

   (D) An open CW case is required for voluntary foster family care.

   (E) Specific procedures are followed to place a child in voluntary foster family care. 

      (i) Foster family care by voluntary request is a written, signed agreement between the parent(s) or legal guardian and Oklahoma Department of Human Services (OKDHS) wherein the authority is given to place the child in foster family care and provide for the child's needs. Pursuant to the terms of the agreement, the child is returned to the parent(s) or legal guardian at the request of the parent(s) or legal guardian.

      (ii) If the parent(s) or legal guardian fails to meet the terms of the agreement or cannot be located, court involvement is required.

      (iii) At the time of the child's placement, the parent(s) or legal guardian is advised that any information obtained during the time the child is in voluntary foster family care may be used as the basis for a petition alleging that the child is deprived.

      (iv) Foster family care by voluntary request is approved for an initial period of 30 days and may be extended up to a maximum of 90 days when
extension may result in family reunification without necessitating court intervention.

(v) Court intervention is necessary when foster family care extends beyond 90 days.  ■ 4

(8) **Protective and preventive child care.** Child care services may be provided to a family whose child is at risk for removal due to abuse and neglect and to a family in the process of reunification, per OAC 340:75-6-91.  ■ 5

(9) **Transporting families who receive voluntary Family-Centered Services (FCS).** Initially, the CW worker may assist with the transportation needs of the family. The CW worker explores with the family other means of transportation that allow for independence once services are completed. The person responsible for the child (PRFC) must be in the vehicle when CW transports a child who is not in OKDHS custody.

(10) **Case management responsibilities for exceptional voluntary FCS cases.** Ongoing voluntary family services are not provided by CW unless authorized by the county director. Certain circumstances require that CW retain case management of voluntary cases with full responsibilities for service provision as outlined in OAC 340:75-4-13, regardless whether the family is referred for CHBS.  ■ 6

(11) **Transfer of case responsibility to CHBS.** When CHBS is determined as the most appropriate service intervention based on the Levels of Service, the CW worker prepares for the transfer of responsibility as described in OAC 340:75-1-152.4. Before referring a family for CHBS, the CW worker must address the safety of the child during an abuse or neglect investigation or assessment, per OAC 340:75-3-10.1.  ■ 7

**INSTRUCTIONS TO STAFF**

1. **Levels of Service.** The Child Welfare (CW) worker considers the facts and the family's circumstances and needs. To determine the levels of service or intervention a family needs, the CW worker uses the Levels of Service protocol. The family is referred to the level of service that best promotes the child's safety, permanence, and well-being.

   (1) **Level 1 - No Services Needed.** No Services Needed is consistent with an investigation finding of services not needed, or a completed assessment in which the conclusion is that no services are needed.
(A) To assess the safety and service needs of the family, the CW worker completes:

(i) a review of any history, including history from other states;

(ii) Form CWS-KIDS-9-A, CPS Family Assessment; or

(iii) Form CWS-KIDS-3, Report to District Attorney; and

(iv) Form DCFS-76, Safety Assessment.

(B) The selection criteria for Level 1 are described in (i) through (v).

(i) Form DCFS-76 indicates no risk to the child.

(ii) There is no indication of abuse or neglect to the child.

(iii) Minimum parenting standards are being met.

(iv) The family has strengths and resources and is able to deal with challenges and needs without referral to community agencies.

(v) The family does not have significant problems, such as domestic violence, substance abuse, mental illness, or a child with developmental delays.

(2) Level 2 - Referral for Agency or Community-Based Services. Referral for Agency or Community-Based Services is recommended when there is low risk to the child, and the family is able to use Oklahoma Department of Human Services (OKDHS) or community resources for support without further intervention by CW. An investigation finding of services recommended is most consistent with Level 2 services or a conclusion on Form CWS-KIDS-9-A that referral to services is recommended. Cases with a finding of confirmed report – services recommended, with Form DCFS-76 indicating low risk to the child, may benefit from Level 2 services.

(A) To assess the safety and service needs of the family the CW worker completes the steps in OAC 340:75-4-12.1 Instructions to Staff (ITS) 1(1)(A) and Form DCFS-75, Voluntary Family Service Agreement.

(B) The selection criteria for Level 2 are described in (i) through (ix).
(i) Form DCFS-76 indicates low risk to the child.

(ii) There is no indication of abuse or neglect, or the abuse or neglect was minor or an isolated incident.

(iii) Minimum parenting standards are being met.

(iv) The family has some challenges and needs that do not endanger the child’s immediate safety.

(v) The family has strengths and resources and is able to deal with these challenges and needs through involvement with extended family, community resources, or both.

(vi) The family does not have significant problems, such as domestic violence, substance abuse, mental illness, or a child with developmental delays, or if any of these problems exist, the problems do not threaten the child’s safety.

(vii) There is no history of serious or chronic maltreatment to the child.

(viii) Services and resources needed by the family are available and accessible in the community.

(ix) The family is willing and able to make necessary changes to ensure safety, permanency, and well-being for the child.

(C) Level 2 services include:

(i) assistance in finding and accessing community resources, such as housing resources, food closets, basic parenting programs, parent aides, parent education, visiting nurse, educational resources, employment services, vocational counseling, training, or rehabilitation; and

(ii) other OKDHS services, such as Temporary Assistance to Needy Families (TANF).

(3) Level 3 - Short-Term Services. Short-Term Services are recommended when there is moderate but manageable risk to the child and services may
be provided by community resources that provide ongoing services. At the discretion of the county director, an ongoing voluntary Family-Centered Services (FCS) case may be maintained by the CW worker, per OAC 340:75-4-13. The FCS case may be opened for 60 days, and extended an additional 30 days with the approval of the county director. An assessment with a conclusion of services recommended, or an investigation finding of services recommended or confirmed report - services recommended may be referred to Level 3 when Form DCFS-76 indicates moderate risk to the child. When the safety of the child in the home may only be improved by longer term intervention, Level 4 services are more appropriate.

(A) To increase the safety of the child and plan for any immediate services that the family may need, the CW worker completes the steps in OAC 340:75-4-12.1 ITS 1(2)(A), and, if necessary, a referral for specialized evaluations, such as developmental or substance abuse assessments.

(B) The selection criteria for Level 3 are described in (i) through (ix).

(i) According to initial Form DCFS-76, the child may not be safe and requires a safety plan. The factors threatening safety are moderate and can be controlled or modified by the family within a short time frame.

(ii) The parent(s) is capable of meeting minimum parenting standards on his or her own after short-term intervention by CW.

(iii) Injuries or harm from the abuse or neglect to the child is minor to moderate and not life-threatening, such as over-discipline and inattention to non-critical medical needs.

(iv) Substance abuse by the family involves recreational use without a history of chronic use and does not involve use of methamphetamines.

(v) The family faces challenges and needs that may have an effect upon risk and safety, such as domestic violence, substance abuse, mental illness, or developmental delays that are not overwhelming, chronic, or severe. The family has strengths and resources to deal with the challenges and needs, with the assistance of CW intervention.
(vi) The family accepts responsibility for the incident and is willing and able to change with support.

(vii) Any history of serious or chronic maltreatment was successfully addressed in the past.

(viii) The services and resources needed by the family are available and accessible in the community.

(ix) The family has demonstrated the capability to make necessary changes.

(C) The CW worker must verify and document in KIDS whether the family is actively involved in the services to which the family was referred. Level 3 services include:

(i) short-term interventions, such as parent aide services, homemaker services, child care services, crisis counseling, short-term counseling, parenting classes, and supportive casework;

(ii) ongoing voluntary FCS by CW at the discretion of the county director;

(iii) other OKDHS services, such as TANF; and

(iv) community resources, such as housing resources, educational resources, employment services, vocational counseling, training, or rehabilitation.

(4) Level 4 - Oklahoma Children’s Services (OCS) Comprehensive Home-Based Services (CHBS). OCS CHBS is recommended when there is moderate to high risk to the child and the child is at imminent risk of placement outside of the home. An investigation finding of confirmed report - services recommended is most consistent with Level 4 services. An investigation with a finding of confirmed report - court intervention, where the district attorney declined to file a deprived petition, is referred to Level 4 services when the family agrees to accept CHBS.

(A) The CW worker completes the steps in OAC 340:75-4-12.1 ITS 1(2)(A) and, if necessary, a referral for specialized evaluations, such as developmental or substance abuse assessments.
(B) The selection criteria for Level 4 are described in (i) through (x).

(i) Per Form DCFS-76, a child is not safe and requires a safety plan. The risk factors threatening safety are moderate to high but can be controlled with a safety plan without removal of the child.

(ii) When the district attorney declines to file a petition in an investigation with a finding of confirmed report - court intervention, Level 4 services are offered to the family the next working day.

(iii) The family has multiple and complex CW needs.

(iv) Minimum parenting standards are not being met, but the parent(s) is capable of meeting minimum parenting standards with home-based services.

(v) The family faces challenges and needs that have an effect upon risk and safety, such as domestic violence, substance abuse, mental illness, or developmental delays. These behaviors and conditions may be effectively controlled with the assistance of CHBS.

(vi) There may have been a history of chronic or serious maltreatment to the child. There is no access to the child by the perpetrator, or the abusive behavior of the perpetrator can be controlled through intervention.

(vii) There may be current deprived court involvement.

(viii) All of the services and resources required by the family are not available and accessible in the community.

(ix) The parent(s) is not ready to accept responsibility for the incident and may be resistive and unmotivated to change or involved with CW, even though the family is willing to accept CHBS.

(x) When CHBS services are not available in a timely manner, the CW worker and CW supervisor reevaluate the safety plan and determine the appropriate level of intervention. A recommendation for other community services is made until CHBS services are available. If the safety of the child cannot be controlled while the family is on a waiting list for services, the CW worker discusses other voluntary
options with the family, such as placement with a relative or other persons who can provide safety. As a last resort, court intervention and placement in OKDHS custody is recommended per OAC 340:75-3-11.

2. Referral to SoonerStart for children younger than three years of age. When a child, younger than three years of age, is a victim in a confirmed case of child abuse or neglect, a referral is made to the SoonerStart Early Intervention program, per OAC 340:100-3-15. The child is eligible for a referral to SoonerStart as a result of being a victim of child abuse and neglect. When the child is not in OKDHS custody, the referral is offered to the child's parent(s) as a voluntary service.

3. Voluntary foster care procedures.

(1) When a decision is made to place a child in voluntary foster care, the CW worker opens a case with the case type of Voluntary Foster Care. Claims for foster care reimbursement are processed through KIDS.

(2) Prior to placement of the child, the CW worker prepares Form DCFS-46, Authorization from Parent or Guardian for Voluntary Foster Family Home Placement and Medical Care of Child, which the parent(s) or guardian signs.

(A) The CW worker explores, and documents on Form DCFS-46, the parent(s) or guardian's ability to contribute to the cost of care.

(B) The CW worker does not complete a case plan when voluntary foster care is a short-term service not leading to court intervention, such as when a parent must receive medical treatment and the family has no other caregiver.

(3) CW staff selects a suitable foster family home, makes and supervises the placement, and provides all appropriate services to the child and foster family. Coordination of visitation and other services that involve the parent(s), relative, and child is arranged by CW staff.

(4) Upon return of the child to the parent(s) or guardian, page 2 of Form DCFS-46 is completed, signed, and notarized.
(A) The CW worker provides the parent(s) or guardian with a record of medical care and immunizations received and any vital information learned about the child during foster family placement.

(B) An adequate clothing supply, including the clothing taken into foster family care, and any items of importance to the child, accompanies the child upon return to his or her own home or other placement.

(C) The CW worker informs the family of available services.

(5) When a referral is received from Field Operations Division (FOD), Family Support Services (FSS), requesting voluntary foster family care for a child residing in the home of a parent(s) or relative, the referral is reviewed by CW staff with the parent(s) or guardian to determine its appropriateness. CW staff assigned is responsible for all voluntary foster care services.

(6) Refer to OAC 340:75-19-29 for placement of a child younger than age 18 who is in tribal custody.

(7) If an extension of voluntary foster family care is required, the CW worker sends a written request to the CW field liaison (CWFL) stating the reason for the extension and projected date of return of the child to his or her own home or other placement. The CWFL provides a written response to approve or deny the request.

4. Court intervention. When the emergency situation resulting in the voluntary placement is unresolved and there is no alternative resource for the child, the CW worker completes Form CWS-KIDS-3 requesting a deprived petition be filed.

5. Child care services. Protective and preventive child care services are provided to a family:

   (1) whose child is at risk for removal due to abuse and neglect; and

   (2) who is in the process of reunification, per OAC 340:75-6-91.

6. Case management responsibilities. Certain circumstances require that CW retain case management of voluntary cases with full responsibility for service provision, regardless of whether the family is referred for CHBS. These exceptional circumstances are described in (1) through (3).
(1) When the court has interest and involvement in a case and orders voluntary services in lieu of adjudication or delays adjudication until a voluntary plan of service is completed, CW maintains an open case until the court case is dismissed. If a referral is made to CHBS for services during this time, the referral is made under the focus of reunification to signify the court’s involvement.

(2) When a family member participating in a voluntary case is referred for substance abuse treatment services through a TANF contract in a CW only case and the family is not eligible for TANF, the CW case must remain open until the substance abuse services are concluded.

(3) When a voluntary case is referred to CHBS, but the referral is placed on a waiting list for services, all required services, including the case planning functions, must be provided by CW until services are initiated by the CHBS contractor.

7. Intake staffing. For voluntary family services clients referred to CHBS, the intake staffing allows for the release of CW involvement with the family unless a new report of child abuse, neglect, or other maltreatment is accepted for investigation or assessment by CW. When the family has agreed to work with the contract case manager to address and reduce the risk conditions, and the CW worker in the intake staffing conveys these expectations formally, responsibility for services is transferred to the contractor and the CW case is closed.
340:75-4-12.2. Determining appropriate referrals to Oklahoma Children's Services

(a) Levels of Service. The level of service, per OAC 340:75-4-12.1, selected for the family determines the need for referral to contract agency services.

(b) CHBS services. Comprehensive Home-Based Services (CHBS) is a service that offers resources, options, and guidance to families to better care for their children and strengthen and preserve the family unit. CHBS offers an intensive, short-term educational approach that is not appropriate or effective with all families involved with Child Welfare (CW). This service is most appropriate for families assessed for Level 3 or 4 services, per OAC 340:75-4-12.1.

(c) Decision-making for CHBS. Decision-making examples are provided to assist staff in determining what families will best be served through CHBS. A formal staffing with the CW supervisor is required for exceptions to the referral guidelines, per OAC 340:75-1-151. Oklahoma Children's Services (OCS) contract liaisons may also request a justification for utilizing CHBS under such circumstances. The OCS contract liaison has the right to reject any referral, per OAC 340:75-1-151.

   (1) A family who received CHBS in the past and failed to meet goals due to lack of cooperation may be offered a trial service period or denied service by the OCS contract liaison.

   (2) CHBS is both comprehensive and time-limited and therefore not appropriate to meet a singular need, such as transportation, or address pervasive safety concerns, such as parents who are chronically unwilling or unable to protect their young children.

   (3) There are no provisions in the contract for ongoing drug and alcohol treatment services. A brief self-assessment of drug and alcohol abuse and dependency is included. Drug screening may be provided if specified by court order.

   (4) A referral for the purpose of maintaining placement or adoption is appropriate only for a child who has an established connection or attachment to the resource family. CHBS is not used to maintain therapeutic placements or to rectify deficient parenting skills of paid placement providers.

   (5) At least one child in the family must be at imminent risk of removal from the home.
(6) All other less intensive services within the community must be exhausted or it must be established that community resources are not sufficient to avert placement of the child in out-of-home care.

(7) Reunification services may be provided to a family who has an active court case regardless whether the child has been removed, has yet to be returned to the family's home, or has been returned to the home.

(8) A permanent placement, kinship adoptive, or trial adoptive home at risk of disruption due to acting out behavior of the child may be referred to CHBS. When a permanent placement is at risk of disruption due to a caregiver's behavior, any referral to CHBS must be discussed with and approved by the CW worker responsible for maintaining the kinship home.

(d) PAS services. Parent Aide Services (PAS) is a voluntary in-home, non-therapeutic service provided by a paraprofessional designed to encourage parenting skill development for families affected by or at risk for child abuse and neglect due to lack of knowledge and experience in parenting and home management skills. PAS is most appropriate for families assessed for Level 2 or 3 services, per OAC 340:75-4-12.1.

(e) Decision-making for PAS. Decision-making examples are provided to assist staff in determining what families will best be served through PAS. A formal staffing with the CW supervisor is required for exceptions to the referral guidelines, per OAC 340:75-1-151. OCS contract liaisons may request a justification for utilizing PAS under such circumstances.

(1) PAS is designed to assist families who are new to parenting and unfamiliar with how to access available resources. For example, the family's first or second Child Protective Services referral results in either an investigation or assessment and the safety assessment indicates low to moderate risk.

(2) A family who received PAS and failed to meet goals due to lack of cooperation may be offered a trial service period or denied service by the OCS contract liaison.

(3) PAS provides time-limited, non-therapeutic services and is therefore not appropriate to meet a singular need, such as transportation, or address pervasive safety concerns, such as a parent(s) who:

   (A) is chronically unwilling or unable to protect his or her young child;

   (B) does not acknowledge there is a problem;
(C) appears to be seriously mentally ill; or

(D) exhibits evidence of significant substance abuse.
340:75-4-13. Ongoing voluntary Family-Centered Services

(a) FCS requirements. At the discretion of the county director, the Child Welfare (CW) worker has the option of opening an ongoing voluntary Family-Centered Services (FCS) case. After the CW worker completes initial Forms DCFS-75, Voluntary Family Service Agreement, and DCFS-76, Safety Assessment, and determines the need for ongoing voluntary service, the CW worker completes Forms:

1. CWS-KIDS-9, Family/Child Strengths and Needs Assessment;
2. CWS-KIDS-10, Treatment Plan, or CWS-KIDS-24, Individualized Service Plan (ISP).

(b) Child well-being measures. Child well-being includes ensuring the child's educational, physical, and mental health needs are addressed and documented in the CW case record. The federal requirements for child well-being measures are the same for voluntary FCS and Permanency Planning cases.

(c) Referral for determination of medical eligibility. The CW worker discusses the child's medical needs and determines whether the family has medical coverage for the child in the home for whom Oklahoma Department of Human Services (OKDHS) does not have custody. If the family does not have medical coverage for the child, the person(s) responsible for the child (PRFC(s)) is referred to SoonerCare Health Benefits, per OAC 317:35-6.

(d) Regular and purposeful home visits. The CW worker continues to maintain a minimum of twice per month home visits with the family, unless worker and supervisory conferences have determined the need for more frequent visits. The CW supervisor must approve any decrease in the number of visits.

(e) Abuse or neglect in an active voluntary FCS case. When a child who is part of an FCS case is reported or observed by the CW worker to have an injury, including an alleged accidental injury, or has evidence of any abuse or neglect, the information is documented on Form CWS-KIDS-1, Referral Information Report. If new allegations are reported, are more severe in nature, or both, Form CWS-KIDS-3, Report to District Attorney, is completed and submitted to the district attorney.

(f) Contact with service providers. The CW worker maintains at least monthly contact with the service provider by phone, in person, or by correspondence. It is the responsibility of the CW worker to keep the provider informed of any changes in the family's circumstances and provide the provider with a copy of Form CWS-KIDS-24 that pertains to the service provisions to be addressed.
(g) **Alternative voluntary out-of-home placement.** The CW worker has face-to-face contact with the child in the voluntary out-of-home placement within the first two weeks of each placement and a minimum of once every calendar month thereafter, with no more than 31 days between contacts. The CW worker makes more frequent contacts in times of change and stress.

(h) **Conference with supervisor.** The progress on Form CWS-KIDS-24 is reviewed by the CW supervisor and CW worker in a conference held at least once per month and documented in the KIDS system. During the conference, the CW worker and CW supervisor review the frequency of visits to the family and consider whether more frequent supervisory conferences are required to staff the case.

**INSTRUCTIONS TO STAFF**

1. **Safety planning process.** The ongoing safety planning process is described in (1) through (6).

   (1) The safety plan includes statements regarding actions or behaviors that will control the cause of the potential abuse.

   (2) The safety plan is monitored to ensure that services are occurring and are effective.

   (3) The services provided are available immediately in the frequency and amount required to increase the child's safety. If there is a waiting list for a service, the service is not an effective means of protection, and alternatives must be initiated.

   (4) The family is willing and able to participate in the service. The family is stable enough for service consistency.

   (5) During the first 30 days of services, the Child Welfare (CW) worker conducts home visits once or more each week, as determined by the CW supervisor, for the purpose of evaluating the safety of the child.

   (6) If the child is placed into protective or emergency OKDHS custody, court intervention is requested unless the incident that led to custody can be quickly and safely resolved.

   (A) If Form CWS-KIDS-3, Report to District Attorney, was initially completed, the CW worker documents in an addendum the family’s failure to cooperate or to change the conditions that place the child in
danger. The addendum and initial Form CWS-KIDS-3 are submitted to the district attorney (DA).

(B) If Form CWS-KIDS-9-A, CPS Family Assessment, was initially completed, Form CWS-KIDS-3 is completed and submitted to the DA.

(C) If new allegations are reported, Form CWS-KIDS-3 is completed and submitted to the DA.

2. Strengths and needs assessment. Procedures in (1) and (2) are followed to complete Form CWS-KIDS-9, Family/Child Strengths and Needs Assessment.

(1) Form CWS-KIDS-9 must be initiated within 30 days of the family agreeing to accept voluntary FCS, as documented by the signature date on Form DCFS-75, Voluntary Family Service Agreement. The CW worker is not responsible for completing Form CWS-KIDS-9 if the voluntary case is closed within 30 days of initiation of Form DCFS-75.

(2) The assessment process includes meeting with the family to discuss and complete Form CWS-KIDS-9. When possible, all of the family members are present along with any other persons invited by the family to participate. A child in voluntary alternative out-of-home placement may be brought to the home for the assessment, if case circumstances and safety permit, affording an opportunity to observe parent-child interaction. All children age 12 or older participate in the assessment process.

3. Development of treatment and service plan. Procedures in (1) through (5) are followed to develop Form CWS-KIDS-24, Individualized Service Plan (ISP).

(1) Form CWS-KIDS-24 must be initiated no later than 30 days after the family agrees to accept voluntary FCS, as documented by the signature date on Form DCFS-75. Voluntary FCS cases that are open 30 days or less are not required to have a treatment plan.

(2) The identified safety issues, risk issues, and Form CWS-KIDS-9 are used to develop initial Form CWS-KIDS-24. The initial plan determines the interventions to correct the conditions that resulted in CW involvement. Children ages 12 or older participate in the planning process.

(3) The planning process:
(A) provides direction to the CW worker and family about what will occur during planned changes;

(B) identifies services, associated with specific outcomes, that are made available to the child and person(s) responsible for the child (PRFC(s));

(C) identifies the behaviors and conditions that must change;

(D) identifies specific measures that may be applied to facilitate family change;

(E) prioritizes what will be done, when, and for what length of time by the family, CW worker, and other providers;

(F) identifies the alternative permanency plan;

(G) establishes the length of service expected in the case; and

(H) includes a crisis plan to address contingencies such as relapse, regression, domestic violence, and home or environmental conditions.

(4) The CW supervisor reviews Form CWS-KIDS-24 with the CW worker to ensure that the identified safety and risk issues are addressed.

(5) The CW worker:

(A) makes service referrals, based on Form CWS-KIDS-24;

(B) facilitates initiation of services with providers;

(C) discusses with the service provider and family agreed-upon objectives as they relate to the safety and well-being of the child and the length of anticipated service and outcome measure. Form CWS-KIDS-24 is used as a guide to establish the details of service utilization;

(D) must be sensitive to the work and school responsibilities of family members when services are scheduled;
(E) maintains contact with the child, family, any voluntary alternative out-of-home placement providers, and all collateral service providers; and

(F) documents the contacts and visitation on the appropriate KIDS screens.

4. Child well-being measures. Procedures in (1) through (3) are followed to ensure the child well-being measures of educational, physical, and mental health needs are included in service planning and are documented. The CW worker assists the PRFC(s) in identifying and accessing appropriate services to meet the child's:

(1) educational needs.

(A) When the child is school-age, the CW worker determines whether the child is currently enrolled in school or participating in an alternative educational program.

(B) When the child has needs related to school performance, appropriate efforts are made to assess or address these needs.

(C) The case record must contain the child's educational records, including documentation of:

   (i) present grade placement;

   (ii) grade level performance;

   (iii) last school attended;

   (iv) special strengths and weaknesses; and

   (v) relevant education information, determined appropriate by the Oklahoma Department of Human Services (OKDHS).

(D) When the child is in voluntary out-of-home placement, the CW worker:

   (i) provides copies of educational records to the placement provider; and
(ii) documents whether the child's school enrollment was affected during the last 12 months;

(2) physical health needs.

(A) The CW worker determines whether the child has received a health screening or physical examination within the last 12 months. If not, appropriate efforts are made to provide for such. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) may be used, per OAC 340:70-9-10 and 340:75-13-62.

(B) The CW worker determines whether the child has received a dental examination within the last 12 months. If not, appropriate efforts are made to provide for an assessment of dental needs.

(C) Treatment is pursued for identified health and dental needs. The CW worker assists the PRFC(s) in identifying and accessing appropriate treatment.

(D) Appropriate efforts are made to ensure the child's immunizations are current.

(E) If the child is in alternative voluntary out-of-home placement, the CW worker ensures the child's health records are provided to the placement provider within 30 days of initial or 15 days of subsequent placement. Health records include a listing or description of the child's:

(i) health provider's name and address;

(ii) record of immunizations;

(iii) known medical problems;

(iv) medications;

(v) psycho-social information;

(vi) third-party insurance coverage available; and

(vii) relevant health information, determined appropriate by OKDHS; and
(3) mental health needs.

(A) A mental health screening is conducted within 90 days of placement. This may be an EPSDT examination.

(B) If there are indications that the child has mental health needs, appropriate efforts are made to assess and address these needs.

5. Home visits. Procedures in (1) and (2) are followed when conducting a home visit.

(1) If the PRFC(s) requests a home visit be rescheduled, the visit is rescheduled within 48 hours.

(2) Discussion during home visits focuses on the Desired Results and To Dos on Form CWS-KIDS-24, and on activities or services that allow the family to function independently and without CW assistance.

(A) Initially, the CW worker may assist with the transportation needs of the family. The CW worker explores with the family other means of transportation that allow for independence once CW services are completed.

(B) The PRFC(s) must be present in the vehicle when a child who is not in the custody of OKDHS is transported by a CW worker.
SUBCHAPTER 6. PERMANENCY PLANNING

PART 1. GENERAL PROVISIONS

Section
340:75-6-1. Purpose and philosophy
340:75-6-2. Legal base and authority [REVOKED]
340:75-6-3. Values and goals [REVOKED]
340:75-6-4. Definitions

PART 3. PROGRAM OVERVIEW [REVOKED]

340:75-6-10. Program responsibilities [REVOKED]
340:75-6-12. Provision of casework treatment services [REVOKED]
340:75-6-13. Relative placement [REVOKED]
340:75-6-14. Service delivery system [REVOKED]

PART 5. PERMANENCY PLANNING SERVICES

340:75-6-24. Scope of court involved permanency planning services [REVOKED]
340:75-6-24.1. Multidisciplinary teams in the permanency planning process [REVOKED]
340:75-6-25. Purpose of treatment planning [REVOKED]
340:75-6-26. Development of treatment needs [REVOKED]
340:75-6-27. Prioritization of treatment needs [REVOKED]
340:75-6-28. Client involvement in treatment planning [REVOKED]
340:75-6-29. Consequences [REVOKED]
340:75-6-30. Child’s visitation with parents and siblings
340:75-6-31. Permanency planning for custody children
340:75-6-31.1. Permanency Planning Review (PPR) System
340:75-6-31.2. Reunification services for Temporary Assistance for Needy Families (TANF) recipients
340:75-6-31.3. Court supervision of cases after reunification - Aftercare
340:75-6-31.4. Supported Permanency
340:75-6-31.5. Establishment of paternity

PART 7. CASE PLANS

340:75-6-40. Case plan
340:75-6-40.1. Placement Plan
340:75-6-40.2. Placement Provider Information Report, Form CWS-KIDS-7
340:75-6-40.3. Family/Child Strengths and Needs Assessment, Form CWS-KIDS-9
340:75-6-40.4. Treatment Plan and Individualized Service Plan
340:75-6-40.5. Court reports
340:75-6-40.6. Case contacts
340:75-6-40.7. Family visitation screen
340:75-6-41. Family Strengths and Needs Assessment, CWS-KIDS-9 [REVOKED]
340:75-6-42. Treatment Plan Report, CWS-KIDS-10 [REVOKED]
340:75-6-43. Court reports (CWS-KIDS-11) [REVOKED]
340:75-6-44. Case planning for heinous and shocking cases or reasonable efforts not required
340:75-6-45. Case planning for incarcerated parents
340:75-6-46. Services to Child Welfare (CW) youth involved in the juvenile justice system

PART 8. ROLE OF THE CHILD WELFARE WORKER

340:75-6-47. Role of the Child Welfare worker
340:75-6-48. Child Welfare worker contacts with child, placement providers, parents, and service providers
340:75-6-48.1. Role of the child’s attorney
340:75-6-48.2. Role of the child's court-appointed special advocate or guardian ad litem
340:75-6-48.3. Protocol for missing, abducted, or runaway children in OKDHS custody or supervision
340:75-6-49. Religious and cultural observation
340:75-6-50. Education
340:75-6-51. Travel outside the county or state [REVOKED]

PART 9. MATERNITY SERVICES [REVOKED]

340:75-6-54. Provision of services to expectant parents [REVOKED]
340:75-6-55. Counseling services [REVOKED]
340:75-6-56. Protection and confidentiality [REVOKED]
340:75-6-57. Medical services [REVOKED]
340:75-6-58. Living arrangements [REVOKED]
340:75-6-59. Termination of pregnancy [REVOKED]
340:75-6-60. Planning for the child [REVOKED]
340:75-6-61. Transfer of case record [REVOKED]
340:75-6-62. Coordination with Juvenile Services unit [REVOKED]
340:75-6-63. Coordination with Institutional Services [REVOKED]
340:75-6-64. Coordination with Family Support Services [REVOKED]
PART 11. PERMANENCY PLANNING AND PLACEMENT SERVICES

340:75-6-85. Child Welfare worker placement decisions and responsibilities
340:75-6-85.2. Diligent search for relatives and kin
340:75-6-85.3. Child Welfare (CW) worker placement responsibilities for siblings
340:75-6-85.4. Child Welfare (CW) worker placement responsibilities for child with goal of adoption
340:75-6-85.5. Child Welfare (CW) worker responsibilities for supervision only cases
340:75-6-85.6 Voluntary placement for a child(ren) born to custody youth
340:75-6-86. Changes in child's living arrangements
340:75-6-87. Placement of an Indian child [REVOKED]
340:75-6-88. Medical services to custody children
340:75-6-89. Travel outside the county or state
340:75-6-90. Community-based services [REVOKED]
340:75-6-91. Child care services for Child Welfare (CW) clients
340:75-6-92. Services to youth who are in OKDHS custody and pregnant

PART 13. INDEPENDENT LIVING

340:75-6-110. Independent Living program
340:75-6-111. Preparation for adult life/independent living initiative [REVOKED]
340:75-6-112. Administration [REVOKED]
340:75-6-113. Eligibility [REVOKED]
340:75-6-114. Requirements
340:75-6-115. Independent living support services
340:75-6-115.1. Community contracted services
340:75-6-115.2. Oklahoma Children's Services (OCS) [REVOKED]
340:75-6-115.3. Independent living contingency funds
340:75-6-115.4. Independent living incentive payments
340:75-6-115.5. Educational and scholarship assistance
340:75-6-115.6. Youth Advisory Board
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340:75-6-115.8. Special Independent Living (IL) funding
340:75-6-115.9. Voluntary placement after age 18
340:75-6-115.10. Independent living specialized community homes
340:75-6-116. Oklahoma Children's Services (OCS) [REVOKED]
340:75-6-117. Matrix of independent living services [REVOKED]
PART 5. PERMANENCY PLANNING SERVICES

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

(a) Parent-child visitation. The frequency of a child’s visits with his or her parent(s) is directly linked to the length of time the child stays in out-of-home placement. 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.

(b) Visitation is a right. The child and parent(s) have a right to regular visitation.

(1) The parent(s) is notified of this right on Form CWS-KIDS-10, Treatment Plan, Form CWS-KIDS-24, Individualized Service Plan (ISP), or Form CWS-KIDS-25-A, 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.

(3) Visitation is available to the children and families involved with CW, provided there is no:
(A) documentation that the child is endangered;

(B) documentation that visitation is damaging to the child; or

(C) court finding that efforts to reunite are not required or have been made and failed and visitation cease. ■ 3 When the court has made a finding that reasonable efforts are not required, visitation may continue in some situations until the permanency hearing.

(4) 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.

(5) 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 is provided to the: ■ 1

(A) court;

(B) child's attorney;

(C) parent(s); and

(D) if applicable, court-appointed special advocate (CASA).

(c) Frequency of parent-child visitation. Family visitation begins no later than two weeks after the child's removal and is arranged a minimum of every four weeks thereafter until the child is returned or the permanency plan is no longer reunification. ■ 1 Exceptions 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; or
(4) visitation, even supervised, endangers or submits the child to highly damaging psychological stress.

(d) 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 correct the conditions of intervention.

(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 CW worker determines the frequency, location, and arrangements for visitations. When safety is ensured, the placement provider may participate in visitation. The visitation schedule is written and signed by the family, placement provider, and CW worker, with copies for all, including the child as appropriate, and attached to Form CWS-KIDS-10, Form CWS-KIDS-24, or Form CWS-KIDS-25-A.

(A) Frequency. Contact with the child occurs according to the safety situation for 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.

(B) Length. Initial visits are of short duration, one to two hours. Length of visits gradually increases as the parents become more proficient in parenting skills. Successful unsupervised all day, overnight, and weekend visits are completed prior to planning for the child's return home.

(C) 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 parks, restaurants, and shopping malls. As the parents progress in eliminating the risk factors, 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).

(D) 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.

(E) 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. 4 The court is advised when restrictions are warranted and of OKDHS efforts to improve the quality of family contacts. Restrictions may be considered when:

(i) threats are made to the child;

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

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

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

(e) Contact with siblings. All efforts are made to place sibling groups together in both temporary and permanent placements, per OAC 340:75-6-85.3. When this is not possible, 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. 1

(f) Child's visits or contacts with relatives. When a child is in emergency or temporary OKDHS custody, the CW worker evaluates requests for visitation or contact from relatives or extended family members based on information from the child's parent(s) and the significance of the relationship to the child's well-being. 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. 5

(g) 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) has 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. 5
INSTRUCTIONS TO STAFF

1. Visitation.

   (1) 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 that:

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

       (B) attendance at scheduled visits is utilized in considering the parent(s)' compliance with Form CWS-KIDS-10, Treatment Plan, or CWS-KIDS-24, Individualized Service Plan (ISP).

   (2) Suspension or termination of visitation prior to adjudication. Decisions to suspend or terminate visitation prior to adjudication are not made without court approval.

   (3) Visitation frequency. Parent-child visitation is essential to the reunification process. The CW worker:

       (A) attempts to facilitate the most frequent visitation schedule possible; and

       (B) if unable to arrange parent-child visitation every four weeks due to conflicts in worker's schedule or other job related demands, arranges a visit no later than six weeks from the last parent-child visit.

   (4) Visitation delays. Since parent-child visitation is critical to reunification efforts and the child's well-being, the CW worker only delays visits beyond the four week intervals for documentable good cause.

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

       (A) 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.
(i) 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.

(ii) 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; and

(IV) any other pertinent information.

(B) 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.

(C) 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.

(6) Visitation documentation. The occurrences and interactions during family visitation provide essential information utilized in making case decisions. The parents' progress in parenting skills, the development of the parent-child relationship, and significant events are recorded in the KIDS Contacts and Visits screens and provided to the court in the Visitation section of Form CWS-KIDS-11, Court Report, Form CWS-KIDS-25-A, Individualized Service Plan (ISP) Dispositional Report, for
dispositional hearings, or CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, for review hearings.

(7) Failure to attend visitation. When parents do not attend a scheduled visit, the CW worker discusses this with the parents to determine the cause. Failure generally falls into the categories listed in (A) through (C).

(A) The parents were unable to attend due to circumstances beyond their immediate control. In this event, 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.

(B) There is frequent absenteeism even after services were offered.

(i) An evaluation of the reasons for the parent(s)' failure to attend is made with the parent(s)' participation.

(ii) The parent(s) 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.

(iii) 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(s) to arrive at the visitation location prior to the child.

(C) The parents chronically miss visits.

(i) When a parent(s) does not attend visits after services are offered and he or she is aware of resulting harm to the child, this is an indication that the parent(s) may be unwilling or unable to assume parenting responsibilities.

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

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

(A) The child may:
(i) be upset by the parent(s)' behaviors;

(ii) have a loyalty conflict between the parent(s) and placement provider; or

(iii) feel anger, fear, or uncertainty about the separation and the future.

(B) 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.

(C) Pre- and post-visit behaviors are documented in KIDS Visits screen and, when appropriate, Form CWS-KIDS-11 or CWS-KIDS-25.

(D) When a child demonstrates anxiety surrounding family visits the actions in (i) and (ii) are considered.

(i) 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.

(ii) 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 CWS-KIDS-11 or Form CWS-KIDS-25.
(9) Sibling visitation. 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 CWS-KIDS-11 or CWS-KIDS-25.

2. 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(s) 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.

3. Visitation with a parent whose rights were terminated. In some cases, contact and visitation of 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.

4. 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, as 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 deemed necessary, the CW supervisor contacts the district attorney for assistance in obtaining an order from the court providing appropriate restrictions.

5. Visitation with relatives, extended family, and significant others. Since contact and visitation with relatives and extended family is important for the child's well-being, the CW worker:

   (1) facilitates this type of 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.
340:75-6-40.5. Court reports

(a) Form CWS-KIDS-25-B, Preadjudication Court Report, is submitted for any court hearing prior to the child's adjudication.

(b) Form CWS-KIDS-25-A, Individualized Service Plan (ISP) Dispositional Report, is submitted for the initial disposition hearing.

(c) Form CWS-KIDS-11, Court Report, or CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, is submitted for review hearings held no later than six months after the date of the child's out-of-home placement and at least every six months thereafter, and permanency hearings as required by Section 7003-5.6d of Title 10 of the Oklahoma Statutes and OAC 340:75-1-18.1.

(d) Form CWS-KIDS-11, CWS-KIDS-25, CWS-KIDS-25-A, or CWS-KIDS-25-B is prepared and submitted according to judicial procedure in the county of jurisdiction or no later than three judicial days prior to each hearing and a copy is provided to and discussed with the child's parent(s). Reports, correspondence, and information provided by other professionals working with the family, including the foster parent, are attached or incorporated into the applicable report to the court.

INSTRUCTIONS TO STAFF

1. Court reports.

   (1) Information. The information that is included in Forms CWS-KIDS-25-B, Preadjudication Court Report, CWS-KIDS-11, Court Report, CWS-KIDS-25-A, Individualized Service Plan (ISP) Dispositional Report, and CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, is outlined in the forms instructions prepared for each form. These instructions are located on the Oklahoma Department of Human Services (OKDHS) InfoNet under Forms.

   (2) OKDHS recommendations. The CW worker makes a recommendation regarding disposition of the child's case on every Form CWS-KIDS-25-B, CWS-KIDS-11, CWS-KIDS-25-A, or CWS-KIDS-25. This includes, but is not limited to, child's custody arrangement, legal status, and requests for court action or approval.

   (A) The recommendation is made after staffing the current case status with the CW supervisor and is based on the parent(s)' progress and child's need for permanency. The recommendation is not based on the
anticipated response or receptivity of the court.

(B) A concise explanation is provided to support the reasons for the recommendation.

(3) Recommended findings. At each dispositional or review hearing, the court makes findings based on the circumstances of the case. The recommended findings in KIDS and documentation that is required on Form CWS-KIDS-25-B, CWS-KIDS-11, CWS-KIDS-25-A, or CWS-KIDS-25 for the judicial finding are described in (A) through (l).

(A) Active efforts are being made to reunite the child with his or her family. This finding is used in cases where the court makes a judicial finding that the Indian Child Welfare Act (ICWA) applies. The CW worker describes the active efforts made, such as involving and assisting the parent(s) in completing the plan, visiting the child, or obtaining the parent(s)' compliance, if the parent(s) is not working the plan.

(B) Active efforts have been made and failed and are no longer feasible. This finding is used in cases where the court makes a judicial finding that ICWA applies. The CW worker describes the active efforts made to obtain the parent(s)' compliance and reasons that further efforts are no longer feasible.

(C) Reasonable efforts are being made to reunite the child with his or her family. The CW worker describes efforts to refer to, arrange for, or develop reasonable supportive and rehabilitative services that assist the family in the safe reunification of the child or the efforts made to obtain the parent(s)' compliance, if the parent(s) is not working the plan.

(D) Reasonable efforts have been made and failed. The CW worker describes efforts to refer to, arrange for, or develop reasonable supportive and rehabilitative services that assist the family in the safe reunification of the child and the reasons that further efforts are no longer feasible.

(E) Reasonable efforts are being made to secure an alternate permanent placement for the child. The CW worker describes activities to locate an alternative permanent placement for the child when other options, including adoption, relative or kinship placement, or guardianship have been explored but are not appropriate.
(F) Reasonable efforts are being made to timely place the child in accordance with the permanency plan. The CW worker describes the necessary steps taken to finalize the child's permanency plan.

(G) Reasonable efforts to reunite the child with the family are not required. The CW worker describes the reasons reasonable efforts are not required based on the statutorily defined reasons, per OAC 340:75-1-18.4.

(H) Independent living (IL) services are appropriate. For any youth, age 16 or older, in out-of-home care, the CW worker describes the services provided to assist the youth in the development of IL skills needed to successfully transition into adulthood.

(I) Independent living (IL) services are not appropriate. For any youth in out-of-home care, age 16 or older, for whom the determination is made that the youth is not capable of receiving IL services, the CW worker describes the basis for this determination.

(4) Child(ren)'s situation. When completing information for the Children's Situation section, the CW worker does not list the:

(A) proper name of the placement provider, but refers to the title, for example, relative, foster parent, or trial adoptive parent;

(B) placement provider's address, phone number, or county of residence; and

(C) the name or location of the school the child attends.

(5) Protocol for multiple county assignments.

(A) The CW county of jurisdiction worker e-mails all assigned CW workers and supervisors, with the exception of facility liaisons, no later than two weeks prior to the court review and includes:

(i) date of court review;

(ii) notification of opening KIDS court report; and

(iii) request for each assigned worker to enter all applicable
information by a specified date, including a recommendation regarding permanency for the child, services required, and visitation issues.

(B) If there is disagreement regarding any case related issues, the CW worker not in agreement consults with his or her CW supervisor to determine necessary action via:

(i) teleconference; or

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

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

(6) Documentation of court hearings. The CW county of jurisdiction worker enters complete, detailed information in the applicable KIDS Court Hearing screens no later than 15 days after a court hearing is held.

(7) Court hearing documentation and notification protocol for multiple county assignments. The CW county of jurisdiction worker:

(A) e-mails all assigned CW workers and supervisors no later than one working day after a court hearing is held and includes:

(i) any major changes regarding visitation, custody status, placement decisions, or service provisions; and

(ii) date of next court hearing; and

(B) provides a copy of the most recent court order to the CW county of service or placement worker within two working days of receipt.
PART 8. ROLE OF THE CHILD WELFARE WORKER

340:75-6-47. Role of the Child Welfare worker

(a) Advocate. The principal role of the Child Welfare (CW) worker is to serve as an advocate for the child's safety, well-being, and permanence while in Oklahoma Department of Human Services (OKDHS) custody, supervision, or both. The CW worker:

(1) identifies each child's needs in the assessment process;

(2) arranges services to meet the child's needs to enhance the child's well-being while in out-of-home care. The worker seeks a placement that is in the child's best interests and works with the placement provider to ensure the child's safety, well-being, and permanence; and

(3) advocates for services to meet the child's exceptional medical, educational, and psychological needs, including specialized classes to increase developmental skills, and advanced or specialized educational opportunities.

(b) Connection. The CW worker is the primary connection between the child, siblings, parent(s), placement provider, extended family, tribe, service providers, and court. The CW worker visits the child regularly to help alleviate the child's anxiety and feelings of abandonment, per OAC 340:75-6-48.

(c) Case planner. The CW worker is the manager of the child's and family's case and takes the lead in a partnership relationship between the child, placement provider, and parent(s). The CW worker is responsible for ensuring the child receives appropriate care. The child's needs for connection, closeness, and attachment are met by arranging temporary and permanent placements.

(d) OKDHS representative. The CW worker represents OKDHS in all job-related interactions with the community, including interfacing with attorneys and judges in the juvenile court system. The CW worker:

(1) works jointly with other professionals who provide client services and are responsible for ensuring timely reports and pertinent information are exchanged for the benefit of the child and the child's family;

(2) ensures the child's needs are met and the child's parent(s) is informed of the child's and parent(s)' progress relating to the individualized treatment and service plan; and
(3) unless parental rights have been terminated, assists and encourages the child's parent(s) to share in services for the child through participation in all areas of planning and through financial contribution toward the cost of out-of-home care.
340:75-6-48. **Child Welfare** worker contacts with child, placement providers, parents, and service providers

(a) **Child and placement provider.** The purposes of a Child Welfare (CW) worker's contacts include, but are not limited to, maintaining the child's connections to his or her family, allowing the worker to evaluate the interactions, conditions, and services the child is receiving, particularly those in the home or in placement, and establishing and maintaining a teamwork relationship. ■ 1 CW worker contacts with the child in Oklahoma Department of Human Services (OKDHS) custody and the placement provider are provided in (1) through (7).

(1) **Foster family care and therapeutic foster care.**

   (A) The CW worker in the county of placement has face-to-face contact with the child in the foster home within the first two weeks of each placement and a minimum of once every calendar month thereafter, with no more than 31 days between contacts. This applies to a child placed in:

   (i) paid or non-paid kinship placement;

   (ii) regular foster care;

   (iii) contract foster care; and

   (iv) therapeutic foster care.

   (B) When the child is placed in a county other than the county of jurisdiction, the county of jurisdiction worker contacts, either by phone, electronic mail, or in person, the CW worker in the county of placement monthly to discuss and determine responsibility for any pertinent actions that either require follow-up or initiation in order to achieve the permanency plan for the child.

   (C) Contacts increase in times of change and stress.

   (D) If there is good cause to believe that a child needs to be interviewed privately during a contact in the foster home, for reasons other than abuse and neglect allegations, the foster parent provides a place in the home where the child can be interviewed outside the foster parent's presence. ■ 2

(2) **Shelter.** The CW worker has face-to-face contact with the child at the shelter within 24 hours of the child's entry into the shelter and a minimum of once weekly while the child remains in the shelter. During the shelter stay, when the child's CW
worker offices:

(A) within 60 miles of the shelter, the CW worker visits and provides any identified services to the child; or

(B) more than 60 miles from the shelter, the assigned shelter liaison visits and provides any identified services to the child. The child's CW worker contacts, either by phone or in person, the shelter social worker weekly while the child remains in shelter care, per OAC 340:75-10-10.

(3) **Emergency foster care.** When the child is placed in emergency foster care, the CW worker:

(A) has face-to-face contact with the child in the emergency foster home once every calendar month, with no more than 31 days between contacts; and

(B) attends weekly staffings with the emergency foster care contract agency.

(4) **Community-based residential care – non-OKDHS operated.** When the child is placed in a group home or specialized community home, the CW worker has face-to-face, private contact with the child and placement provider in the placement once every:

(A) calendar month, with no more than 31 days between contacts, when the child's placement is 30 miles or less; and

(B) 90 days when the child's placement is over 30 miles from the county of jurisdiction.

(i) The facility liaison contacts the child and placement provider during the months the CW worker does not have a face-to-face contact with the child.

(ii) Each calendar month the facility liaison completes the required contact with the child, the CW worker contacts the facility liaison to communicate any pertinent actions that either require initiation or follow-up in order to achieve the child's permanency plan.

(5) **Community-based residential care – OKDHS operated.** When the child is placed in an OKDHS operated group home, the CW worker has phone or personal contact with the child and group home worker once every calendar month, with no more than 31 days between contacts. The group home worker visits with the child and coordinates or completes any applicable permanency planning duties pertaining
to the child.

(6) **Inpatient treatment - acute.** When a child is in acute inpatient treatment, face-to-face contact with the child at the placement location is provided by the facility liaison every calendar month, with no more than 31 days between contacts.

(A) Daily phone contact is maintained between the mental health facility and the child's worker during the first five working days of treatment.

(B) If the child remains in acute inpatient treatment in excess of five working days, the CW worker contacts the child's therapist or other mental health professional and facility liaison by phone a minimum of once a week and inquires about the child's progress in order to facilitate the discharge plan, per OAC 340:75-16.

(7) **Inpatient treatment - residential.** When the child is in inpatient residential treatment, face-to-face contact with the child at the placement location is provided by the facility liaison every calendar month, with no more than 31 days between contacts. Close contact is maintained between the liaison and the child's worker. In addition, the CW worker:

(A) has on-site interaction with the child every:

(i) calendar month, with no more than 31 days between contacts if the child's placement is 30 miles or less; and

(ii) 90 days if the child's placement is over 30 miles from the county of jurisdiction; and

(B) contacts the child's therapist or other mental health professional by phone every two weeks and inquires about the child's progress toward the discharge plan, per OAC 340:75-16.

(8) **Own home.**

(A) The CW worker has face-to-face private contact with the child a minimum of once every calendar month, with no more than 31 days between contacts. When the child:

(i) initially returns to the parent(s), the first three contacts are in the child's home. Contact location then may alternate between the home and any other
location; and

(ii) has been returned to the parent(s) for at least six months and OKDHS has been ordered to continue legal custody, supervision, or both, the CW worker has one face-to-face private contact with the child within two weeks prior to each scheduled court hearing unless more frequent visits are ordered by the court in order to obtain updated information to provide to the court.

(B) Contacts are increased during times of change and stress.

(b) Child - special case circumstances. There are several special case circumstances when minimum required contacts with the child and placement provider may be allowed. The decision to allow the use of the minimum required contact rule requires CW supervisory approval. Reduced contact with the child and family is not considered when concerns are identified that require more intensive contact.

(1) Own home with CHBS. When there is an open Comprehensive Home-Based Services (CHBS) case for the purpose of reunification of a child in the custody or supervision of OKDHS, the assigned contract case manager (CCM) has face-to-face, private contact with the child in the home per contract specifications and the CW worker has face-to-face private contact with the child in the home a minimum of once every 90 days. The CW worker contacts the CCM monthly, either by phone or in person, and inquires about case circumstances and identified needs.

(2) DDSD placement. When a child in the custody of OKDHS is in a Developmental Disabilities Services Division (DDSD) placement, DDSD case management staff provides services to the child, per OAC 317:40-5-57. The CW worker in the county of placement:

(A) has face-to-face, private contact with the child in the home a minimum of once every 90 days;

(B) contacts, either by phone or in person, the DDSD case manager monthly and inquires about case circumstances and identified needs; and

(C) contacts, either by phone, electronic mail, or in person, the CW county of jurisdiction worker monthly to communicate any pertinent actions that require initiation or follow-up in order to achieve the permanency plan for the child.

(3) Youth, 18 years or older, in voluntary placement. The CW worker's contact
with the youth, 18 years or older, in placement voluntarily, is determined jointly by the CW supervisor, CW worker, youth, and placement provider.

(A) A minimum of one face-to-face contact with the youth is required in the placement location every six months until case closure.

(B) During the months when the CW worker's contact with the youth is not in the provider's home, the worker contacts the youth and the provider by phone.

(4) **Custody with relative or another person with OKDHS supervision.** The CW worker has face-to-face contact with the child placed in the custody of a relative or another person with OKDHS supervision a minimum of once every calendar month, with no more than 31 days between contacts. The location of the worker's contact may alternate between contact in the home and any other location.

(5) **ICPC placement in residential treatment centers or group homes.** The CW worker has face-to-face contact with the child at least every 90 days in the facility when placed in Oklahoma and every six months when placed out-of-state through Interstate Compact on the Placement of Children (ICPC), per OAC 340:75-1-86.

(6) **Sunbeam Family Programs placement.** When the child in out-of-home placement is placed with Sunbeam Family Programs, the assigned Sunbeam Family Programs worker has face-to-face, private contact with the child in the home per contract specifications. This worker's contact meets the minimum monthly requirement for contact with the child. The CW worker maintains responsibility for coordination and completion of Form CWS-KIDS-11, Court Report, or CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, and attendance at any court hearing involving the child.

(c) **Parents.** The CW worker has face-to-face contact with the parent(s) of the child within the first two weeks of the child's removal and a minimum of once every calendar month thereafter, with no more than 31 days between contacts. The location of the contact is decided jointly by the CW supervisor and worker. The CW worker makes a home visit when assessing the home for reunification purposes. Exceptions to contacts with the parent(s) are made when:

1. **there is an open CHBS case for the purpose of reunification.** The CCM has contact with the parent(s) in the home per contract specifications and the CW worker has contact with the:

   (A) parent(s) in the home a minimum of once every 90 days; and
(B) assigned CCM monthly, by phone or in person, to:

(i) staff the case;

(ii) discuss current case circumstances; and

(iii) assess the need for more intensive contact by the CW worker;

(2) the parent(s)' whereabouts are unknown;

(3) parental rights have been terminated; or

(4) other justified reasons exist that are documented in the case record.

(d) Parents – special circumstances. Phone contact with the parent(s) of the child is allowed in place of face-to-face contact when the parent(s) is incarcerated or living out-of-state. The CW county of jurisdiction worker is responsible for contact unless an exception applies. Appropriate exceptions include, but are not limited to, the:

(1) parent(s) has had no contact with the child and the child does not wish to have contact;

(2) parent(s) is incarcerated for an offense that resulted in the death penalty; or

(3) length of the parent(s)' incarceration is expected to surpass the date of the child obtaining the age of majority.

(e) Service providers. The CW worker has phone contact at least quarterly and no later than ten working days prior to each court hearing with any service provider for the child, parent(s), or family in order to obtain current information regarding the client's treatment status and obtain the service provider's recommendation regarding whether services are continued or terminated or additional services are necessary.

(f) OCS providers. The CW worker contacts the Oklahoma Children's Services (OCS) provider and:

(1) schedules, attends, and presents safety issues and needed changes at the CHBS intake staffing no later than 15 working days from the date the authorized referral is assigned; □ 6

(2) participates in monthly staffings, in person or by phone, with the assigned CCM or parent aide:
(3) reviews at least monthly the CCM or parent aide KIDS contacts and reports; and

(4) responds to critical incident reports, faxed or phoned in to the CW worker by the CCM or parent aide, that are risk alerts, per OAC 340:75-1-152.9.

INSTRUCTIONS TO STAFF

1. (a) Contact guides. Contact guides are available for use when making contact with a child in out-of-home placement, parent(s), and placement provider. Guides that provide a format to assist the Child Welfare (CW) worker in gathering and documenting information obtained during a contact are Forms:

   (1) DCFS-104, Contact Guide for Face-to-Face Visit with Child(ren);

   (2) DCFS-104-A, Contact Guide for Face-to-Face Visit with Parent(s)/Legal Guardian(s);

   (3) DCFS-104-B, Contact Guide for Face-to-Face Visit with Placement Provider(s);

   (4) DCFS-104-C, Contact Guide for Face-to-Face Visit with Newborn(s) – Age 0 to 6 Months;

   (5) DCFS-104-D, Contact Guide for Face-to-Face Visit with Infant(s) – Age 7 to 12 Months;

   (6) DCFS 104-E, Contact Guide for Face-to-Face Visit with Toddler(s) – Age 13 to 36 Months; and

   (7) DCFS-104-IL, Contact Guide for Face-to-Face Visit with Youth – Age 16 to 18.

   (b) Purpose of contacts. The purpose of CW worker contacts with the child, placement provider, and parent(s) includes, but is not limited to:

   (1) ensuring the parent(s) understands the treatment and service plan and the consequences of failure to correct the conditions of intervention;

   (2) informing the parent(s) of the next court hearing;

   (3) assessing the parent(s)' ability to provide a safe home environment for
his or her child;

(4) evaluating the home situation and progress on the treatment and service plan;

(5) providing the parent(s) with information about the child and services the child is receiving, including medical care;

(6) informing the parent(s) and child of each other's situation, progress, and other related issues;

(7) ensuring the parent(s) understands the importance of visitation in developing and maintaining a healthy parent-child relationship;

(8) advising the parent(s) of his or her rights, roles, and responsibilities and the status of the case;

(9) ensuring the child's needs are met and his or her safety is intact in the placement;

(10) encouraging and guiding the parent(s) in the completion of his or her treatment and service plan;

(11) assisting the parent(s) in obtaining the identified services needed to correct the conditions that led to the child's removal; and

(12) providing timely and relevant information to the placement provider that is pertinent to the care needs of the child and permanency planning process, per Section 7005-1.4 of Title 10 of the Oklahoma Statutes.

2. (a) Private interviews with a child in foster care placement. The CW worker:

(1) documents in KIDS Contacts screen the good cause for requesting to interview a child privately in the foster care placement, such as when the child:

   (A) acts out in the foster home and refuses to cooperate with the foster parent(s);

   (B) asks to be moved from the foster home; or
(C) makes disparaging remarks that do not reach the level of abuse or neglect allegations regarding care received in the foster home; and

(2) may have private contact with the child outside the foster home, such as taking the child on an excursion away from the foster home or driving the child home from a visit or school.

(b) Contact alternatives. Contact with the child is made primarily by the CW worker responsible for the child; however, when there are conflicts in the work schedule or other job-related demands, another CW worker may make the contact. The CW worker responsible for the child makes every effort to maintain a supportive relationship with the child to ensure that the child's needs and concerns are addressed on an ongoing basis.

c) Face-to-face contacts.

(1) If the CW worker is unable to arrange a face-to-face contact with the child every calendar month, with no more than 31 days between contacts, due to conflicts in work schedule or other job related demands, the CW worker arranges face-to-face contact with the child no later than six weeks from the last worker contact.

(2) CW worker contact with the child is critical to reunification efforts and the child's well-being; thus, the worker only delays face-to-face contact with the child beyond the four-week intervals for good cause. The good cause is documented in KIDS Contacts screen.

3. Contact with facility liaison. No later than 24 hours after a child's placement into an acute inpatient treatment facility, the CW worker contacts the facility liaison and the facility liaison supervisor by phone and e-mail to notify them of the child's placement.

4. Increased need for contacts. Situations that indicate the need for increased contact with the child in the home or placement location include, but are not limited to, any type of safety concern, history of environmental neglect, concerns regarding access by the perpetrator, the age of the child, or an order of the court. The CW worker staffs the decision regarding the type and location of contacts with the CW supervisor and documents this staffing in KIDS Contacts screen.

5. Contacts for youth receiving extended services. The CW worker documents
on the youth's Form CWS-KIDS-10, Treatment Plan, or Form CWS-KIDS-24, Individualized Service Plan (ISP), the frequency of contacts that are determined appropriate or effective for each six-month period between treatment and service plan reviews.

6. Comprehensive Home-Based Services (CHBS).

(1) CHBS service initiation. Contractors do not initiate services before the intake staffing unless emergency services are authorized by the Oklahoma Children's Services (OCS) contract liaison.

(2) CHBS referral cancellation. Referrals held by the contractor awaiting notice of the intake staffing are canceled after the 15th working day.

(3) CHBS intake staffing. The CHBS contract case manager (CCM), CCM supervisor, and CW worker meet with the child and family in the family's home or other location that offers convenience and privacy to review the identified risk-related factors and CHBS service protocol. The referring CW worker's role in the intake staffing is of vital importance to the effectiveness of CHBS for the family.

   (A) If for any reason, the referring CW worker is unable to attend the intake staffing, another CW worker or CW supervisor who has reviewed the case or has been briefed attends.

   (B) The CW worker outlines for the family and contractor:

      (i) each area of risk determined through the Child Protective Services investigation or assessment; and

      (ii) any remaining issues of compliance with court-ordered Form CWS-KIDS-10, Form CWS-KIDS-24, or the specific behaviors and dynamics that must change for the child to remain in his or her home or placement with the resource family.

   (C) The CW worker must ensure that the family and provider understand the purpose of the referral and the roles and responsibilities of all parties, including those of the family.

(4) CW worker direction. The CHBS case management function relies on direction from the CW worker. Form OCS-1, Referral for Service, Form
DCFS-76, Safety Assessment, case contacts, and staffings provide valuable input to the CCM regarding circumstances of risk and expectations for change that guide the CCM's case management practice. If the family:

(A) is in crisis or risk to the child is relatively high, the CW worker may request the CCM to intensify contacts or initiate services more rapidly; or

(B) has health, financial, or educational issues that need to be addressed, the CCM initiates and coordinates family involvement with these systems. The CW worker contacts CHBS staff more frequently when the family is unstable or the child is at higher risk.

(5) EKIDS. External KIDS (eKIDS) allows the CW worker to review KIDS CHBS contacts, assessment, and critical incident and other reports within a week of visits and other events. This information may be helpful to the CW worker in recommending to the CCM needed adjustments in certain aspects of CHBS case management, but does not substitute for formal case staffings with the contractor.
340:75-6-48.3. Protocol for missing, abducted, or runaway children in OKDHS custody or supervision

When a child in Oklahoma Department of Human Services (OKDHS) custody or supervision is a runaway or abducted, OKDHS:

(1) makes every effort to locate the child due to safety concerns; and

(2) immediately takes steps to locate the child, including, but not limited to notifying:

(A) law enforcement;

(B) the district attorney;

(C) the child's attorney; and

(D) the child's parent(s), if applicable.

INSTRUCTIONS TO STAFF

1. (a) Contact protocol for a child who is AWOL. A child in the custody or supervision of Oklahoma Department of Human Services (OKDHS) or a child in an open Child Protective Services investigation is considered absent without leave (AWOL) if he or she, without the permission of OKDHS, leaves or is taken by his or her parent(s), placement provider, or any other person from an OKDHS authorized location, including own home, relative’s home, foster care, and above foster care placements. If a child is determined AWOL, the CW worker:

(1) immediately notifies law enforcement, the district attorney, child's attorney, and, if applicable, child's parent(s);

(2) submits the necessary paperwork as determined by the court of jurisdiction within one working day to request the court issue a pick-up order that indicates the child is a ward of the court;

(3) documents an AWOL placement episode in KIDS Placement screen within one working day if the child has an open removal and is in OKDHS custody;

(4) updates KIDS Living Arrangement fields in Client/Gen. Info./Birth Place/Living Details tab; and
(5) contacts any relative or collateral, including, but not limited to, court-appointed special advocate (CASA), service provider, counselor, therapist, and school personnel, who may have information about the whereabouts of the child. The CW worker:

(A) continues to make these contacts a minimum of once per month until the child is located; and

(B) documents these contacts in KIDS Contacts screen.

(b) Intensive search determination.

(1) Circumstances that necessitate the involvement and assistance of additional entities, such as National Center for Missing and Exploited Children (NCMEC) and Office of Inspector General (OIG), to locate a child are those in which the child:

(A) has been abducted while in OKDHS custody or supervision or during an open investigation;

(B) is missing and there is no indication that this was a planned runaway by the child;

(C) runs away, and due to behavior or circumstances is at high risk of harm; or

(D) has been AWOL for ten calendar days or longer and there has been no contact with the child.

(2) In order to determine whether intensive search efforts are necessary, the CW worker immediately holds a staffing with the CW supervisor and county director to discuss the current situation. If the decision is that intensive search procedures are:

(A) needed, the county director follows OAC 340:75-6-48.3 Instructions to Staff (ITS) 1(c); or

(B) not needed, the county director sends an e-mail within one working day of the staffing to Children and Family Services Division (CFSD) Permanency Planning programs manager indicating intensive search efforts are not needed. If information is received that changes this
decision, the county director follows OAC 340:75-6-48.3 ITS 1(c).

(c) Intensive search protocol. When intensive search efforts are necessary, the county director:

(1) ensures Form DCFS-111, Missing Child Report, or DCFS-112, Abducted Child Report, as applicable, is completed by the CW worker within one working day of the staffing;

(2) immediately e-mails or faxes completed Form DCFS-111 or DCFS-112 to CFSD within one working day of the staffing, in order for CFSD, Permanency Planning staff to report the missing child to NCMEC and OIG; and

(3) contacts CFSD Child Protective Services staff in order for CFSD Child Protective Services staff to enter a protective service alert, per OAC 340:75-3-6.

(d) Protocol for the return of a child who is AWOL. When the child is located, the CW worker:

(1) immediately assesses the safety of the child, and determines whether to:

(A) return the child to an OKDHS authorized placement, if the child is in OKDHS custody.

(i) There are circumstances when the CW worker may consider placing the child with the person with whom the child was found. Examples include, but are not limited to, when an older child goes AWOL to a:

(I) parent(s) whose parental rights have been terminated;

(II) parent(s) who has not completed the court-ordered treatment and service plan; or

(III) person who is not an authorized OKDHS placement provider.

(ii) Approval to allow the child to be placed with the person with whom the child was found is determined on a case-by-case basis.
unless the person has a felony conviction per OAC 340:75-7-15. This does not apply to a parent(s).

(iii) The CW worker consults with the CW supervisor and CW field liaison (CWFL) for permission and procedure. The CW worker assesses the reasons for the AWOL, the current living situation, and determines whether a safety plan may be developed. The CWFL consults with CFSD Permanency Planning Section, if needed.

(iv) The CW worker may place the child in an OKDHS authorized placement until the appropriate approval is obtained.

(v) Court approval is required if the person to whom the child wants to return is a parent(s).

(vi) If a missing child has been located in another state, the CW worker refers to information on runaways, per OAC 340:75-1-86 ITS; or

(B) take steps to return the child to the legal custodian or OKDHS custody, if the child is under the supervision of OKDHS, whichever is applicable; and

(2) immediately, or no later than one working day after the CW worker has located an AWOL child:

(A) notifies law enforcement, the district attorney, child's attorney, and, if applicable, child's parent(s);

(B) submits the necessary paperwork as determined by the court of jurisdiction to recall the pick-up order;

(C) notifies CFSD Protection and Permanency Services staff to close out the protective service alert and reports to NCMEC and OIG, if applicable;

(D) end dates KIDS AWOL placement episode, if applicable;

(E) updates KIDS Living Arrangements fields; and

(F) contacts any relative or collateral, including, but not limited to CASA,
service provider, counselor, therapist, and school personnel, who was contacted for information on the whereabouts of the child to report the child’s return to the OKDHS authorized location. The CW worker documents these contacts in KIDS Contacts screen.

(e) Protocol for a child who is AWOL and cannot be located. The CW worker:

(1) continues to contact law enforcement, relatives, and any collaterals once per month in an effort to locate the child for a minimum of six months. These efforts are documented in KIDS Contacts screen and may be included in the monthly Face to Face (N/A) Child AWOL contact;

(2) if, after a six month search, the child is not located, continues to contact law enforcement, relatives, and any collaterals every 90 days in an effort to locate the child;

(3) if, after a two year search, there are no other children in the case, the child is not in permanent OKDHS custody, and the child has not been located, submits Form CWS-KIDS-11, Court Report, or Form CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, to the court documenting the efforts to locate the child and requests dismissal of the deprived case.

(A) The CW worker advises the parent(s) of the request for dismissal of the deprived case.

(B) If the court does not dismiss the deprived case, the CW case remains open and the CW worker continues to make efforts every 90 days as required, per OAC 340:75-6-48.3 ITS, to locate the child. The CW worker requests that the deprived case be dismissed at each subsequent court review.

(C) If the deprived case is dismissed, the CW worker:

(i) notifies law enforcement and the child’s parent(s);

(ii) submits the necessary paperwork as determined by the court of jurisdiction to recall the pick-up order;

(iii) notifies CFSD Protection and Permanency Services staff to close out the protective service alert and reports to NCMEC and OIG, if
applicable:

(iv) end dates KIDS AWOL placement episode, if applicable;

(v) updates removal and custody status information in KIDS; and

(vi) closes the CW case.
PART 11. PERMANENCY PLANNING AND PLACEMENT SERVICES

340:75-6-85. Child Welfare worker placement decisions and responsibilities

(a) **CW responsibilities.** The Child Welfare (CW) worker is responsible for the placement of a child who is removed from the home and placed in the custody of Oklahoma Department of Human Services (OKDHS) by law enforcement and court order.


2. When determining placement for a child who is removed from the custodial parent and placed in emergency OKDHS custody, priority is given to placement with the noncustodial parent unless such placement is not in the child's best interest.

3. If OKDHS determines that placement with the noncustodial parent is not in the child's best interest, placement preference per Section 21.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 21.1) is followed, such as:
   - **(A)** grandparent;
   - **(B)** person indicated by deceased parent;
   - **(C)** relative; and
   - **(D)** person in whose home the child has been living in a wholesome and stable environment, including, but not limited to, foster parent, or any other person deemed suitable by the court.

4. If custody of the child cannot be made pursuant to 10 O.S. § 21.1, the reason for such determination is specified in the CW case record and provided to the court.

5. Placement responsibility includes, per 10 O.S. § 7003-7.1 and OAC 340:75-6-85.1 through 340:75-6-85.4, ensuring the provision of:
   - **(A)** food;
   - **(B)** clothing;
(C) shelter;
(D) medical care;
(E) education;
(F) basic care;
(G) protection; and
(H) safety for the child.

(b) **Appropriate placement.** OKDHS has the responsibility to determine whether a placement is an appropriate placement for a child in OKDHS custody, and to remove a child from a placement when it is in the child's best interest, per 10 O.S. § 7202.

(1) Every effort is made to place the child within his or her own community, school district, or both in order to minimize the disruption for the child and ensure consistency with education. When a child is placed with a noncustodial parent, the noncustodial parent's home is considered the child's home community.


(3) Consideration is given to the parent(s)' wishes regarding religious preference in the selection of a placement provider for the child.

(4) In order to promote stability and healthy growth of the child, it is the intent of OKDHS to limit the number of times a child is moved in out-of-home placement.

(A) If reunification is not feasible or is delayed, the placement made is the best available placement to provide permanency for the child.

(B) A request by a placement provider for immediate removal of a child is examined and assessed regarding whether the situation can be resolved in order to prevent disruption of the placement.

(c) **Prescribed standards.** All placements utilized by OKDHS are approved or licensed by specified procedures and meet prescribed standards. A child in the custody of OKDHS is not placed in a home, whether temporary or closely related, prior to the provider meeting standards per OAC 340:75. Placements must be safe, have sufficient
space to allow the child privacy, and the provider must:

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

(2) adhere to OKDHS rules, such as not using physical discipline; and

(3) support the child's preferred religion and cultural choices.

(d) Child's placement preference. The child's statements and placement preferences are considered in making case decisions and are recorded on Form CWS-KIDS-25-B, Preadjudication Court Report, CWS-KIDS-25-A, Individualized Service Plan (ISP) Dispositional Report, CWS-KIDS-11, Court Report, or CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, when the child's age and developmental abilities allow. Since the child's preferences are not the sole consideration in determining placements and case plan decisions, preferences are evaluated regarding reasons or causes, degree of consistency, and implications for the permanency plan.

(e) Court decisions regarding the child's placement. The court does not place a child in the custody of a person who is subject to the Sex Offenders Registration Act or a person living with someone subject to the Sex Offenders Registration Act.

(1) "Person" does not include a parent, legal guardian, or legal custodian of the child.

(2) The court inquires, prior to placing custody of a child with the person, whether the person has been convicted of a felony or a relevant misdemeanor, including assault and battery, alcohol or drug offenses, domestic abuse, and other charges, or has any charges pending.

(3) Prior to the custody order being issued, the person requesting custody must present an affidavit or sworn testimony to the court and provide an Oklahoma criminal history background check, per 10 O.S. § 7003-8.1.

(f) Foster home placements. The provisions in (1) through (8) apply to placements in a paid or non-paid kinship, foster, or therapeutic foster home.

(1) Preplacement visit. Whenever possible a preplacement visit for any child five years of age or older is held with the foster parent. The CW worker involved in the preplacement visit makes every effort to discuss with the child how the care, supervision, and guidance, including, but not limited to, parental substitute authority, will be achieved.
(2) **Foster parents may submit reports or present testimony in court.** Foster parents are entitled to provide the court with written reports or verbal testimony concerning the strengths, needs, behavior, important experiences, and relationships regarding the child, and may provide information requested by the court.

(3) **Foster parents informed of hearings.** The foster parent and child are given adequate prior written notice by the CW worker of all court hearings, including the date, time, place of hearing, name of judge, docket number, and the right to participate, **per OAC 340:75-1-20.** The foster parent is advised of the decisions made by the court regarding the child.

(4) **Foster parents preferred placement.** When a child re-enters out-of-home care and a relative or kinship placement is unavailable, the foster parent who previously cared for the child is the preferred placement option if the placement is in the child's best interest and the best interest of any other child in the foster home.

(5) **Foster parents informed of review meetings, permanency planning meetings, and special staffing.** Foster parents are advised of any local post adjudication review board meetings and special staffing, including scheduled permanency planning review meetings and the foster parent's right to participate.

(6) **Previous placement information.** Foster parents are provided the opportunity to contact and communicate with a previous foster parent for the child in order to share information about the child, if authorized by the previous foster parent. The foster parent is informed of the number of times a child has been moved and the reasons why.

(7) **Court-approved treatment and service plan.** Foster parents are provided a copy of the court-approved treatment and service plan.

(8) **Eligibility to adopt the child.** During any permanency hearing, if the court determines the child is to be placed for adoption and the child has resided with the foster parent for at least one year, the court must also consider the foster parent eligible to adopt the child unless there is an existing, loving, emotional bond with a relative of the child, by blood or marriage, who is willing, able, and eligible to adopt the child.

(g) **Respect for the foster parents or placement providers.** The foster parent or placement provider is a professional member of the CW team and is treated with dignity, respect, and consideration. A mutual exchange of information is essential between the CW worker and the foster parent or placement provider, including, but not limited to:
(1) the child's physical and emotional development;

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

(3) school events; and

(4) any other concern.

(h) Foster parents' relationship with the child. Foster parents provide the child's basic needs, such as food, clothing, and shelter, and nurturing, emotional support, and direction and guidance for the child's growth and development.

(1) The foster relationship may be recorded through photographs, Life Book, exchange of gifts, and contact after the placement is completed.

(2) Oklahoma Statutes and OAC 340:75-7-37 recognize foster parents as essential participants in the decisions related to the growth, development, care, protection, and treatment of a child placed in their home with whom they have established a familial relationship.

(i) Least restrictive. Placements are made in the least restrictive or most home-like setting that will meet the child's needs and provide for the child's safety, per OAC 340:75-6-85 through 340:75-6-85.4. 10 O.S. § 7004-1.1 prohibits a child adjudicated deprived from being placed in an institution. The least to the most restrictive placements are:

(1) kinship home, which includes:

   (A) relative home; and

   (B) close family relationship;

(2) regular foster home;

(3) therapeutic foster home; and

(4) group home or residential child care facility.

(j) Close proximity. Placements are made consistent with the needs of the child in the nearest geographic proximity to the child's own home. Exceptions may be made when the child's needs and safety cannot be met in a placement closer to the child's own
home and arrangements for transportation are made to ensure regular family visits.

**INSTRUCTIONS TO STAFF**

1. Placement consideration. If the parent(s) of a child in emergency or temporary Oklahoma Department of Human Services (OKDHS) custody requests a placement that violates the Multietnic Placement Act of 1994 and Interethnic Adoption Provisions of 1996 (MEPA/IEP), the Child Welfare (CW) worker advises the parent(s) that MEPA/IEP states that a parent(s)' request for a same race placement is not legal and is not considered by OKDHS. Only requests regarding relative and religion preferences are considered.

2. Noncustodial parent. In many cases, Child Support Enforcement Division (CSED) has established and documented paternity prior to CW involvement. In order to ensure placement with the noncustodial parent has been explored and the CW case record accurately reflects all available OKDHS records regarding paternity, refer to OAC 340:75-6-31.5 Instructions to Staff.


   (1) provides KIDS generated Form DCFS-83, Hearing Notification, to the current foster parent, preadoptive parent, or relative, and, if applicable, child's guardian ad litem no later than 15 days after the hearing is set;

   (2) if the child moves after the notification has been provided, prints Form DCFS-83 from the Reports icon and provides to the current foster parent, preadoptive parent, or relative, and, if applicable, child's guardian ad litem no later than ten working days prior to the court hearing;

   (3) if the hearing date changes, updates the Court Hearing Detail screen and provides the KIDS generated Form DCFS-83 to the current foster parent, preadoptive parent, or relative, and, if applicable, child's guardian ad litem no later than ten working days after prior to the hearing; and

   (4) documents in KIDS Contacts screen when and how Form DCFS-83 was delivered.
340:75-6-86. Changes in child's living arrangements

(a) Notice of changes in a child's living arrangement. Section 7003-5.4a of Title 10 of the Oklahoma Statutes requires that when a child in the custody of the Department of Human Services (DHS) is moved from one location to another, DHS must notify the:

(1) court of jurisdiction;

(2) child's attorney;

(3) district attorney;

(4) Post Adjudication Review Board (PARB); and

(5) court-appointed special advocate (CASA).

(b) Notification to parents. The parent(s), legal guardian(s), or custodian(s) involved with the child and court case is informed of all changes in the child's living arrangements, but may or may not be informed of the address of the placement depending on the case circumstances. The child's location is also provided when needed for scheduled family visits or correspondence.

(c) Prior court approval required to change placements after a hearing. Child Welfare may not move a child from one placement to another without court approval if the child has already moved once since the last court hearing. A child may be moved due to an emergency, but a hearing may be conducted if requested in writing within ten days of moving the child. Court approval is not required for movement to or from a shelter due to an emergency, including a placement failure, placement disruption or other similar cause. [10 O.S. § 7003-5.4a(B)(1) through (3)]

(d) Removal from foster care and required notification. Except in an emergency, when a child has been in a foster home for three months or more, written notice is provided to the foster parent(s), including tribal, emergency, therapeutic, Developmental Disabilities Services Division (DDSD), regular and kinship care, and to the court five judicial days prior to the child being removed from the placement. The length of time applies to placement in each individual therapeutic or emergency foster care home and not placement with the therapeutic or emergency foster care agency. DHS will not remove the child from the foster home solely on the grounds that a foster parent(s) has exercised substitute parental authority.

(1) Foster parents' objection to removal of a child. When a child has been in the same foster home for more than six months, the foster parent(s) has the legal right
to file a written objection to the child's removal from the foster home. [10 O.S. § 7208(D)] This objection must be filed with the court and served on DHS within five judicial days after receipt of the notice to remove the child. Timely filing and service of the objection shall stay removal of the child pending review of the court unless DHS' stated reason for removal is:

(A) reunification with a parent(s) with prior approval of the court; or

(B) based upon an emergency situation, that includes:

(i) the child's need for emergency medical or mental health treatment;

(ii) substantial noncompliance by the foster parent(s) with applicable contract requirements and agreements; or

(iii) a pending investigation of allegations of abuse or neglect of a child by a foster parent(s) or other person residing in the foster family home.

(2) Hearing on foster parents' objection to removal of a child. In circumstances when a child is being removed from a foster home and the foster parent(s) has filed an objection, an informal hearing on the objection is held. At the hearing the worker informs the court of the reason(s) the child is being removed from the foster home and the number of times the child has been moved within the foster family system. If the court finds DHS' decision to remove the child was arbitrary or inconsistent with the child's treatment and service plan, the court may order that the child remain in or be returned to the objecting foster parent(s)' home. If DHS' removal decision is upheld, the court explains, in the court record, why the removal of the child from the foster home is in the best interests of the child.

INSTRUCTIONS TO STAFF

1. Notification of change in placement. The Child Welfare (CW) worker in the county of jurisdiction immediately completes Forms DCYFS-CWS-8-A and B, Change in Placement Notification, for any change in placement, including the initial placement, for any child in the custody of Oklahoma Department of Human Services (OKDHS). If the change is due to an emergency, the CW worker has one business day to give this notification. An emergency is when:

   (1) movement of the child is requested by the foster parent if the request to move the child is made when the court or offices of the parties are closed;

   (2) movement of the child is for emergency medical or mental health
treatment;

(3) the foster parent is in substantial non-compliance with applicable placement standards and agreements such that the health, safety, or welfare of the child is endangered; or

(4) there is a pending investigation of an allegation of abuse or neglect of a child by the foster parent or any other person residing in the home of the foster parent, if applicable.

2. Court approval of change in placement.

(1) A request for a hearing is made on Form DCFS-14, Application for Placement Change Hearing, and submitted to the court. A copy is filed in the child's paper case record.

(2) Form DCFS-15, Withdrawal of Application for Placement Change Hearing, is submitted when a hearing request must be canceled. A copy is filed in the child's paper case record.

3. Removal from placement.

(1) Assessment of emergency removal from placement. Before emergency removal of a child from a foster parent, an assessment is made by the child's CW worker, supervisor, foster resource specialist, and CW field liaison (CWFL) regarding whether a safety plan can be put in place to avoid disruption of the child's placement, per OAC 340:75-3-8.1. When multiple counties are involved, the assessment includes the CW county of jurisdiction worker, supervisor, and CWFL.

(2) Notification of removal from placement. The child's CW worker:

   (A) prepares two originals of Form DCFS-18, Notice of Child's Removal from Out-of-Home Placement;

   (B) obtains the supervisor's approval;

   (C) hand delivers to the foster parent at least five judicial days before the change of placement is to occur unless an emergency exists and advance notice is not required.
(i) In the event of an emergency, Form DCFS-18 is provided at the time of the child's removal, if possible.

(ii) If not provided at the time of the child's removal, Form DCFS-18 is provided no later than one business day after the removal.

(D) documents in KIDS Contacts screen, all communications with the foster parent regarding the child's removal; and

(E) advises the foster parent to seek legal counsel, if a foster parent has questions about filing an objection.

(3) Form DCFS-18.

(A) The child's CW worker obtains the signature of the foster parent on one original of Form DCFS-18 at the time the form is given to the foster parent. This original is retained by OKDHS. If the foster parent refuses to sign the form, CW staff documents the refusal on the original retained by OKDHS and in KIDS Contacts screen.

(B) One of the original forms is given to the foster parent. The other original signed by the foster parent is filed in the child's paper case record. One copy is filed in the resource record, and a copy is sent to the court and the therapeutic or emergency foster care agency or tribe, if applicable.

(4) Emergency removal from placement.

(A) When the decision to remove a child is based on an emergency and the child's removal will occur from a location other than the child's placement, the child's CW worker:

(i) immediately makes every effort to notify the foster parent; and

(ii) continues these efforts until contact, in person or by phone, is made with the foster parent.

(B) Notification attempts are made in the manner and order described in (i) through (iii).

(i) The child's CW worker makes a home visit to the foster parent
immediately after placement of the child in the new location.

(ii) If the foster parent is not at home, the child's CW worker leaves a note instructing the foster parent to immediately contact the child's CW worker.

(iii) The child's CW worker immediately phones the foster parent's residence and leaves a phone message with contact instructions if the foster parent has an answering machine or call notes.
340:75-6-88. Medical services to custody children

(a) Medical services for custody child(ren) in out-of-home care. The CW worker is responsible for ensuring, in coordination with the placement provider, that a child(ren) in out-of-home care receives all needed routine and specialized medical care in a timely manner; this includes all medical, dental, visual, and counseling needs.

(1) The worker's and placement provider's responsibilities for children's services include:

(A) Early Periodic, Screening, Diagnosis and Treatment (EPSDT) screening according to the schedule of frequency or at a minimum an annual physical exam. In addition, the Department provides as soon as practicable after the filing of the petition an initial health screening for each child placed in the Department's emergency custody to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect. The law also requires the Department to provide medical care as necessary to preserve the child's health and protect the health of others in contact with the child; [10 O.S. § 7004-1.1]

(B) yearly mental health or developmental screening. The first screening is conducted no later than 90 days after the child(ren)'s removal from the home;

(C) yearly dental exam for children over three years of age. Children under the age of three years receive dental services as needed;

(D) immunizations initiated and kept current;

(E) visual and hearing evaluation exams and corrective lenses or hearing aides, if indicated;

(F) outpatient or inpatient behavioral mental health treatment, when appropriate;

(G) physician's services, if child is sick. This service is not considered a physical exam; and

(H) follow-up and referral services as recommended by a qualified professional.

(2) If requested by a placement provider, the Department provides examinations or tests regarding HIV on the child based on the Centers for Disease Control guidelines for time and frequency of testing. [10 O.S. § 7003-5.4]
(b) **Medical services for custody children in parents' homes.** A child in custody of DHS and living in the home of a parent may continue to be eligible to receive financial assistance from the Oklahoma Health Care Authority for necessary medical services. The parents of children in DHS temporary custody and living in their own home have the primary responsibility to provide and arrange for the medical needs of their children.  

(c) **Sending notice regarding injury to the child requiring medical examination or treatment.** When medical attention is sought or required for a child in DHS legal custody placed outside the child's home, the Department notifies the court of jurisdiction, the child's parents, the parents' attorney, the child's attorney, the district attorney, and the court-appointed special advocate of any accidental or non-accidental injury to the child.

**INSTRUCTIONS TO STAFF**

1. **Initial health and developmental screening.** The Child Welfare (CW) worker ensures the child's initial health and developmental screening is completed no later than 30 days after the child's placement in Oklahoma Department of Human Services (OKDHS) custody. When a child is placed in foster care, the medical examination is scheduled within 10 days after placement. If the child is younger than three years of age, the CW worker:

   (1) refers the child to SoonerStart via Form DCFS-121, Child Welfare SoonerStart Referral, no later than 15 working days after the child's initial placement in out-of-home care, excluding shelter and emergency foster care;

   (2) notifies the parent(s) and placement provider of the referral to SoonerStart;

   (3) informs the placement provider that cooperation is required with SoonerStart in the provision of any service recommended for the child;

   (4) updates KIDS Contacts screen with purpose type – SoonerStart Referral;

   (5) notifies SoonerStart of any change in placement of the child by providing copy of Form DCYFS-CWS-8A, Change in Placement Notification, within two working days if the screening, evaluation, or both, has not been completed by SoonerStart;
(6) discusses with the parent(s), within 15 working days of receipt, the information supplied by SoonerStart;

(7) documents SoonerStart information in KIDS Medical screen;

(8) includes SoonerStart information in KIDS Family and Child Strengths and Needs Assessment screens;

(9) files SoonerStart information in the child's paper case record; and

(10) when notified by SoonerStart of the placement provider's lack of cooperation or follow through with recommendations, completes Form DCFS-117, Report of Violation of Rules in an OKDHS Resource Home.

2. (a) Early Periodic, Screening, Diagnosis and Treatment (EPSDT) schedule.

(1) The schedule of frequency for EPSDT provides for:

(A) six health screenings during the child's first year of life;

(B) two screenings in the child's second year of life;

(C) one screening yearly for the child age two through five years; and

(D) one screening every other year for the child age six through 20 years.

(2) Eligible children may receive dental screening services once every 12 months.

(3) More frequent screening services are allowed when a medical condition is suspected.

(b) Documentation of medical services. The CW worker and placement provider ensure the continuity of medical services and records while a child is in out-of-home care.

(1) These records are made:

(A) part of the child's paper case record and Life Book; and
(B) available to the parent(s), any subsequent provider, and youth leaving care for independent living.

(2) The CW worker updates the:

(A) appropriate KIDS screens no later than 30 days after each child's appointment for medical, dental, or psychological services; and

(B) child's immunization and prescriptions records and KIDS Service Log.

(c) Medical consent. Refer to OAC 340:75-13-65 regarding consent for medical services.

(d) HIV-related services. Refer to OAC 340:75-1-115 for testing related to Human Immunodeficiency Virus (HIV).

(e) Healthcare for child in parent(s)' home. Refer to OAC 340:75-13-62 for medical coverage when the child resides with the parent(s).


(1) Form DCFS-93, Notice of Injury to Child Requiring Medical Examination or Treatment, is completed by the CW county of placement worker when a child in OKDHS custody requires medical treatment as a result of an accidental or non-accidental injury and to advise the parties of the:

(A) nature of the injury;

(B) date of occurrence; and

(C) medical care provided or planned to meet the child's needs.

(2) All injuries, other than normal minor childhood scrapes and bruises, such as small bruises to the knee or shin, are made known to CW staff.

(3) Any injury to the child involving the face, head, neck, stomach, or genitals, burns, broken bones, deep bruises or wounds, or any type of injury requiring medical attention, even when the injury is accidental, is immediately reported per OAC 340:75-3-6.
340:75-6-91. Child care services for Child Welfare (CW) clients

(a) Preventive child care services. Preventive child care services are provided to families whose child is at risk for removal due to abuse and neglect issues and to families who are in the process of reunification. 1 This enables the child to be in a protective environment for a specified number of hours per day and days per week. Child care may be used on a regular basis or, if the child care provider is agreeable, on a drop-in basis. The family is not required to establish financial eligibility as preventive child care can be provided for income eligible or non-income eligible families. Preventive child care services are made available to CW families if one of the four conditions described in (1) - (4) of this subsection is present.

(1) Temporary and severe stress exists where the child is at risk for abuse and neglect and respite would assist in resolving the stress.

(2) Parents' participation in their treatment plan results in assistance needed with child care.

(3) The child is in need of an opportunity to increase social and developmental skills.

(4) There is evidence that the family is so burdened by debt that the additional financial pressure of paying for child care results in further deterioration of the family stability and functioning.

(b) Child care services for employment, education, and training. 2 CW clients who need child care for education, training or employment meet the same eligibility requirements as any other client requesting DHS child care services. [OAC 340:40-7-1] Clients are not eligible for preventive child care if the reason for child care is employment, education or training.

(c) Child care services for a child with disabilities. A child with disabilities is defined as a child receiving Supplemental Security Income (SSI), SoonerStart early intervention services, or special education services provided in accordance with an Individualized Education Plan (IEP) by the local school district. This definition also includes a child whose SSI payment stops because of financial reasons but who still meets the medical definition of disability as determined by the Social Security Administration. A child with disabilities is potentially eligible for the higher special needs rate for child care. [OAC 340:40-7-8(h)(1)] Every child with disabilities requires a separate and specific certification of the child care provider. 3

(d) Overpayment of child care. The Department seeks repayment for any child care that has been received or paid for in error. [OAC 340:40-15-1] 4
INSTRUCTIONS TO STAFF

1. Preventive child care services.

   (1) Responsibility for opening preventive child care services for Child Welfare (CW) clients. The child's CW worker establishes preventive child care services for CW clients. Before Oklahoma Department of Human Services purchased child care service is established, the worker explores with the applicant possible alternatives, per OAC 340:40-5-1(c). The CW worker follows the application procedure per OAC 340:40-3-1.

      (A) The CW worker and supervisor determine the amount and length of time child care will be provided based on the needs of the family and include this information in the treatment plan.

      (B) If a child care provider has not been chosen, the CW worker provides the client with information to help in making the choice, per OAC 340:40-5-1.

      (C) If the client wants to use an in-home care provider, the CW worker is responsible for the approval of the provider, per OAC 340:40-13-1 and 340:40-13-2.

      (D) Documentation of the child care authorization, need for child care, and approval are completed in KIDS Child Care screen within 30 days of the determination of the need for child care. Changes to the child care authorization are made within ten days from the time the CW worker is made aware of the need, per OAC 340:40-9-2.

      (E) If multiple counties are assigned to the case, the child's CW worker notifies all assigned CW workers and supervisors no later than ten calendar days after authorization of the preventive child care service.

   (2) Preventive child care approval and extension. The provision of preventive child care requires approval of the CW supervisor. Preventive child care is authorized for 30 days and may be extended for an additional 30 days. Child care approval beyond 60 calendar days requires review by the CW field liaison (CWFL). Review of the extension of child care beyond the 60 calendar day limit by the CWFL is documented in KIDS Contacts screen.

      (A) Instructions for entering child care in KIDS. Refer to the Child Care
How To in KIDS/Help/How To's.

(B) Child care in a one star center. Refer to OAC 340:40-5-1 and OAC 340:75-7-65 Instructions to Staff.

2. Foster care child care. The child's CW worker authorizes child care for paid or non-paid kinship, regular foster care, and contract foster care providers, per OAC 340:75-7-65. Child care for required training is not authorized. The foster parent is not referred to Family Support Services to apply for child care services.

3. Special needs certification. The CW worker assists the parent(s) in completing Form ADM-123, Certification for Special Needs Child Care Rate, to request special needs child care, per OAC 340:40-7-8.

   (1) The child care provider, with the exception of an in-home provider, is approved by Division of Child Care Licensing Services for the special needs certification for the specific child.

   (2) When the certification process is complete, the licensing worker notifies the CW worker. The CW worker then completes Form ADM-123-A, Scoring Sheet for Special Needs Rate Determination, to determine whether to approve the child for the severe or moderate special needs rate or to continue services at the applicable daily or weekly rate.

   (3) A copy of completed Form ADM-123 is given or mailed to the child care provider, client, and licensing specialist for their records and a copy is filed in the CW paper case record.

4. Reporting an overpayment. When the CW worker discovers that child care has been received or paid for in error, the worker writes a memo to Family Support Services Division Overpayment Section. If electronic benefit transfer (EBT) is in place, the memo is sent to Finance Division, and includes:

   (1) case name and case number;

   (2) name and date of birth of each child who received care;

   (3) summary of the circumstances that led to the potential overpayment including the original and new family share co-payment amounts, if applicable;
(4) time period covered by the overpayment; and

(5) whether the overpayment was caused by agency, client, or provider error.
340:75-6-115.1. Community contracted services

(a) **Eligibility.** Eligibility criteria for community contracted independent living (IL) services include youth:

1. ages 16 to 18 who are currently in Oklahoma Department of Human Services (OKDHS) or tribal custody and out-of-home placement;

2. who were in OKDHS or tribal custody and out-of-home placement for nine months between ages 16 to 18 and have not reached their 21st birthday;

3. in OKDHS or tribal custody who opt for voluntary care after 18; and

4. ages 16 to 19 in Office of Juvenile Affairs (OJA) custody and foster family or specialized community homes.

(b) **Services.** Services provided through community contracts include:

1. educational, vocational, and supplemental assistance;

2. resource materials, such as instructional tools or supplies needed for the youth's transition;

3. IL teen conferences, seminars, and activities;

4. technical assistance to OKDHS and tribal Child Welfare (CW) staff and other contractors;

5. training regarding the Oklahoma IL program and the preparation of youth for a successful transition to adulthood;

6. processing requests for youth development funds; and

7. issuing youth development fund payments for goods and services.

(c) **Assistance.** The IL program provides reimbursement for mileage, per diem, and lodging to specified IL activities and events for OKDHS and tribal CW staff and placement providers.

**INSTRUCTIONS TO STAFF**

1. Community contracted services.
(1) **Enrollment.** To access community contracted services, the Child Welfare (CW) worker enrolls the eligible youth, upon reaching age 16, with the contracted provider utilizing Form DCFS-88, Independent Living Community Contracted Services Enrollment.

(2) **Resource materials.** Resource materials, available through the respective area Independent Living (IL) specialist or National Resource Center for Youth Services (NRCYS), 918-660-3700, that assist the youth are:

(A) FYI3 binder for the youth's bookkeeping and finances, family history, photographs, and important documents and receipts;

(B) A Future Near Me workbook that contains 100 questions to guide a youth toward self-sufficiency;

(C) The Path Before Me workbook written for Native American youth; and

(D) luggage, one piece per eligible youth.

(3) **IL opportunities.**

(A) Teen conferences provide learning through specialized skills workshops and recreational activities. The CW worker enrolls the eligible youth via KIDS Training screens and supervises the youth. The youth to staff ratio is no more than three to one. The ratio of youth in Office of Juvenile Affairs (OJA) custody to staff is one to one and the OJA worker is required to share the same room with the youth in order to ensure supervision at all times.

(B) National Teen Conference - Destination Future is a national leadership conference sponsored by NRCYS. The CW worker assists the youth in completing and submitting the application to Children and Family Services Division IL Section. The selection of youth is based upon the youth’s participation in IL services and community involvement. The CW worker accompanies the youth to the conference.

(C) Fun Fest introduces youth to state vocational and technical schools, community colleges and universities, branches of the military, job corps, police, fire, and emergency personnel, and community business partners. The CW worker enrolls the eligible youth via the area IL
specialist or NRCYS and supervises the youth. The youth to staff ratio is no more than three to one.

(D) IL seminars are held in various communities throughout Oklahoma and provide training to the youth on important life skills. The CW worker enrolls the eligible youth via the area IL specialist or NRCYS and accompanies the youth or obtains alternate supervision through the placement provider.

(4) Technical assistance. The IL community contractor consults with CW workers on:

(A) developing and training local community IL advisory boards;

(B) utilizing training resource materials;

(C) keeping CW staff apprised of new resources;

(D) providing assistance in implementation of IL programs that may include site visits and phone consultation; and

(E) developing collaborative efforts between Oklahoma Department of Human Services and community-based resources.

(5) Area IL specialists. IL specialists in each Field Operations Division service area assist CW and tribal staff by:

(A) ensuring eligible youth receive an IL assessment;

(B) recommending elements to include in the youth's individual IL case plan;

(C) referring eligible youth for services with Social Security Administration, IL community contractors, and Developmental Disabilities Services Division;

(D) reviewing and updating IL data on KIDS;

(E) facilitating life skills groups;

(F) attending permanency planning reviews for IL eligible youth;
(G) providing IL resources;
(H) training CW staff on availability of IL services;
(I) facilitating area wide youth services;
(J) assisting each area with IL activities and events;
(K) maintaining a list of area IL resources;
(L) processing requests for youth development funds; and
(M) ensuring youth complete paperwork necessary to enter post-secondary education.
340:75-6-115.3. Independent living contingency funds

(a) Independent living (IL) contingency funds are a category of youth development funds, per Oklahoma Department of Human Services (OKDHS) Appendix C-19-A, Independent Living Youth Development Funds, designed to support the youth’s IL case plan in preparation for living independently and for emergencies encountered after leaving care while learning to live independently. 

(1) The approval of IL contingency funds is contingent upon funding availability.

(2) IL contingency funds are not used to reimburse youth, OKDHS staff, or contractors for a purchase made on behalf of the youth.

(3) Exceptions to reimbursement and item cost limits, per OKDHS Appendix C-19-A, require approval by Children and Family Services Division (CFSD) IL Section.

(4) Requests for an item, per OKDHS Appendix C-19-A, is not split between two codes.

(b) Eligibility criteria for IL contingency funds are listed in (1) through (4).

(1) Preparation contingency funds.

(A) Eligible youth are ages 16 to 18 currently in OKDHS or tribal custody and out-of-home placement or in Office of Juvenile Affairs (OJA) custody and residing in foster family or specialized community homes.

(B) These funds are used for education and work related expenses, miscellaneous services, and permanent connection related activities necessary to achieve the youth’s IL plan.

(2) Supportive Services contingency funds.

(A) Eligible youth are ages 18 to 21 and were in OKDHS or tribal custody and out-of-home placement for nine months between ages 16 to 18.

(B) These funds are used for education related expenses, car expenses, furniture, appliances, alternate transportation, clothing, medical expenses, purchased services, such as substance abuse counseling and mentors, work related services, and other miscellaneous services necessary to achieve the youth’s IL plan.
(3) Housing contingency funds.

(A) Eligible youth are youth who were in OKDHS or tribal custody and out-of-home placement on their 18th birthday and have not yet reached age 21.

(B) These funds are:

   (i) designated to assist youth with housing in emergency situations; and

   (ii) used for living expenses, such as rent, utilities, deposits, and food. ■ 1 & 4

(4) One Time Only contingency funds.

(A) Eligible youth are ages:

   (i) 16 to 18 in OKDHS or tribal custody and out-of-home placement;

   (ii) 18 to 20 in OKDHS or tribal custody receiving voluntary services;

   (iii) 18 to 21 who were in OKDHS or tribal custody for nine months between ages 16 to 18; and

   (iv) 16 to 19 in OJA custody.

(B) These funds are used to purchase goods and services the youth needs to access on a one time only basis. ■ 2 through 4

INSTRUCTIONS TO STAFF

1. IL contingency funds. Independent living (IL) contingency fund categories are:

   (1) Preparation. Appropriate items to request for IL Preparation contingency funds are:

   (A) education related – tutoring, summer and night school, correspondence courses, General Educational Development (GED) classes and testing, national college admission examinations, college application fees, calculators, tape recorders and other study aids, career assessments, or any item that enhances the youth's academic achievement;
(B) miscellaneous related – band, cheerleading squad, and sports equipment and clothing, class related trips, class ring, junior-senior prom expenses, animals and supplies needed for school related clubs, yearbooks, or goods and services that are identified on the IL case plan that assist the youth in a successful transition to adult living;

(C) work related – clothing, such as uniforms, special shoes and protective wear, inoculations and health tests, and transportation assistance, such as purchase of a bicycle, taxi fare, gasoline, or bus tickets until the youth receives his or her first paycheck; and

(D) permanent connection related – costs connected with searches for family or unrelated persons willing to make a permanent connection to the youth, expenses associated with family group conferences, person-centered planning meetings or other activities that result in connections for youth, and costs for visits to support or maintain connections.

(2) IL Supportive Services. Appropriate items for authorization to request for IL Supportive Services contingency funds are:

(A) car expenses to assist youth if the youth is in school or working and the repairs are necessary to maintain transportation to job or school;

(B) furniture or appliances to assist youth with housing needs. Videocassette recorders (VCRs), digital video drives (DVDs), and play stations are excluded;

(C) alternate transportation, such as public transit, bicycles, or gas for carpooling, to assist youth in transportation for seeking or maintaining employment, and transportation necessary for education or medical needs;

(D) clothing to assist youth with clothing needs, including work clothing;

(E) medical expenses for youth to obtain medical or dental treatment, purchase prescriptions, eyeglasses, or medical insurance, when these services are not available through other resources;
(F) counseling and mentoring services for youth to obtain outpatient sliding scale counseling, non-medical substance abuse treatment, or mentoring;

(G) miscellaneous for goods and services that are planned with the youth to complete the goal of transition to independence and are not covered by any other contingency fund or IL service;

(H) education related expenses, for tutoring, GED classes and testing, summer, night, and correspondence courses, national college admission examinations, college application fees, tape recorders, calculators, and other study aids, and career assessments; and

(I) work related – clothing, such as uniforms, special shoes and protective wear, inoculations and health tests, and transportation assistance, such as purchase of a bicycle, taxi fare, gasoline, or bus tickets until the youth receives his or her first paycheck;

(3) Housing contingency funds. Youth, ages 18 to 21, who have left care may use IL Housing contingency funds for deposits and food for setting up the initial post care living arrangement or for housing assistance to prevent homelessness.

(A) Payment for housing for youth attending post secondary institutions where dorms are available is assessed on a case-by-case basis.

(B) Youth may be eligible for a total of six months housing payments.

(C) Housing payments extending beyond two consecutive months requires approval from Children and Family Services Division (CFSD) IL Section.

(D) Youth who choose to take advantage of an IL specialized community home (SCH) or other community supported transitional placement may have three months of housing paid to the IL SCH or transitional placement and still be eligible for an additional six months of housing.

(E) All subsequent requests for emergencies are considered on a case-by-case basis by CFSD IL Section.

(F) Appropriate items for IL Housing contingency funds are:
(i) rent deposit;

(ii) rent payment;

(iii) utility deposit for gas, water, and electric only;

(iv) utility payments for gas, water, and electric only;

(v) food; and

(vi) room and board payments that include rent, utilities, and food.

2. Contingency funds limits. Eligible youth may access:

(1) an item in IL Preparation and Supportive Services contingency funds more than once but expenditures must not exceed the cost limit for each item per year, October 1 through September 30, per youth;

(2) graduation expenses only during the year of the youth’s graduation; and

(3) One Time Only contingency funds at any time.

3. Accessing IL contingency funds for youth in care. To access Preparation or One Time Only contingency funds for eligible youth, ages 16 to 18, or Supportive Services or One Time Only contingency funds for eligible youth, ages 18 to 21, in voluntary care, the CW worker:

(1) prior to requesting contingency funds, determines whether the goods and services are available elsewhere at no expense;

(2) refers to OKDHS Appendix C-19-A, Independent Living Youth Development Funds, for a list of services and goods cost limits and codes available through contingency funds;

(3) discusses goods and services that support the youth’s IL case plan with the youth and placement provider during each visit and documents the discussion in KIDS Contracts screen;

(4) negotiates with the vendor to obtain the lowest cost for goods and services and obtains cost comparisons on all goods and services greater than $200;
(5) completes Form DCFS-84, Request for Independent Living Youth Development Funds, and includes complete vendor information and instructions on where the youth development fund payment must be mailed;

(6) submits completed Form DCFS-84 to the CW supervisor for approval;

(7) faxes CW supervisor approved Form DCFS-84 to the National Resource Center for Youth Services (NRCYS), 918-660-3785. NRCYS IL staff:

(A) processes the request by verifying youth's available funding and determining whether the request supports the youth's IL case plan; and

(B) faxes the approved Form DCFS-84 to the contracted fiscal agent who issues the youth development fund payment and mails the payment to the location designated in the instruction section of Form DCFS-84;

(8) enters the goods and services in KIDS Service Log screen;

(9) verifies that the goods and services were received by the youth and advises the youth that the fiscal agent must have all receipts for goods and services for the youth to continue to receive youth development funds;

(10) assists in obtaining the receipts for goods and services if requested by the fiscal agent; and

(11) files Form DCFS-84 and any supporting documentation in the youth's case record.

4. Accessing One Time Only, Supportive Services, and Housing contingency funds for youth, ages 18 to 21, who have left care. When a youth contacts the current IL community contractor, the contractor:

(1) verifies the youth's eligibility for services and opens a KIDS IL case;

(2) consults with the youth regarding the contingency fund request and how it complements the youth's efforts to achieve self-sufficiency;

(3) when necessary, requests the youth fax verification of employment, housing lease agreement, or car ownership;
(4) when goods and services are needed, completes Form DCFS-84 and consults, as needed, with the CW worker familiar with the youth formerly in OKDHS custody in order to identify vendors and services in the area where the youth resides;

(5) faxes Form DCFS-84 to the contracted fiscal agent. The contracted fiscal agent issues the contingency fund payment and mails the payment to the location identified in the instruction section of Form DCFS-84;

(6) enters the conversations with the youth in KIDS Contacts screen and documents goods and services received on KIDS Service Log screen; and

(7) when the contractor determines the youth requesting contingency funds may benefit from case management, such as a parenting youth or the youth who is in an unsafe place or relationship, makes an agreement with the youth to allow a case manager to schedule a face-to-face contact.
340:75-6-115.4. Independent living incentive payments

The independent living (IL) incentive payment is another category of youth development funds that allows for monetary payments to youth. Incentive payments are contingent upon funding availability and based upon the youth's accomplishments between the time IL services are initiated at age 16 until the youth exits care. The youth in Oklahoma Department of Human Services or tribal custody may be exiting out-of-home care to reunification, adoption, guardianship, or independence. Activities for which the youth receives compensation include:

1. Life skills assessment;
2. Educational attainment;
3. Employment;
4. Placement stability;
5. Volunteerism;
6. Life skills development; and
7. Future planning.

INSTRUCTIONS TO STAFF

1. Incentive payment process.

(1) The Child Welfare (CW) worker discusses the incentive payment process with eligible youth at age 16 and refers to the list of accomplishment categories and payment schedule outlined in Form DCFS-86, Independent Living (IL) Incentive Payment Worksheet.

(2) To access IL incentive payments, the CW worker:

   (A) conducts an exit interview with the youth using Form DCFS-86 two months prior to the youth exiting Oklahoma Department of Human Services (OKDHS) custody or voluntary care after age 18;

   (B) offers the youth the opportunity to complete Form DCFS-87, Independent Living Youth Exit Interview, during the exit interview;
(C) completes Form DCFS-107, Independent Living Payment Claim, that is signed by the youth;

(D) determines the incentive payment by verifying the youth's accomplishments during the exit interview process;

(E) ensures the youth’s address is correct as the incentive payment is mailed to the address listed on Form DCFS-107; and

(F) mails Forms DCFS-86, DCFS-87, and DCFS-107, and required documentation to Children and Family Services Division IL Section.
340:75-6-115.7. Teen panels

Teen panels are an opportunity for DHS and tribal custody youth to educate staff, care providers, the community and prospective adoptive and foster parents by presenting their views and experiences in the child welfare system. Eligible youth are 16 to 21 years of age, in DHS or tribal custody, and in out-of-home placement.

INSTRUCTIONS TO STAFF

1. Teen panels. The Child Welfare (CW) or tribal worker:

   (1) advises any eligible youth of the opportunity to participate on a teen panel;

   (2) when a youth indicates a desire to participate on a teen panel, contacts Children and Family Services Division (CFSD) Independent Living (IL) staff to list the youth as an available participant;

   (3) submits Form DCFS-107, Independent Living Payment Claim, to the current IL community contractor for payment of the stipend. The youth receives:

   (A) $25 stipend for participating on a teen panel for foster and adoptive parent training; and

   (B) up to $100 stipend for participating on a teen panel for a conference or co-training with CFSD IL staff; and

   (4) requests mileage reimbursement for the person, including youth, staff, or foster parent, providing transportation to the teen panel. Mileage reimbursement requests are submitted to the CFSD IL staff for approval and processing.
340:75-6-115.10. Independent living specialized community homes

(a) Independent living (IL) specialized community homes provide an intensive, short-term IL curriculum for youth who are motivated to:

(1) reach an educational or vocational goal;

(2) obtain and maintain employment; and

(3) learn skills that prepare the youth to move to an IL situation within one year.

(b) This residential program is for youth preparing to transition to their first IL situation and youth who have exited care and are homeless or in an unsafe situation.

(c) Eligible youth are:

(1) ages 16 to 18 in Oklahoma Department of Human Services or tribal custody and out-of-home placement;

(2) age 18, receiving voluntary extended services to complete high school education or General Educational Development (GED); and

(3) youth who exited care at age 18 who request an opportunity to participate in the program.

INSTRUCTIONS TO STAFF

1. IL specialized community homes. The Child Welfare (CW) worker:

   (1) follows procedures in OAC 340:75-11-233 when making a placement request for youth ages 17.3 to 18 in Oklahoma Department of Human Services custody;

   (2) contacts Children and Family Services Division (CFSD) Independent Living (IL) Section when making a placement request for youth ages 18 to 21 in voluntary care; and

   (3) refers youth who exited care at age 18 to the Youth In Care Alumni Network (YESICAN) toll-free number, 800-397-2945, for placement assistance. These youth are then referred to CFSD IL Section.
340:75-7-12. Initial screening and requirements

(a) Inquiries. Any person who is at least 21 years of age may apply to become a foster parent by contacting the local Oklahoma Department of Human Services (OKDHS) office.

(b) Requirements. Requirements described in OAC 340:110-5 serve as a framework for families and OKDHS in the mutual assessment process that assists in selecting the best home for children placed in foster family care. All applicants must:

1. Be at least 21 years of age and preferably no more than 55 years older than the child considered for placement;
2. If married, be married one year or more. Applicants may be married, single, legally separated, or divorced;
3. Have the ability to manage personal and household financial needs without relying on the foster care reimbursement;
4. Provide appropriate sleeping arrangements for each child placed;
5. Provide verification that all household members are in sufficiently good physical and mental health to provide for the individual needs of each child placed;
6. Submit to a search of all OKDHS records, including Child Welfare records;
7. Ensure that each household member, 18 years of age or older, submits fingerprints for a state and national criminal history records search;
8. Submit to a search of Juvenile Justice Information System (JOLTS) records for any child older than 13 years of age in the household;
9. Ensure that no household member has a prior conviction of any sexual offense;
10. Not smoke in the home when a child is placed in the home;
11. Not smoke in the automobile when transporting a child placed;
12. Provide references;
13. Complete 27 hours of pre-service training;
(14) complete 12 hours of in-service training each calendar year;

(15) demonstrate the basic competencies that are to:

(A) protect and nurture children who have been abused, emotionally maltreated, or neglected;

(B) meet the medical and developmental needs of these children;

(C) support relationships between children and their parents, siblings, and kin, as specified by OKDHS;

(D) connect children to safe, nurturing relationships; and

(E) collaborate with OKDHS as a team member;

(16) have a house assessment completed;

(17) have extended family or friends to provide support and child care other than, or in addition to, licensed child care paid by OKDHS;

(18) submit verification of employment when requesting OKDHS paid child care services for a child in foster care;

(19) acknowledge and agree to abide by applicable Oklahoma statutes and OKDHS rules regarding the child in their care that include, but are not limited to:

(A) OKDHS, as the legal custodian of the child, has the right to move any child from any foster home at any time when in the child's best interests and in accordance with statutes governing movement of children;

(B) the necessity of maintaining and respecting the confidential nature of all information regarding a child placed in the foster home. A breach of confidentiality may be grounds for closure of the foster home and termination of the foster care contract; and

(C) the requirement that OKDHS investigate or assess allegations of abuse, neglect, or maltreatment of any child in OKDHS custody placed in an approved foster home in the same manner as any other abuse or neglect investigation or assessment conducted by OKDHS;

(20) notify OKDHS whenever any member of the foster family is seriously ill or
hospitalized;

(21) provide a physician's statement, once approved as a foster parent:

   (A) for any hospital stay;

   (B) for ongoing outpatient medical or mental health care, including psychological counseling; or

   (C) upon OKDHS request;

(22) agree to provide foster care as a planned, temporary placement for the child whose permanency plan is family reunification or other permanency plan;

(23) work as a member of a professional multidisciplinary team with OKDHS staff to develop a permanency plan for each child placed;

(24) share parenting of the child in care with the parent(s), who may have different values and lifestyles;

(25) treat all information regarding the child and family as confidential, only sharing such information necessary to obtain services for the child or with persons who are directly involved with the case;

(26) participate in the development of an effective parent and child visitation plan that may include contact with the parents and siblings, if siblings are separated;

(27) comply with OKDHS rules on discipline;

(28) maintain requirements necessary for continued approval as a foster home;

(29) participate in the re-assessment of the foster home and the evaluation of the OKDHS Foster Care program and services;

(30) utilize the foster care reimbursement for the care and maintenance of the child's basic needs, such as food, clothing, shelter, incidentals, non-prescription medications, including special activity fees, allowances, and recreational opportunities;

(31) utilize the clothing allowance included in the foster care reimbursement to provide adequate clothing for the child placed; and
(32) comply with all Oklahoma statutes relating to the care and support of minors including those that prohibit the use of tobacco, alcohol, or non-prescribed medications.

(c) **Specific inquiries.** Temporary Assistance for Needy Families (TANF) recipients and OKDHS employees may apply to be OKDHS foster families. ■ 2

(d) **Requests from other states.** When former foster parents apply in another state to be a foster resource and that state requests information about the foster parents from OKDHS, Children and Family Services Division Foster Care Section responds to the request. ■ 3

**INSTRUCTIONS TO STAFF**

1. **Response to inquiry.** Child Welfare (CW) staff:

   (1) responds within one week of the inquiry;

   (2) documents each inquiry in KIDS Pre-Resource screen by noting the referral source;

   (3) if no response is received after the inquiry, contacts the applicant a minimum of twice in a 45-day period to determine the applicant’s interest;

   (4) if there is no response from the applicant after the 45-day period, closes KIDS Pre-Resource within one week;

   (5) discusses with each potential applicant the:

   (A) basic responsibilities and requirements expected of a foster parent;

   (B) children requiring out-of-home placement; and

   (C) elements of the application and training process;

   (6) discusses with the applicant his or her ability to meet the day-to-day needs of a child, such as providing a stimulating environment and ensuring a child the opportunity to participate in extracurricular activities.

   (A) When the age difference between the applicant and the child considered for placement is more than 55 years, CW staff consults with the CW field liaison (CWFL) and county director. If the applicant does
not have the ability or willingness to meet these responsibilities and requirements, CW staff explains that the application may be denied.

(B) If the applicant still wishes to make a formal application, the application is accepted and processed. Specific information obtained is used as the basis for denial of the application and is documented in the KIDS Pre-Resource screen;

(7) carefully considers the responses of each potential applicant to an explanation of the focus and goals of Oklahoma Department of Human Services (OKDHS) programs;

(8) obtains information regarding the person's particular circumstances, motivation, and ability to be a foster parent; and

(9) makes a referral to other Children and Family Services Division (CFSD) units, such as Adoption Services, or other divisions within OKDHS, such as Division of Child Care or Office of Volunteerism, when the applicant's needs or expectations are better met through these sources.

2. Foster parent eligibility.

(1) TANF recipients. The assessment process explores the ability of the Temporary Assistance for Needy Families (TANF) recipient to provide for the child's needs pending receipt of the foster care reimbursement.

(2) OKDHS employees. An OKDHS employee interested in becoming a foster parent submits a written inquiry to the employee's supervisor. If the employee is assigned to CW, the written inquiry is also sent to the CWFL.

(A) Assessment of the request. Each applicant's request requires assessment on a case-by-case basis. The supervisor and county director or division director, as applicable, discuss the:

(i) potential for a conflict of interest between the role as an employee and that of an OKDHS resource parent; and

(ii) employee's understanding that employment with OKDHS is not used as a means to obtain information about the child's case or gain services.
(B) Memorandum. The county director or division director, as applicable, submits the application request in a written memorandum to CFSD Foster Care Section. The memorandum documents the discussion of conflict of interest and the separation of job duties as an employee and foster parent.

(C) Written approval. The resource family assessment process for an OKDHS employee is initiated only after receiving written approval from the Foster Care Section.

(D) Placement considerations. When an OKDHS employee is an approved foster or tribal foster parent, placement of a child is not considered when the child is on the employee's caseload.

3. Inquiries from other states. Requests from other states, agencies, or persons regarding information from an active or closed resource are routed to CFSD Foster Care Section for response.

(1) The Foster Care Section requests information from the county, if necessary.

(2) The county office removes all reference information and child abuse and neglect information from the requested resource record before sending the information to the Foster Care Section.
340:75-7-14. Training

(a) **Pre-service training.** Applicants and adult household members who will be caring for a child in Oklahoma Department of Human Services (OKDHS) custody complete a prescribed course of training that addresses the values and competencies essential to caring for a child who is a victim of maltreatment.  ■ 1

(1) Each adult in a foster home identified as a provider for a child completes required training or is determined to possess required competencies as a result of prior foster care training and experience.

(2) Required pre-service training consists of approximately 27 hours of instruction addressing required competencies, including, but not limited to:

   (A) protecting and nurturing children who have been abused, emotionally maltreated, or neglected;

   (B) meeting the medical and developmental needs of these children;

   (C) supporting relationships between children and their parents, siblings, and kin, as specified by OKDHS;

   (D) connecting children to safe, nurturing relationships; and

   (E) collaborating with OKDHS as a team member.

(3) Applicants may request a waiver of training requirements by submitting to the resource specialist a list of subjects addressed in training as a result of prior service with Oklahoma, another state, or a private agency. Requests for training waivers are reviewed and acted on by the Children and Family Services Division (CFSD) Foster Care Section programs manager.

   (A) An applicant with a break in OKDHS service of less than five years meets the training requirements.

   (B) Supplemental information or confirmation of training may be requested from another state or private agency identified by the applicant to aid in decision-making.

   (C) The resource specialist notifies the applicant of the decision within 30 working days of the request for a training waiver.
(4) Kinship families may be approved as initial placements before the completion of classroom training.

(5) Foster and kinship families may request exception to training based on work schedule or disability.

(A) A self-study curriculum addressing the required competencies may be:

(i) requested by an adult in the applicant’s home when the person’s work schedule precludes the completion of training; and

(ii) approved by the Foster Care programs manager. The assigned resource specialist supervises self-studies.

(B) A permanent training waiver may be approved by the Foster Care programs manager for adults in the applicant’s home when verification is received that the person has a significant disability that precludes completion of classroom or self-study curriculums. Persons who are granted a permanent training waiver may not be considered as a provider for a child.

(b) In-service training. All foster parents complete 12 hours of continuing in-service training per calendar year on subjects that promote their skills and interests as providers. ■ 2

(1) OKDHS offices provide free in-service training options to foster families, including conferences, video and taped instruction, and literature.

(2) Internet instruction through recognized state and private foster care agencies is accepted as meeting in-service training requirements. The foster family provides to the resource specialist the certificate of training, if available, from the training source, listing the completed approved hours.

(3) Foster families have options in selecting classes, conferences, reading materials, or other learning opportunities that enhance their skills as providers and meet the in-service training requirement. Prior approval from the resource specialist is secured to ensure a common understanding of credit for each event.

(4) Foster families caring for children in OKDHS custody residing in another state must meet the requirements of that state for ongoing training to maintain approval.
INSTRUCTIONS TO STAFF

1. Pre-service training.
   
   (1) Training schedule. A schedule for Foster Care pre-service training is maintained in KIDS. The Child Welfare field liaison may request additional sessions in the current or subsequent quarter based on emerging need. Requests are honored as resources allow.

   (2) Enrollment. The resource specialist enrolls the applicant in pre-service training on KIDS.

2. In-service training. The resource specialist documents all training completed by foster families in the KIDS resource or verifies the training tracked by KIDS.
340:75-7-18. Resource family assessment

(a) **Resource family assessments.** The resource family assessment is completed by Oklahoma Department of Human Services (OKDHS) staff or by a contractor of OKDHS and consists of an evaluation of the items listed in (1) through (7).

(1) **Background investigation.** Completed and signed Forms DCFS-26, Resource Family Assessment Application, and ADM-130, Request for Background Check, authorize OKDHS to conduct an investigation into criminal and OKDHS records, including Child Welfare (CW) records, of the applicant and each adult household member, per OAC 340:75-7-15.

(2) **House assessment.** The resource specialist conducts an evaluation of the applicant’s residence to assess the location, condition, and capacity to accommodate children in foster care. The resource specialist assesses:

   (A) location. The home must be accessible to school, medical, and recreational resources;

   (B) play space. Adequate and safe indoor and outdoor space for play activities must be available;

   (C) equipment. Age appropriate child care equipment, such as beds, high chairs, and toys must be available and in good repair;

   (D) communications. A working phone must be maintained in the home;

   (E) automobiles. The applicant must maintain an automobile in working order, carry the statutorily mandated automobile liability insurance, possess a valid Oklahoma driver license, and have a current, valid license tag. The resource specialist observes passenger restraints and advises the applicant that proper automobile restraints are used at all times when a child in OKDHS custody is riding in an automobile.

      (i) Every driver must use a child passenger restraint system that meets federal standards when transporting a child who is younger than six years of age.

      (ii) Every child age six to 18 years who is transported in an automobile must be protected by a passenger restraint system or seat belt.

      (iii) The provisions in (i) and (ii) do not apply to the:
(I) driver of a school bus, taxicab, moped, motorcycle, or other vehicle not required by law to be equipped with safety belts;

(II) driver of a vehicle in which all seat belts are in use;

(III) transportation of a child for whom medical reasons prohibit the use of a passenger restraint system or seat belt; or

(IV) transportation of a child who weighs more than 40 pounds and is transported in the back seat using only a lap seat belt when the back seat of the vehicle is not equipped with combination lap and shoulder belts or when the combination lap and shoulder belts are used by other children weighing more than 40 pounds. The back seat includes all seats located behind the front seat of a vehicle;

(F) sleeping arrangements and privacy.

(i) The applicant's home provides a separate bed for each child with the exception of siblings younger than six years of age who exhibit a need for mutual support. A separate bedroom is provided for a child who acts out sexually.

(ii) Preferably, no more than two children share a bedroom. Primary consideration is given to the child's safety according to age and emotional needs.

(iii) The applicant's home provides separate bedrooms for children older than six years of age who are of the opposite sex.

(iv) A child in OKDHS custody, with the exception of an infant who is younger than 12 months of age, does not share a bedroom with an adult in the household.

(v) The applicant's home provides space for the child's personal possessions and for a reasonable degree of privacy.

(vi) The applicant may not designate a room, such as the living room, utility room, den, dining room, pantry, or unconverted garage, as a bedroom unless the room is specifically designed as a bedroom; and

(G) sleeping arrangements for infants. A crib, port-a-crib, bassinet, or playpen with a firm waterproof mattress or pad is used for each child younger than one
year of age.

(i) Bassinets are used for infants:

(I) weighing up to 15 pounds; or

(II) no more than three months of age.

(ii) Port-a-cribs or playpens are used for short-term sleeping arrangements, such as naps or respite and traveling for periods of no more than one week.

(iii) Cribs, port-a-cribs, bassinets, and playpens with more than two and 3/8 inches between slats or between the side and end panels are not allowed.

(iv) Cribs with decorative cutout areas in crib-end panels or tall decorative knobs on the corner posts that may entrap a child's head or catch the child's clothing are not allowed.

(v) Mattresses must be tight fitting with no more than one inch between the mattress and crib, port-a-crib, bassinet, or playpen.

(vi) Mattress and crib sheets must fit snugly.

(vii) Drop-side latches must:

(I) hold sides securely; and

(II) not be accessible by the child in the crib, port-a-crib, bassinet, or playpen.

(viii) Pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads, and other soft products are not permitted in the infant's crib, port-a-crib, bassinet, or playpen.

(ix) To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants younger than 12 months of age are placed on their back for sleeping unless there is a medical reason the infant must not sleep in this position, as documented by a health professional. This documentation is maintained by the foster parent and filed in the child's CW case record.

(x) Infants who are able to turn themselves over are placed initially on their back for sleeping but allowed to sleep in a position they prefer.
(3) **Total number of children in placement.** The total number of children in OKDHS custody placed in a kinship or foster home may not exceed five. The total number of all children in the home, which includes biological, adoptive, foster, and other children not in OKDHS custody, may not exceed six.

(4) **Children younger than two years of age.** No more than two children younger than two years of age, including the foster family's own children, are placed in the same home.

(5) **References.** The resource specialist solicits and reviews the comments of personal, employer, and school references identified by the applicant regarding the applicant's parenting strategies and skills. Information obtained through references is confidential.

   (A) Three personal references are interviewed by phone or in person.

   (B) The applicant's current or most recent employer is contacted by letter, phone, or in person. When the applicant is self-employed, a reference is obtained from a customer.

   (C) School teachers, counselors, or administrators who have recently served the applicant's child are contacted by letter, phone, or in person to assess the applicant's involvement in educational concerns, if applicable.

   (D) All adult children of the applicant are interviewed by letter, phone, or in person, if applicable.

   (E) The mental health professional is contacted by letter, when the applicant or applicant's child has received counseling, whether currently or in the past.

   (F) A minimum of six references is required.

(6) **Military discharge.** If an applicant has been discharged from the armed forces, a copy of DD Form 214, Certificate of Release of Discharge From Active Duty, is required to determine the type of discharge. Any discharge other than honorable must be specifically addressed in the assessment as a consideration in the applicant's ability to attend to the safety and well-being of a child requiring foster care services.

(7) **Previous foster care experience.** Applicants who have previously served as foster parents in another state or with a private agency provide or authorize release of all previous foster home assessments, reports, and training records from the state.
(8) **Household income.** The applicant provides verification that he or she can manage personal and household financial needs without relying on the foster care reimbursement. The applicant must have sufficient income to meet the needs of an additional child placed in his or her home until receipt of foster care reimbursement for that child.

(b) **Disposition of foster home assessments.** Upon completion of the foster home assessment, a decision regarding disposition is made assessing all the information gathered. The assessment process is completed and the determination regarding disposition is made no later than 90 days after receipt of Form DCFS-26. The resource specialist confirms in writing all decisions made concerning the assessment and application with the applicant. The resource specialist shares with the applicant Form DCFS-69, Guidelines for Resource Family Assessment, or Form DCFS-69-A, Resource Family Assessment, as applicable, for the applicant’s input prior to deciding to select in or out of the Foster Care program. Disposition of the assessment may result in:

1. **postponement of the assessment.** The applicant is advised of any condition that does not conform to Foster Care rules, per OAC 340:75-7, during the assessment. When determined appropriate, the resource specialist postpones the assessment to afford the applicant the opportunity to resolve issues of concern;

2. **voluntary withdrawal of the application.** If the resource specialist determines the applicant does not meet the requirements for becoming a foster parent, the reasoning for the determination is explained, and the resource specialist gives the applicant the option to voluntarily withdraw the application;

3. **approval of the assessment.**
   
   (A) The resource specialist reviews and discusses the assessment with the applicant, except for the Juvenile Justice Information System (JOLTS) review, CW records search, and reference information.

   (B) The resource specialist, CW supervisor, and applicant sign Form DCFS-69-A, and a copy is provided to the applicant. The home is not considered approved until the CW supervisor approves the family assessment in KIDS and signs Form DCFS-69-A.

   (C) Prior to initiation of reimbursement, the applicant signs the foster care contract with the exception of a kinship placement, per OAC 340:75-7-24.

(E) The foster parent signs Form OCA-GR-4, Notice of Grievance Rights - Foster Parents;

(4) exceptions to the assessment. OKDHS may, at its discretion, grant an exception of specific rules or standards upon request by the applicant.

(A) OKDHS may establish conditions that must be met by the applicant in order to operate under the exception granted.

(B) Exceptions may be granted upon a showing by the applicant that:

(i) the particular rule or standard that is the subject of the exception request may not be applied as written because strict application of the rule or standard would cause undue hardship; and

(ii) adequate standards affording protection for the health, safety, and care of the child exists and will be met in lieu of the exact requirements of the rule or standard in question; or ■ 6

(5) denial of the assessment. The decision to deny requires an explanation to the applicant by the resource specialist regarding the reasons the assessment is denied. If a kinship home is denied, the child in OKDHS custody in the home is moved immediately. Reasons for denying an assessment may include, but are not limited to:

(A) a lack of stable, adequate income to meet the applicant’s own or total family needs or poor management of available income;

(B) a physical facility that is inadequate to accommodate the addition of children to the home or presents health or safety concerns;

(C) the applicant or any person residing in the home has a history of alleged or confirmed child abuse, neglect, or both, per OAC 340:75-7-15;

(D) the applicant or any person residing in the home has a history of arrests or convictions per OAC 340:75-7-15;
(E) the age, health, or any other condition of the applicant impedes the applicant's ability to provide appropriate care for a child;

(F) relationships in the household are unstable and unsatisfactory;

(G) the mental health of the applicant or other family or household member impedes the applicant's ability to provide appropriate care for a child;

(H) references are guarded or have reservations in recommending the applicant;

(I) the applicant fails to complete the application, required training, or verifications in a timely manner as requested or provides information that is incomplete, inconsistent, or untruthful; or

(J) the home is determined unsuitable for the child requiring placement.

(c) **Re-application to provide foster care.** Persons who desire to re-open their foster home must re-apply. ■ 7

(d) **Dissolved marriage or other relationships.** If foster parents divorce or the relationship is dissolved, the person who continues to foster retains the existing resource number and information. ■ 8

(e) **Contract foster home assessments.** Children and Family Services Division (CFSD) may contract with licensed child-placing agencies or a qualified person to provide a range of CW services that include conducting resource family assessments. OKDHS makes the final decision regarding the disposition of all resources assessed by contractors. ■ 9

(f) **Changes in the household.** The foster parent must notify the resource specialist within 24 hours of any change in the household that precludes the foster parent from providing adequate care for the child, including, but not limited to:

(1) income;

(2) location;

(3) health; or

(4) relationship. ■ 10
INSTRUCTIONS TO STAFF

1. Resource family assessment.

   (1) Initial family assessment. The resource specialist conducts the initial consultation with the family in the family’s home to answer questions, explain the mutual assessment process and training requirements, and assess the safety of the home. Observations are documented on Form DCFS-11, House Assessment.

   (2) Review of resource assessment forms. During the initial consultation the resource specialist provides dates for pre-service training and reviews Forms:

   (A) DCFS-20, Resource Family Financial Assessment;

   (B) DCFS-26, Resource Family Assessment Application;

   (C) DCFS-38, Medical Examination Report, that is received by the resource specialist as soon as possible or prior to the final consultation visit, and includes, if applicable, a statement from the family physician for all children in the home to verify that the children are healthy, free from communicable diseases, and current on immunizations;

   (D) DCFS-42, Family Health History;

   (E) DCFS-63, Child Needs Information List;

   (F) DCFS-102, Notice to Foster Parent Applicant(s), signed by the applicant;

   (G) DCYFS-8, Consent for Release of Information, signed by the applicant; and

   (H) HIPPA-3, Authorization to Disclose Medical Records.

   (3) Tribal membership. The resource specialist verifies tribal membership or tribal affiliation of the applicant in order to identify valid placement resources for children eligible under the Indian Child Welfare Acts, per OAC 340:75-19.
2. References.

(1) The resource specialist documents all information provided by voluntary and applicant specified references regarding the applicant. A minimum of six references is required. The resource specialist explains to each person contacted as a reference program expectations and the needs of children who come into care. The resource specialist uses Forms:

(A) DCFS-39, Resource Family Reference Letter for Adult Children, to document contact by mail, phone, or face-to-face with all adult children of each applicant, if applicable. The resource specialist requests consultation with the Child Welfare (CW) supervisor, CW field liaison (CWFL), and county director to determine the significance of the information provided by an adult child who:

   (i) has a history of abuse and neglect;

   (ii) disagrees with his or her parent(s)' desire to foster; or

   (iii) has other concerns about his or her parent(s);

(B) DCFS-43, Resource Family Reference for School Personnel, when the applicant has a school-age child, to contact by letter the school principal, counselor, or teacher for each child of the applicant;

(C) DCFS-48, Resource Family Reference Letter for an Employer, to document contact by mail, phone, or face-to-face with the employer or direct supervisor of the applicant. The resource specialist assesses the information given by the applicant and the present employer or supervisor and decides whether contact with past employers or supervisors is necessary. When the applicant is self-employed, contact with a customer suffices;

(D) DCFS-64, Resource Family Personal Reference Letter, as a guide to conduct interviews and document phone interviews of personal references. When a reference is not well enough acquainted with the applicant to provide pertinent information or when the person declines to serve as a reference, this is documented in the assessment and the applicant is asked for another reference;

(E) DCFS-65, Resource Family Assessment Reference Letter for Mental
Health Professionals, when the applicant has received mental health services, currently or in the past, to contact the mental health professional by letter. The resource specialist utilizes Form HIPPA-3 to obtain the information; and

(F) DCFS-65-A, Child’s Mental Health Reference Letter, when the applicant’s child has received mental health services, currently or in the past, to contact the mental health professional by letter. The resource specialist utilizes Form HIPPA-3 to obtain the information.

(2) Oklahoma Department of Human Services (OKDHS) does not deny the continuation of the foster application process based solely on information provided by a reference. When a reference provides information requiring further explanation from the applicant, the resource specialist discusses the nature of the information without revealing the source.

3. Military history. The resource specialist requests consultation with the CW supervisor, CWFL, and county director to determine the significance of information provided by military history, if needed.

4. Previous foster care information. The resource specialist uses Form DCYFS-8 to secure a copy of the applicant’s foster home assessment, related information, and training record from other states or agencies, if applicable.

    (1) OKDHS secures the applicant’s record from the other state or agency and provides the information to the contractor, if applicable.

    (2) The resource specialist sends via mail or fax the training record to Children and Family Services Division (CFSD) Training Section to determine further training requirements.

    (3) A copy of an assessment and training record presented by an applicant from another state during the application and assessment process in Oklahoma is acceptable, but requires verbal verification from the state of the presented assessment and training record.

    (4) The resource specialist documents the verbal verification in KIDS Pre-Resource or Resource Contacts screens, if applicable.

5. Disposition process. The assessment and approval process must be completed no later than 90 days after receipt of Form DCFS-26 utilizing Form
DCFS-69, Guidelines for Resource Family Assessment, or Form DCFS-69-A, Resource Family Assessment. The resource specialist consults with the CW supervisor, CWFL, and county director for assistance in reaching a decision regarding the disposition of the assessment, if needed. CFSD Foster Care Section staff is available for consultation.

(1) Postponing a disposition. The disposition of an assessment is postponed when the applicant and resource specialist make a decision to postpone the process. The resource specialist requests an exception to the 90-day assessment completion time frame from the CW supervisor and CWFL. The reason for the exception is documented in KIDS Resource Contacts screen. The assessment is denied when resolution is not possible.

(2) Voluntary withdrawal. If the applicant withdraws the application, the resource specialist follows up with a letter of confirmation of the withdrawal.

(3) Approving a family assessment. Before the assessment is discussed with the family, the CW supervisor reviews the assessment. The resource specialist:

(A) files the original Form DCFS-69-A with signatures in the resource record;

(B) copies the KIDS Pre-Resource to a Resource for all approved applications, except when the child in OKDHS custody is in a kinship placement. The resource specialist then end dates the KIDS Pre-Resource after conversion to a Resource;

(C) enters the request for approval of the assessment in KIDS Resource Status screen with the date Form DCFS-69-A is sent to the CW supervisor for approval. The CW supervisor approves the assessment in KIDS Resource Status screen and signs Form DCFS-69-A with the same date;

(D) files the verification in the resource record and documents receipt of Publication No. 99-17 in KIDS Resource Contacts screen; and

(E) provides a signed copy of Form OCA-GR-4, Notice of Grievance Rights – Foster Parents, to the foster parent and files the original in the
resource record with documentation of the signature in KIDS Resource Contacts screen.

(4) Denying a family assessment.

(A) The resource specialist staffs the information with the CW supervisor.

(B) The resource specialist documents all information obtained in the resource record and KIDS Pre-resource or Resource Contacts screens. The resource specialist documents the disposition decision in KIDS Resource Status screen.

(C) Denial of the assessment is documented by the resource specialist in summary form with detailed information in KIDS Pre-resource or Resource Contacts screen and a copy of the written summary is filed in the resource record.


(1) The resource specialist submits a written request for an exception of the requirements in OAC 340:75-7 to the CW supervisor.

(2) The CW supervisor sends the request to CFSD Foster Care Section with a copy to the county director.

(3) Upon receipt of the request, Foster Care Section staff responds in writing with a decision. A copy of the response to the request is retained in the resource and child's record.

(4) The resource specialist documents the request and response in KIDS Resource Contacts screen.

7. Re-opening a foster home.

(1) The resource specialist reviews the resource record to determine the foster parent's performance history with OKDHS. The review includes:

(A) any OKDHS policy or foster care contract violations or concerns;

(B) the outcomes of any written plans of compliance and
recommendations regarding continued use of the home; and

(C) the training record, to ensure that pre-service training was completed and documented.

(2) After the review, the resource specialist and CW supervisor determine the disposition of the re-application. Consultation is available with the CWFL, county director, or Foster Care Section, if needed.

(3) Re-opening a foster home requires:

(A) completion of:

(i) Form DCFS-26;

(ii) Form DCFS-38 unless completed within the last 12 months;

(iii) Form ADM-130 and fingerprints for all adult members of the household, unless completed within the last 12 months;

(iv) an OKDHS records search, including CW history in KIDS and Information Management System (IMS), and Juvenile Justice Information System (JOLTS) review of any child older than 13 years of age residing in the home. This information is recorded on Form DCFS-109, Records Check, and filed in the resource record; and

(v) the resource family assessment, including an updated recommendation, if the home was closed for two years or more. If the home was closed for less than two years, an addendum to Form DCFS-69-A is completed;

(B) contact with three current references if the home was closed more than six months;

(C) additional references, if new reference information is not consistent with previous references or with the requirements per OAC 340:75-7-18;

(D) re-opening the closed resource as pending in KIDS Resource Status screen and entering a new family assessment line for the new assessment or the addendum; and
(E) re-activating the contract. Upon approval, the resource specialist contacts CFSD Administrative Service Unit to re-activate the contract.

8. Dissolved marriage or relationships. If foster parents divorce or the relationship dissolves, the person who continues to foster retains the existing resource number and information. An addendum is completed and documented in KIDS Resource Contacts screen to reflect the changes in the household. A new Form DCFS-20 is completed to address any change to the financial status of the household. The Out of House Date and Reason is entered in KIDS Resource Homes screens to reflect this information.

   (1) If both foster parents wish to continue to foster, the primary foster parent maintains the original KIDS resource number, and another resource is opened cross-referencing the original resource number.

   (2) If the primary foster parent does not wish to continue fostering and the designated Head of Household 2 elects to foster, he or she becomes Head of Household 1 in the existing KIDS resource. The person wishing to continue to foster signs a new foster care contract, per OAC 340:75-7-52.

   (3) If neither foster parent wishes to foster, the KIDS resource is closed.

9. Contracted home assessments.

   (1) If the referral is for a kinship resource, the CW worker or resource specialist refers the family assessment to the contractor within seven days of the child’s placement. If the referral is not made within seven days after the child's placement, the resource specialist completes the family assessment in a timely manner.

   (2) The contractor completes an application packet on each foster home referred by the CWFL or contract liaison.

   (3) At a minimum, the contractor meets with the foster or kinship applicant and resource specialist assigned to the assessment prior to the initiation of and at the conclusion of the resource assessment. The identification of issues and concerns during the assessment process requires additional meetings.

10. Changes in household. The resource specialist addresses any household changes with the foster parent and documents this information. An
assessment is completed regarding the foster parent's ability to continue providing care for a child in OKDHS custody.
340:75-7-24. Kinship placements

(a) **Kinship care.** Kinship care is considered as the first option in providing care for the child requiring out-of-home placement, provided the child's needs are met and safety is reasonably ensured in the kinship placement. A kinship placement is assessed as a potential permanent placement for the child if reunification is not achieved. Kinship relationships do not require a blood relationship. The types of kinship relationships are identified in (1) through (6).

1. **Related by blood.** Blood relatives considered as kinship, including half-blood, are:

   (A) siblings;

   (B) grandparents, including those denoted by prefixes of great and great-great;

   (C) aunts and uncles, including those denoted by prefixes of great and great-great;

   (D) nieces and nephews, including those denoted by prefixes of grand and great-grand; and

   (E) cousins.

2. **Related by marriage.** Per OAC 340:75-7-24(a)(1), relationships by marriage, whether common-law or ceremonial, including step-relations and even after the marriage is terminated by death or divorce, are considered kinship.

3. **Related by adoption.** Relatives by adoption, per OAC 340:75-7-24(a)(1) and (2), are considered kinship.

4. **Paternal relatives.** Paternal relatives, per OAC 340:75-7-24(a)(1) through (3), of children born out of wedlock, are considered kinship.

5. **Related by emotional tie or bond.** An emotional tie or bond exists when a child or the child's parent acknowledges and accepts a person as part of the extended family or in the family's close network of friends and relationships. The family relationship role exists prior to the necessity for out-of-home placement of the child.

6. **Non-custodial parent.** A child returned to or placed with a non-custodial parent or a parent whose rights were terminated is not a kinship placement. Biological parents are not kinship resources and are not eligible for foster care reimbursement.
(b) **Initial kinship placement.** A child may be placed in a kinship foster home prior to completion of the resource family assessment and pre-service training, provided:

1. Form DCFS-10, Initial Kinship Placement Agreement, is completed and signed;
2. Forms DCFS-26, Resource Family Assessment Application, and ADM-130, Request for Background Check, are completed and signed, per OAC 340:75-7-15 and 340:75-7-18;
3. an Oklahoma Department of Human Services (OKDHS) records search, including Child Welfare (CW) records, is completed and documented on Form DCFS-109, Records Check;
4. Form DCFS-11, House Assessment, is completed and approved; and
5. three personal references, only one of whom is a family member, are interviewed by phone.

(c) **Kinship reimbursement option.** The kinship applicant may opt for payment by OKDHS or a money payment for which the child is eligible instead of the foster home reimbursement. For all money payments except Temporary Assistance for Needy Families (TANF) benefits, the CW worker makes a request to the Children and Family Services Division Foster Care Section programs manager for approval for the kinship applicant to receive the money payment.

1. Supplemental Security Income (SSI);
2. Social Security for a deceased or disabled parent (SSA);
3. other financial resources, per OAC 340:75-13-28; or

(d) **Kinship requirement.** All kinship foster homes, paid or non-paid, must meet the same requirements as all other CW foster homes. For paid kinship foster homes, reimbursements begin at the time requirements are met and are not retroactive.

**INSTRUCTIONS TO STAFF**

1. **Kinship.** Every effort is made to place a child in a kinship placement. The resource specialist carefully considers the child’s physical and emotional health and safety in identifying potential kin providers.
2. Initial kinship placement. An Oklahoma Department of Human Services (OKDHS) records search, including Child Welfare (CW) records, is completed first on potential kinship providers and documented on Form DCFS-109, Records Check. If the resource specialist does not complete the initial kinship placement, the CW worker provides all necessary paperwork to the resource specialist within two working days. The resource specialist:

(1) copies KIDS Pre-Resource screen to a Resource after the child is placed in a kinship foster home and the initial placement requirements are completed, per OAC 340:75-7-24;

(2) documents the relationship of the kinship provider in KIDS Resource General Information screen. When requesting an out-of-county kinship placement, a KIDS Pre-Resource is assigned to the county in which the kinship provider resides with the information from the CW records search;

(3) end dates the KIDS Pre-Resource after the conversion to a Resource; and

(4) completes:

(A) Form DCFS-10, Initial Kinship Placement Agreement;

(B) the criminal records search, OKDHS records review, background checks, and Juvenile Justice Information System (JOLTS) review for any child older than 13 years of age residing in the home, per OAC 340:75-7-15;

(C) Form DCFS-11, House Assessment, and submits to the CW supervisor for review; and

(D) an interview by phone with three personal references, only one of whom is a family member.

3. Kinship reimbursement option. The child's CW worker:

(1) submits the request for the kinship reimbursement option in writing to the Children and Family Services Division (CFSD) Foster Care programs manager and includes the:

(A) child's name;
(B) child's KK number;

(C) child's age;

(D) information relating to the child's stability in the home;

(E) expected length of the child's stay in the home; and

(F) amount of the child's benefit payment; and

(2) documents in KIDS Contacts screen on an ongoing basis how each benefit check is spent on the child.

4. Kinship reimbursement. The resource specialist:

(1) refers relative kinship providers to the local OKDHS office for the application of Temporary Assistance for Needy Families (TANF) benefits pending completion of the assessment process as a paid foster family;

(2) to avoid an overpayment, informs the Family Support Services worker within one day when the requirements are met for foster care;

(3) at the initial consultation, has the kinship provider sign a contract, per OAC 340:75-7-52 Instructions to Staff, or for non-paid kinship, sign Form DCFS-56, Non-paid Kinship Agreement;

(4) enters a training stipend adjustment of $375 in KIDS for a kinship foster family at the time of enrollment in training and a final stipend adjustment of $375 upon completion of training requirements. The stipend request is made in KIDS Resource Claims screen. Stipends are entered as a claim adjustment; and

(5) consults with the CW supervisor and determines whether an exception is necessary.

(A) Exceptions for payments made before requirements are completed are considered on a case-by-case basis.

(B) A request for a waiver is made only after all efforts by the county to expedite training or the home study are exhausted, and the efforts are documented in KIDS Resource Contacts screens.
(C) A written request and a waiver request on KIDS is submitted to CFSD Foster Care Section by the CW supervisor.

(i) The types of training waivers are a:

(I) temporary waiver when pre-service training is not available and all other requirements are met; and

(II) permanent waiver when a spouse is incapacitated, available only after the primary kinship provider completes the pre-service training.

(ii) A home assessment waiver is requested when:

(I) the resource specialist has not completed the home assessment timely; or

(II) any required documentation is not received.
340:75-7-52. Foster care contracts and rates of reimbursement

(a) Foster care contracts. The rules in OAC 340:75-7-52 and the provisions of a contract for services define the responsibilities of foster parents and Oklahoma Department of Human Services (OKDHS) regarding the care of children in a foster home. Foster care contracts are signed when all conditions for approval are met, per OAC 340:75-7-18, except for kinship, per OAC 340:75-7-24.

(1) Foster care contracts are perpetually renewed and considered in effect unless a specific action by one of the parties to the contract terminates the contract. Foster and kinship parents are eligible for foster care reimbursement effective the date the home is approved. Kinship parents are not paid retroactive to date of placement.

(2) Reimbursements are authorized for intervals of care provided to a child in foster care placed through OKDHS or a tribe with an approved Tribal State Agreement with OKDHS.

(3) Kinship families may be approved for expedited reimbursements, per OAC 340:75-7-24.

(4) Kinship families who meet the degree of relationship, per OAC 340:10-9-1, may apply for assistance through Temporary Assistance for Needy Families (TANF) at the local OKDHS office pending foster home approval and entry into a contract, per OAC 340:75-7-52(a)(1) through (3).

(b) Foster care reimbursement. The foster care contract authorizes reimbursement to offset the cost of each child's care and a difficulty of care (DOC) payment to address the additional expense of caring for a child with extraordinary needs. The OKDHS Committee on Rates and Standards authorizes the amount of reimbursement available through the foster care reimbursement and DOC payment rate, per OAC 340:75-7-53.

(1) Foster care payments correspond to the child's age set out in OKDHS Appendix C-20, Children and Family Services Division Rates Schedule, as amended from time to time, as approved by the Commission for Human Services.

(2) Foster care payments are provided to address the costs of room, board, clothing, and incidentals.

(3) Foster parents receive a clothing allowance for each child, per OAC 340:75-13-45.

(4) The medical expense of a child in foster care is covered through Medicaid when
private insurance is not available to the child, per OAC 340:75-13.

(5) Reimbursement received through the foster care contract is not considered income pursuant to Section 131 of Title 26 of the United States Code Annotated and the foster family does not receive Form 1099 from OKDHS at year's end. Foster parents may consult their own tax advisor for advice.

(6) Foster care reimbursement and DOC payment rates are a fixed monthly amount.

(7) When a partial month of foster care service is provided, reimbursement begins on the child's date of entry to the home and concludes on the day before the child's departure from the home. A prorated sum is paid based on the number of days of service provided multiplied by the daily rate, per OKDHS Appendix C-20.

(8) When a change in the child's age qualifies for a new rate, the new rate becomes effective on the first day of the month following the child's birthday.

(9) When a child is out of the foster home for family reunification purposes or is absent without leave (AWOL) for up to seven consecutive days, the foster parent receives reimbursement if the child is expected to return to the foster home.

(10) The foster parent is eligible for prorated foster care reimbursement and DOC payments when the child attends an Indian boarding school, Oklahoma School for the Deaf, Oklahoma School for the Blind, or a similar residential program and returns to the foster home for weekends or school vacations. When the child returns to the foster home for a summer vacation, the monthly rate is used.

(11) The foster parent is eligible for foster care reimbursement and DOC payment for up to 20 days of each event of hospitalization for the child's treatment of health or mental health concerns when there is no evidence of foster parent misconduct contributing to the event.

(12) The foster care reimbursement is an automatic electronic filing system based on the child's placement episode in the KIDS system.

(13) A foster care contract is signed for approved Interstate Compact on the Placement of children (ICPC) foster families residing in another state providing care for children in OKDHS custody, per OAC 340:75-1-86. No foster care contract is signed for ICPC foster families living in Oklahoma caring for children in the custody of another state. ■ 1

(14) There is no reimbursement after the effective date of cancellation or termination
of the contract.

(c) **Reimbursement option.** The foster family may opt for payment by OKDHS or a money payment for which the child is eligible in lieu of receiving foster home reimbursement. For all money payments specified in OAC 340:75-7-24, the CW worker makes a request to the Children and Family Services Division Foster Care Section programs manager for approval for the foster family to receive the money payment.

(d) **Cancellation of the foster care contract.** Cancellation of the foster care contract occurs when:

1. the foster family fails to meet the terms and conditions of the contract. Cancellation of the contract results from:
   
   (A) a felony conviction, per OAC 340:75-7-15(h)(1);
   
   (B) the receipt of findings of the Oklahoma State Bureau of Investigation (OSBI) records search and Federal Bureau of Investigation (FBI) national criminal history records search when a child has been placed through kinship or in the home initially approved; or
   
   (C) a serious and significant violation of the foster care contract, OKDHS rule, or law. Serious and significant violations include, but are not limited to, behaviors by the foster parent or other person in the foster home that place the child at significant risk of harm;

2. OKDHS closes a foster family home that no longer meets OKDHS requirements, per OAC 340:75-7-12; or

3. the foster parent fails to implement provisions of Form DCFS-115, Written Plan of Compliance, per OAC 340:75-7-94, designed to resolve conditions that present a risk to the child and do not conform with the requirements of the foster care contract or rules, per OAC 340:75-7-52.

(e) **Termination of the foster care contract.** A foster parent requests termination of the foster care contract verbally or in writing. Verbal requests are witnessed whenever possible.

1. Contract termination occurs subsequent to a request by the foster family only when there are no pending issues of concern.

2. When the relationship between the foster parents is dissolved, and the person
who wishes to continue providing foster care services, per OAC 340:75-7-18, is not
the primary foster parent, that foster parent signs a new foster care contract. The
child is not removed from the home during contract transition when the foster parent
is determined fit and continued placement is in the child’s best interests.

INSTRUCTIONS TO STAFF

1. Foster care reimbursement.

   (1) Foster care contract. Upon approval of the home, the resource
       specialist:

       (A) explains the contract to the foster family;

       (B) has the foster family sign two original contracts with the foster
           parent’s name listed on the contract;

       (C) ensures both contracts have original signatures and attaches a
           legible copy of the primary contractor’s Social Security card to each
           contract. The name on the contract must be the same as the name
           listed on the Social Security card;

       (D) provides a copy of the signed contract to the foster family at the time
           of signing;

       (E) submits two contracts with original signatures to Children and
           Family Services Division (CFSD) Administrative Services Unit (ASU) for
           OKDHS signature and assignment of the contract number. ASU returns
           one of the two contracts to the county within ten working days; and

       (F) files the contract in the resource record.

   (2) Claims. Foster care claims are generated automatically through KIDS
       when the child’s placement is updated. Child Welfare (CW) staff approves
       the claims for foster families, kinship foster families, and tribal foster
       families. The claim must include:

       (A) the payee’s Social Security number;

       (B) the payee’s name and address the same as on the signed foster care
           contract; and
(C) a vendor update sent to the Finance Division for any change of address.

2. Cancellation of the foster care contract. When a foster family verbally requests closure of the foster home, the resource specialist confirms the verbal request by sending Form DCFS-17, Notice of Closure to OKDHS Foster Parents, to the foster family. The resource specialist closes the KIDS resource within two working days of the contract cancellation.
PART 6. FOSTER HOME CARE SUPPORT SERVICES

340:75-7-65. Foster care child care and supportive services

Child Welfare (CW) staff arranges services that address the needs of foster parents as well as children in foster care. Foster parent needs are assessed as a component of treatment planning for each child in foster care and appropriate services are recorded on Form CWS-KIDS-8, Placement Plan. Service delivery and effect are monitored monthly to ensure intended effects. Form CWS-KIDS-8 is modified as necessary to address the evolving needs of foster parents.

(1) Child care paid by OKDHS.

(A) Foster care. Services available to foster families include child care when both foster parents in a foster home are employed 20 hours a week or more and have the same work hours or when only one foster parent works and the other foster parent has a significant disability that precludes employment.

(i) Child care must be provided:

(I) in a licensed and contracted child care center or home; or


(ii) The foster parent may request approval for child care by contacting the child's CW worker.

(iii) Child care paid by OKDHS must be approved before payment may occur.

(iv) Shelter host homes foster parents may be approved for child care paid by OKDHS.

(v) Contracted emergency foster care agencies may request, on a case-by-case basis, approval from Children and Family Services Division (CFSD) Foster Care Section to access child care.

(vi) The foster parent must provide written verification of gainful employment that includes the number of hours and days the foster parent works. In a foster family, when one foster parent works days and the other foster parent works during normal night time sleep hours, refer to OAC 340:40-7-7 and
340:40-7-8. When the foster parent operates a child care home, the child in foster care is only approved to attend an out-of-home child care home or center when:

(I) the foster parent's child care home consistently operates at licensed capacity;

(II) caring for the child during business hours will place the foster parent over licensed capacity; and

(III) the foster parent's licensing specialist confirms this.

(B) Family Support Services Division (FSSD). Child care may be available through local OKDHS FSSD staff for child care, per OAC 340:40, to:

(i) tribal foster parents providing care for children in tribal custody;

(ii) foster parents who have finalized an adoption on a foster child;

(iii) non-paid foster parents who are caring for children in OKDHS custody; and

(iv) children in the custody of another state placed in a kinship home through the Interstate Compact on the Placement of Children (ICPC).

(2) Foster care child care not paid by OKDHS. Foster care child care is not paid when the:

(A) child is placed in therapeutic foster care;

(B) foster parent has an ownership interest in the child care center;

(C) foster parent owns the child care home that the child attends;

(D) foster parent attends school or participates in training;

(E) foster parent chooses ineligible child care providers per OAC 340:40-5-1;

(F) foster parent chooses more than one child care provider to provide service to a child on the same day;
(G) foster parent's hours of employment interfere with the provision of suitable family life; or

(H) foster parent makes informal arrangements for child care.

(3) **Child care services for a child with disabilities.** Refer to OAC 340:75-6-91.

(4) **Electronic benefit transfer (EBT) responsibilities.** Refer to OAC 340:40-10 for information regarding the EBT system that includes the manual claim process. Foster parent responsibilities include:

(A) watching the EBT training video;

(B) signing Form K-2, Application for Child Care Services;

(C) swiping the EBT card every day the child attends child care;

(D) not swiping the EBT card for any day the child does not attend child care;

(E) checking the message on the point of service (POS) machine for correct times of attendance and approval;

(F) not giving the EBT card or personal identification number (PIN) to anyone, including the child care provider; and

(G) paying for care that OKDHS refuses to pay because:

   (i) the EBT card was not swiped for the correct days and times the child attended child care;

   (ii) swipes were denied and not corrected within ten days; and

   (iii) the provider loses the weekly rate payment for absent days because the correct attendance for every day the child attended that month was not swiped.

(5) **Therapeutic child care services.** Therapeutic child care services are paid by OKDHS when recommended by a mental health professional and supporting documentation is provided. Prior authorization from CFSD Administrative Services Unit (ASU) is required. ASU makes the determination of the availability of funds.

4
(6) **Overpayment of child care.** OKDHS seeks repayment for any child care paid in error to a licensed child care center, home, or professional in the foster parent's own home. The foster parent is responsible for reimbursing these costs to the child care provider when overpayment occurs due to the foster parent's ineligibility for child care paid through OKDHS. ■ 5

(7) **Informal arrangements or babysitting.** Foster parents may make informal care arrangements with friends, neighbors, or relatives for the occasional care of children, including before and after school hours.

   (A) The foster parent ensures that informal care providers possess the maturity and skills to address the needs of the child in foster care.

   (B) The foster parent secures prior authorization for informal care from the child's CW worker.

   (C) The resource specialist considers whether the needs of the child can be met in informal care.

   (D) Prior authorization may apply to multiple events using the same informal provider.

   (E) A person younger than 18 years of age living outside of the home may not be an informal provider.

   (F) An informal provider living in the home must be at least 16 years of age and related to the foster parent.

   (G) Informal providers must be notified how to reach the foster parent and other emergency contacts.

   (H) The foster parent does not utilize a child in OKDHS custody to babysit a younger child, unless approved by the child's CW worker. ■ 6

(8) **Alternate care.** The foster family is encouraged to develop a relationship with another family as an alternate provider who can serve as respite in case of family emergencies, family vacations, or when the family needs a break. The foster family is responsible for identifying an alternate provider and reimbursing the alternate provider. The alternate provider must be at least 21 years of age and willing to:

   (A) submit to a background assessment by Oklahoma State Bureau of Investigation (OSBI), per OAC 340:75-7-15;
(B) submit to a CW records search for past confirmations of child maltreatment involving the alternate provider, per OAC 340:75-7-15;

(C) submit to a search of Juvenile Justice Information System (JOLTS) records for any child older than 13 years of age living in the house, per OAC 340:75-7-15;

(D) engage in an evaluation of the home to assess the locale, repair, and capacity to accommodate the child in foster care;

(E) provide one reference; and

(F) comply with discipline policy, per OAC 340:75-7-38, and confidentiality policy, per OAC 340:75-1-42.

(9) Insurance for foster homes. Liability insurance is provided for foster families for damages incurred by children in OKDHS custody.

(10) Foster care associations. OKDHS cooperates with and promotes the development of foster care associations for foster parents in each county. OKDHS provides names and addresses of foster families, who have provided written authorization for the release of this information, to persons who are developing a local foster care association.

(11) Foster parent hotline. The foster parent hotline, 1-800-376-9729, is maintained by the CW foster parent liaison in the Office of Information and Referral. The foster parent liaison assists with problem resolution, policy clarification, and grievance information.

(12) Foster parents' rights. Foster parents' rights are found in Section 7206.1 of Title 10 of the Oklahoma Statutes. Information shared among CW staff, foster parents, and parents includes, but is not limited to:

(A) the child's legal status;

(B) upcoming court hearings;

(C) reason for foster care placement;

(D) the child's and parent(s)' prior and present living experiences; and

(E) the child's medical, psychological, and behavioral information, current
photographs, and educational records.

(13) **Foster care grievance procedures.** Foster parents and children in foster care have access to OKDHS grievance procedures through the Office of Client Advocacy, per OAC 340:2-3.

(14) **Timely response to questions or needs.** OKDHS staff commits to responding to foster families' questions and inquiries within one working day. The resource specialist is the key person to provide necessary information to the foster family.

(15) **Information relevant to fostering.** Pre-service and in-service training is provided to enhance the foster family's skills, ability to foster, and interests. A quarterly newsletter is sent to all foster families informing of OKDHS, related issues, and articles with relevant information.

**INSTRUCTIONS TO STAFF**

1. Foster parent with a significant disability. Medical documentation from the primary physician regarding the foster parent's disability is required and documented in the child's KIDS case and resource record. The Child Welfare (CW) worker and supervisor evaluate the need for child care every six months and document the need in the child's KIDS case and resource record.

2. Approval process for child care. When the foster parent contacts the resource specialist to request child care:

   (1) the resource specialist notifies the child's CW worker of the need for child care and provides information about local resources; and

   (2) the child's CW worker:

      (A) assesses the child to determine whether the child's needs can be met in a child care setting;

      (B) refers to the Child Care and Child Care EBTU How To's in KIDS/Help/How To's;

      (C) enters the request for child care in KIDS Child Care screens within 48 hours of the request, no exceptions allowed;

      (D) prints rights and responsibilities listed on Form K-2, Application for
Child Care Services, from the child's KIDS Child Care screen, reviews with the foster family, and secures the foster parent's signature; and

(E) files Form K-2 in the resource record.

3. Child care in a one star center.

(1) The child's CW worker documents in KIDS Child Care screen and the CW supervisor approves the child care request when there are no one star plus, two, or three star centers in the community.

(2) The exceptions for child care, per OAC 340:75-7-65, are documented by the child's CW worker and approved by the CW supervisor in KIDS Child Care screen.

(3) Exceptions may be granted on a case-by-case basis by the CW supervisor. Prior to granting an exception, the procedures in this paragraph are completed.

(A) The child's CW worker:

(i) provides the foster parent a list of all contracted one star plus, two star, and three star centers and all contracted child care homes that meet the foster parent's search criteria;

(ii) uses Child Care Locator, available on the Infonet under OKDHS Tools, to generate this list;

(iii) prints a list of all military base or out-of-state contracted providers bordering the county, if applicable, from Outlook Public Folder/All Public Folders/STO.Child Care/Subsidy/Out of State/Military folder; and

(iv) instructs the foster parent to contact all providers on the Child Care Locator list to see if care is available during the hours needed.

(B) The foster parent notes on the list why care is not available at any of these locations or why they did not meet the foster parent's needs.

(C) The CW supervisor:
(i) reviews the foster parent’s notes, if the foster parent does not find
a provider from those on the list, to determine whether to grant an
exception; and

(ii) documents in KIDS Child Care screen whether an exception was
granted and the reasons.

(4) Exceptions may be granted when none of the providers on the foster
parent’s list:

(A) has an opening during the times care is needed. For example, the
foster parent works during the evening or overnight and no one else
provides care during those hours;

(B) is willing to meet the special needs of the child. For example, the
provider is unable to meet the needs of a child with disabilities or
provide transportation to and from the child's school; or

(C) is within a reasonable distance from the foster parent’s home.

(5) If the CW supervisor agrees that an exception is warranted per OAC
340:75-7-65 Instructions to Staff 3(4), the child's CW worker gives the foster
parent a list of one star center providers. If the foster parent finds a one
star center that meets the foster family’s needs, payment may be approved
for child care at that facility.

4. Therapeutic child care.

(1) The child's CW worker requests approval for therapeutic child care on a
case-by-case basis when:

(A) a letter from a mental health professional provider documents the:

(i) goal for the child;

(ii) therapy needed to reach the goal; and

(iii) expected time frame for this treatment; and

(B) the child's CW worker staffs the case with the CW supervisor and
resource specialist, and all agree that therapeutic child care is required.
(2) The child's CW worker provides a memo to Children and Family Services Division Administrative Services Unit (ASU), along with the letter from the mental health professional. The memo includes the:

(A) name of the child requiring the service and case name;

(B) name of the child care facility;

(C) number of hours to be used per day;

(D) number of days to be used per week;

(E) name of the mental health professional recommending therapeutic child care;

(F) name of the foster parent; and

(G) reason for therapeutic child care.

(3) Upon determination, ASU sends a memo notifying the child's CW worker of the approval, with specific instructions regarding payment of services.

(4) The child's CW worker documents all circumstances and actions in KIDS Contacts screen. No service line is entered in KIDS Child Care screen.

5. Repayment of child care services. Oklahoma Department of Human Services (OKDHS) seeks repayment for any child care paid in error. The child's CW worker writes a memo to Finance Division that includes:

(1) the child's case name and number;

(2) the name and date of birth of the child who received care;

(3) a short summary of the circumstances that led to the potential overpayment, including the original and new family share co-payment amounts, if applicable;

(4) the time period covered by the overpayment; and
(5) whether the overpayment was caused by agency, client, or provider error, per OAC 340:40-15-1 and 340:75-1-27.

6. Babysitting. The CW worker and the foster parent discuss in-depth the situation before a person, particularly a teen, baby-sits a child in OKDHS custody. The discussion helps assess the appropriateness of the person assuming responsibility for the child and ensures that the child's needs and well-being are considered.

7. Alternate care. When the foster parent requests alternate care for the child, the resource specialist:

   (1) makes personal contact with the alternate provider to determine the person's ability and willingness to provide temporary short-term care.

   (A) The resource specialist identifies the alternate provider at the time of initial assessment to facilitate future placement if a need is identified.

   (B) The person recommended to provide temporary care, such as a relative or close friend, must be at least 21 years of age;

   (2) completes the Oklahoma State Bureau of Investigation (OSBI) name search, Department of Public Safety check, Sex Offenders Registry check, OKDHS records review, including CW records, and Juvenile Justice Information System (JOLTS) of all children older than 13 in the home. The results are documented on Form DCFS-109, Records Check, and filed in the resource record;

   (3) completes Form DCFS-11, House Assessment, and obtains sufficient information, including a recommendation from one reference for the provider;

   (4) makes a decision to approve or disapprove the alternate provider after assessing the information obtained; and

   (5) informs the foster parent of the decision and records all related information in KIDS Resource Contacts screen and the resource paper record.

8. Foster care associations. The foster parent's written permission is filed in the resource paper record and documented in KIDS Resource Contacts screen.
SUBCHAPTER 8. THERAPEUTIC FOSTER CARE AND DEVELOPMENTAL DISABILITIES SERVICES

PART 1. THERAPEUTIC FOSTER CARE

Section
340:75-8-1. Purpose, legal base, and definitions
340:75-8-2. Legal base and authority [REVOKED]
340:75-8-3. Definitions [REVOKED]
340:75-8-4. Contract procedures for therapeutic foster care [REVOKED]
340:75-8-5. Definition of therapeutic foster care [REVOKED]
340:75-8-6. General requirements for contracted therapeutic foster care placement providers
340:75-8-7. Contracted therapeutic foster care services
340:75-8-8. Therapeutic foster care contractor requirements
340:75-8-9. Placement procedures in therapeutic foster care homes
340:75-8-10. TFC placement in close proximity to child's home community
340:75-8-11. Therapeutic foster care placement stability
340:75-8-12. Responsibilities of area resource coordinators
340:75-8-14. Responsibilities of the contract liaison

PART 3. DDSD SERVICES FOR CUSTODY CHILDREN

340:75-8-35. Purpose
340:75-8-36. Identification, application, and needs assessment
340:75-8-37. Role and responsibilities of Child Welfare worker for a child receiving Home and Community-Based Waiver Services
340:75-8-38. Role and responsibilities of DDSD case manager for a child receiving Home and Community-Based Waiver Services
340:75-8-39. Shared roles and responsibilities of Child Welfare workers and DDSD staff for a child receiving Home and Community-Based Waiver Services
340:75-8-40. Accessing DDSD services for a child with a developmental disability
PART 1. THERAPEUTIC FOSTER CARE

340:75-8-1. Purpose, legal base, and definitions

(a) Purpose. Therapeutic foster care (TFC) serves children, three through 18 years of age, in Oklahoma Department of Human Services (OKDHS) custody who:

(1) respond to close relationships within a family setting;

(2) require more intensive behavioral health services than available in traditional foster family settings; and

(3) do not require 24-hour awake supervision.

(b) Legal base.

(1) Section 7004-1.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7004-1.1) mandates that OKDHS review and assess each child in OKDHS custody to determine the type of placement consistent with the child's treatment needs in the nearest geographical proximity to the child's home.

(2) 10 O.S. § 7004-2.1 mandates that OKDHS develop and implement a diversity of community-based residential care, as needed, to provide for adequate and appropriate community-based treatment or rehabilitation of each child in a:

(A) foster home;

(B) group home;

(C) community residential center; or

(D) non-secure facility consistent with the child's individualized treatment needs and, when possible, in or near the child's home community.

(c) Definitions. The following words and terms, when used in Part 1 of this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

(1) "Oklahoma Health Care Authority (OHCA)" means the entity designated for administering Title XIX Medicaid reimbursement and responsible for the establishment of medical necessity criteria for children receiving TFC services.
(2) "Oklahoma Foundation for Medical Quality" means the agency under contract with OHCA responsible for prior authorization for:
   (A) the admission and extension of Medicaid or Title XIX reimbursed inpatient psychiatric treatment and TFC services; and
   (B) Medicaid or Title XIX reimbursed outpatient behavioral healthcare services.

(3) "Therapeutic foster care (TFC)" means residential behavioral management services provided in a specialized foster care setting for a child who:
   (A) meets medical necessity criteria, per OAC 317:30-5-741;
   (B) has special psychological, behavioral, social, and emotional needs;
   (C) accepts and responds to close relationships within a family setting; and
   (D) requires more intensive or therapeutic services than are found in traditional foster care.

(4) "TFC contractor" means a licensed child care agency that meets OKDHS and OHCA requirements to provide residential behavioral management services in a foster care setting. A TFC contract agency:
   (A) provides direct clinical treatment services to the child placed; and
   (B) recruits, trains, certifies, reimburses, and provides supportive services to the TFC foster parent.
340:75-8-39. Shared roles and responsibilities of Child Welfare workers and DDSD staff for a child receiving Home and Community-Based Waiver Services

(a) Child Welfare (CW) and Developmental Disabilities Services Division (DDSD) staff work together in identifying and developing the best long-term plan for a child in Oklahoma Department of Human Services (OKDHS) custody who has mental retardation. Permanency planning begins immediately after a child enters OKDHS custody, per OAC 340:75-6-31, and continues until the child returns home or an appropriate permanent plan is achieved. 1

(b) When a child in OKDHS custody reaches age 16, the CW worker and DDSD case manager review the permanency plan for transition to adulthood and complete a guardianship assessment in accordance with OAC 340:100-3-1. If guardianship is determined appropriate for a child who is transitioning from OKDHS custody to independence, the CW worker coordinates with DDSD to identify and establish a guardianship relationship for the child. 1

INSTRUCTIONS TO STAFF

1. Initiation of guardianship identification.

   (1) By the child’s 16th birthday or if the child is age 16 or older when placed in Oklahoma Department of Human Services (OKDHS) custody, the Child Welfare (CW) worker and Developmental Disabilities Services Division (DDSD) staff work together to evaluate the need for guardianship.

   (2) The guardianship assessment is scheduled during the team meeting closest to the child’s 16th birthday.

   (3) The DDSD case manager, DDSD area guardianship coordinator (GC), CW worker, CW supervisor, and any placement and service providers most familiar with the child attend the team meeting that initiates the guardianship assessment process. The GC chairs this meeting.

   (4) The CW county of jurisdiction worker:

       (A) assists the DDSD case manager in compiling a list of interested parties for notification of the guardianship assessment;
(B) provides the DDSD case manager with contact information, such as addresses and phone numbers of interested parties, and any concerns of any person who may be willing to serve as a guardian;

(C) completes monthly reviews of the status of guardian identification; and

(D) requests assistance from the Children and Family Services Division (CFSD) liaison to DDSD if a guardian has not been identified by the child’s 17th birthday.

(5) If the CW worker, DDSD case manager, and CFSD liaison to DDSD are unable to identify a potential guardian for a child who receives DDSD Home and Community-Based Waiver Services, the DDSD case manager notifies the DDSD area GC who makes a referral to the contracted agency that recruits and trains volunteer guardians for DDSD.

(6) When a person is identified to serve as guardian, the CW worker and DDSD case manager assist the person and child to build a relationship, if one does not already exist.

(7) The CW worker, DDSD area GC, and, when applicable, DDSD volunteer recruiter, assist the potential guardian to petition for guardianship 30 days prior to the child’s 18th birthday in preparation for a hearing on or immediately following the child’s 18th birthday. Guardianship is generally not established prior to age 18.

(8) The CW county of jurisdiction worker and DDSD case manager request, when possible, that the guardianship hearing be scheduled on the same day as the CW hearing ending OKDHS custody.
340:75-10-17. Resident grievances in DHS operated shelters

The Department of Human Services has a complaint resolution process designed to ensure fair consideration of complaints made by or on behalf of children in the custody of DHS. This grievance process may be utilized by shelter residents. When a child is admitted to the shelter, the shelter social worker conducting the intake informs the child of this grievance system. If a child files a grievance while in shelter, resolution protocol is followed as stated in OAC 340:2-3-14.

INSTRUCTIONS TO STAFF

1. During the admission process, the shelter social worker, utilizing Form OCA-GR-2, Notice of Grievance Rights – Minors in OKHDS Custody, explains the grievance system for residents to the child being admitted. The form is signed by the child. If the child is unable to sign the form, the shelter social worker signs on behalf of the child.
SUBCHAPTER 13. OTHER CHILD WELFARE SERVICES AND MEDICAL SERVICES FOR CHILDREN IN OUT-OF-HOME CARE

PART 1. ELIGIBILITY FOR SUBSTITUTE CARE SERVICES AND CLAIMS FOR PAYMENT

340:75-13-1. Substitute care payments [REVOKED]
340:75-13-2. Child Welfare funds (Title IV-B) [REVOKED]
340:75-13-3. Initial eligibility for AFDC foster care funds [REVOKED]
340:75-13-4. Eligibility factors [REVOKED]
340:75-13-5. Continued eligibility for AFDC foster care funds [REVOKED]
340:75-13-6. Eligibility for AFDC upon return to own home [REVOKED]
340:75-13-7. Allowance claims
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340:75-13-10. Social Security number

PART 2. TITLE IV-E ELIGIBILITY AND REIMBURSABILITY

340:75-13-11. Title IV-E of the Social Security Act
340:75-13-12. IV-E applications
340:75-13-13. IV-E eligibility criteria
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340:75-13-16. IV-E reimbursability
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340:75-13-19. IV-E adoption assistance
340:75-13-20. Youth in the custody of OJA [REVOKED]
340:75-13-21. Children in the custody of an Indian tribe
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PART 3. INCOME AND RESOURCES OF THE CHILD

340:75-13-25. Exploration of resources
340:75-13-27. Child support enforcement requirements [REVOKED]
340:75-13-28. Social Security Administration and Veterans Affairs benefits
340:75-13-30. Special needs trust
PART 5. CLOTHING PURCHASES

340:75-13-45. Clothing purchases for children
340:75-13-46. Special services [REVOKED]

PART 7. MEDICAL SERVICES

340:75-13-60. Scope [REVOKED]
340:75-13-61. Medical services to children in placement
340:75-13-62. Medical services to children in own home
340:75-13-63. Prior authorization and claims procedures
340:75-13-64. Sources of funding
340:75-13-65. Consent for medical services
340:75-13-66. Consent for admission/treatment [REVOKED]
340:75-13-66.1 Admission to Children's Convalescent Center [REVOKED]
340:75-13-68. Consent for DHS custody children in own or relative's homes [REVOKED]
340:75-13-71. Children's Hospital of Oklahoma (CHO) [REVOKED]
340:75-13-72. Medical care unavailable locally [REVOKED]
340:75-13-73. Specialized medical facilities (Children's Convalescent Center, O'Donoghue Rehabilitation Center) [REVOKED]
340:75-13-74. Medical identification cards
340:75-13-75. Out-of-state Medicaid coverage
340:75-13-76. Medical categories [REVOKED]
340:75-13-77. Potential payment from third party sources
340:75-13-78. Third party liability, accident, or injury
340:75-13-79. Transportation and subsistence
340:75-13-80. Referral to the custody specialist for determination of medical eligibility
340:75-13-81. Withdrawal of life support, withholding or withdrawal of hydration and nutrition, resuscitation efforts, and organ donation
340:75-13-82. Funeral expenses for children
PART 9. INDEPENDENT LIVING [REVOKED]

340:75-13-95. Independent Living Initiative [REVOKED]
340:75-13-96. Preparation for adult life/independent living initiative [REVOKED]
340:75-13-97. Administration [REVOKED]
340:75-13-98. Eligibility [REVOKED]
340:75-13-100. Services [REVOKED]
340:75-13-102. Oklahoma Children's Initiative (OCI) [REVOKED]
PART 1. ELIGIBILITY FOR SUBSTITUTE CARE SERVICES AND CLAIMS FOR PAYMENT

340:75-13-7. Allowance claims

(a) Allowance funds are transferred from the Children and Family Services Division (CFSD) operating fund to client trust accounts utilizing Form ADM-12, Claim Form, for the child in:

(1) Oklahoma Department of Human Services (OKDHS) custody; and

(2) an out-of-home placement, including Indian boarding schools, that provides a monthly allowance for the child’s use.

(b) Forms ADM-12 and F-S-17, Claim Code Slip, reflecting location code 95077 for children in unfunded group home placements, or location code 95078 for children in OKDHS operated group homes, are submitted to OKDHS Finance Division Trust Account Unit.

(c) Finance Division Trust Account Unit processes Form ADM-12 and transfers funding from CFSD operating fund to OKDHS Fund 700 Trust Account. Each month, the facility submits Forms ADM-12 and F-S-17 to the Trust Account Unit to request an allowance for children in OKDHS custody and in the facility’s care. Procedures for disbursing allowances are described in OAC 340:2-11-86.
340:75-13-8. Students at Schools for the Deaf and the Blind

Boarding home care is paid at the fixed daily rate while the child in Oklahoma Department of Human Services (OKDHS) custody is in a foster home during school holidays or weekends, except during the summer vacation when it is paid at the monthly rate.

(1) Murray County OKDHS is the liaison county for the School for the Deaf; and

(2) Muskogee County OKDHS is the liaison county for the School for the Blind.

(A) The primary Child Welfare (CW) worker is responsible for notifying Muskogee or Murray County, as appropriate, of the child’s placement and the need for assigning a secondary CW worker on the child’s KIDS case.

(B) All inquiries or replies to inquiries are sent to the appropriate county and not directly to the respective school.
340:75-13-10. Social Security number

Form SS-5, Application for Social Security Number, is completed and submitted to the local Social Security Administration office by the Child Welfare worker for the child in the legal custody of Oklahoma Department of Human Services in out-of-home care who does not have a Social Security number (SSN) or whose SSN cannot be obtained from family resources. 1 A SSN is required by federal regulations for anyone applying for Medicaid coverage.

INSTRUCTIONS TO STAFF

1. (a) Application for child's Social Security card. To request an original Social Security card from Social Security Administration (SSA) for a child in Oklahoma Department of Human Services (OKDHS) custody and out-of-home placement, the Child Welfare (CW) worker takes completed Form SS-5, Application for Social Security Number, to the local Social Security office along with:

   (1) child's full-certified birth certificate;

   (2) child's other form of identification, such as a court document showing the child in OKDHS custody with the child's first and last name and date of or place of birth or parent(s)' name on the document; and

   (3) applicant's identification. CW staff presents his or her OKDHS identification badge. The signature on Form SS-5 must match the name of the person presenting his or her OKDHS identification.

(b) Replacement of child's Social Security card. To request replacement of a Social Security card from SSA for a child in OKDHS custody and out-of-home placement, the CW worker takes completed Form SS-5 to the local Social Security office along with:

   (1) child's identification, such as child's full-certified birth certificate or a court document showing the child in OKDHS custody with the child's first and last name and date of or place of birth or parent(s)' name on the document; and

   (2) applicant's identification. CW staff presents his or her OKDHS identification badge. The signature on Form SS-5 must match the name of the person presenting his or her OKDHS identification.
(c) Child's SSN provided to custody specialist when applying for Medicaid.

(1) CW staff provides:

(A) child's Social Security number (SSN), if available, or Form SS-5 to the assigned custody specialist when applying for Medicaid; and

(B) copy of Form VS 151, Application for Search and Certified Copy of Birth Certificate, to the assigned custody specialist at the time of initial referral when used to assist in obtaining the child's SSN.

(2) The original SSN card is maintained in the child's CW case record until the child leaves his or her out-of-home placement. Upon the child's exit, the card is given to the child or child's caregiver.
If a minor parent is determined Title IV-E (IV-E) eligible, the cost of the minor parent's child living in the same placement may be reimbursed through IV-E. The cost of the minor parent and child is reimbursed through one payment monthly to the foster parent. If the child is removed from the minor parent's custody and placed in another foster home, the child may be determined IV-E eligible if all eligibility criteria are met.

(a) **Legal basis.** Federal regulations require Oklahoma Department of Human Services (OKDHS) to pursue child support payments on Title IV-E foster care cases where federal funding is involved. Section 454 of Title IV-D of the Social Security Act requires a referral to the state's child support enforcement agency for child support services. Section 7003-8.8 of Title 10 of the Oklahoma Statutes (10 O.S. § 7003-8.8) requires the court to address paternity and child support issues for every child who is alleged or adjudicated deprived. OKDHS Child Support Enforcement Division (CSED) carries out the provisions of these regulations based on information provided by Child Welfare (CW) staff. Benefits to the child include:

1. locating an absent parent(s);
2. establishing paternity;
3. obtaining previously unavailable child support; and
4. exploring, on behalf of the child, eligibility for benefits through:
   - Social Security Administration;
   - Veterans Affairs; or
   - other government programs.

(b) **Use of child support monies.** Support monies collected while the child is in OKDHS custody and out-of-home placement are used to reimburse:

1. the federal government for Title IV-E expenditures; and
2. OKDHS for monies expended to meet the child's needs.

(c) **Paternity.** Within six months after the deprived petition is filed, CW staff recommend that the court either:

1. establish paternity; or
2. defer the issue of paternity to the appropriate administrative or district court.

(d) **Child support orders.** After paternity is established, CW staff recommend that the court address the issue of current child support. Child support must be ordered in a
deprived action, per 10 O.S. § 7003-8.8. Within six months after the deprived petition is filed, the court must either:

1. address the issue of child support; or
2. defer the issue of establishment and enforcement of child support to the appropriate administrative or district court. CSED proceeds with the establishment and enforcement of child support orders for any case deferred in this manner.

(A) Each parent must be individually ordered to pay his or her percentage of the total monthly child support obligation, including parents who reside together.  

(B) 43 O.S. § 118 and 119 require the court to follow child support guidelines in determining each parent’s support obligation.

(C) Deviation from the child support guidelines is permitted when it is determined necessary in order for the parent to meet the obligations of an individual treatment and service plan or for other reasons the court deems appropriate. If the court deviates from the amount of support indicated by the guidelines, specific findings of fact supporting such action are required to be documented in the child support computation form.

(D) The child support order must:

   (i) be filed on a standard child support order form, as prescribed by CSED;
   (ii) be filed as a separate document from the individual treatment and service plan or court minute and is therefore not confidential;
   (iii) be provided by the court clerk, upon request, to a representative of CSED, without a court order;
   (iv) direct the parent to provide medical insurance when the parent has insurance available through employment or other group plan, regardless whether insurance is available at the time the order is entered;
   (v) include an immediate income assignment provision pursuant to 43 O.S. § 115; and
   (vi) include, as an attachment, a child support computation form signed by the judge, per 43 O.S. § 120.
(E) The duty to pay child support continues after parental rights are terminated and until the child is adopted pursuant to 10 O.S. § 7503-2.3. Parents may be obligated to pay child support arrears even after adoption.

(F) After a deprived action is dismissed, the most recent child support order entered in the deprived action must remain in full force and effect, unless the judge presiding over the deprived action orders otherwise.

(G) All child support payments must be paid, per 43 O.S. § 413, through the Oklahoma Centralized Support Registry, P.O. Box 268849, Oklahoma City, OK 73126-8849.

(H) The CW worker verifies each parent's compliance with his or her child support obligation.

INSTRUCTIONS TO STAFF

1. Child support establishment. In many cases, Child Support Enforcement Division (CSED) has established or recorded child support order information in the Oklahoma Support Information System (OSIS) prior to Child Welfare (CW) involvement. In order to ensure the CW case record accurately reflects all available Oklahoma Department of Human Services (OKDHS) records regarding the child's parent(s), including child support orders and payments, the CW worker:

   (1) views CSED Information and Referral Inquiry (CIRI), CSED Address Inquiry (ASA, ADI), CSED Case Log Inquiry (CSLOGI), CSED Child Support Member List (CSML), and CSED Child Support Receipt Inquiry (CFRR) on the OSIS screens no later than 30 days after the child's removal from the home in order to determine:

      (A) the absent parent(s)' name, address, and other identifying information;

      (B) employer name, address, and income information;

      (C) child support court order information; and

      (D) whether paternity has been legally established for the child in OKDHS custody;

   (2) if CSED has no records of a child support order:
(A) searches for a decree of divorce or dissolution of marriage or other court order of child support on the Oklahoma States Court Network (OSCN) at http://www.oscn.net/applications/oscn/start.asp?ViewType=DOCKETS;

(B) obtains a copy of the child support order; and

(C) presents the child support order to the court at the earliest hearing possible but no later than the dispositional hearing;

(3) contacts the CSE district office no later than 30 days after the child's removal from the home in order to obtain copies of any court orders regarding paternity or child support that are in the CSE district office's possession for any child in OKDHS custody. Copies of Form CSED-209, Affidavit Acknowledging Paternity, may be obtained from CSED State Office;

(4) if neither CSED or OSCN has a record of a child support order for the absent parent(s):

   (A) prepares a child support order and a child support computation form; or

   (B) contacts the CSE district office to request assistance in preparing the order and computation form;

(5) includes the amount of the child support obligation on Form CWS-KIDS-24, Individualized Service Plan (ISP);

(6) attaches a copy of the order and computation form, if applicable, to Form CWS-KIDS-25-A, Individualized Service Plan (ISP) Dispositional Report;

(7) presents the child support order and the computation form to the assistant district attorney and, when appropriate, to the court;

(8) sends a copy of the child support order and the computation form to the CSED district office in the county of jurisdiction no later than 15 working days following receipt of the order; and

(9) sends a copy of Form DCYFS-CWS-8A, Change in Placement
Notification, to the CSED office in the county of jurisdiction whenever the child's placement changes.

2. Child support payment. In order to ensure payments are sent to the appropriate location, the CW worker:

   (1) includes the address of the Oklahoma Centralized Support Registry (OCSR) on Form CWS-KIDS-24; and

   (2) instructs the parent to send the payment to OCSR only.

3. Verification of child support payment. In order to verify each parent's compliance with his or her child support obligation, the CW worker:

   (1) searches for the client's case number in the Information Management System (IMS);

   (2) uses the case number found in IMS and searches CSED OSIS for child support payment information;

   (3) includes child support payment information found on CSED CFRR OSIS screen on Form CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report; and

   (4) if unable to find child support payment information on CSED OSIS, contacts the CSE district office for payment history.

4. Establishing paternity. If paternity has not been established for a child through CSED or court order, genetic testing may be done.

   (1) The CW worker:

      (A) completes Form DCFS-134, LabCorp Scheduling Request; and

      (B) submits the form to the contracted vendor.

   (2) The contracted vendor:

      (A) schedules the appointment for the person requiring the test; and

      (B) notifies the person to be tested of the appointment date, time, and
place.

(3) Results of the test are sent to the CW worker at the county address.

(4) The contracted vendor invoices Children and Family Services Division Administrative Services Unit for payment.
340:75-13-28. Social Security Administration and Veterans Affairs benefits

When a child who receives or may be eligible to receive Social Security Administration (SSA) or Veterans Affairs (VA) benefits is placed in Oklahoma Department of Human Services (OKDHS) custody and out-of-home placement, Children and Family Services Division (CFSD) Administrative Services Unit (ASU) applies to become payee for these benefits. SSA benefits are based on the wage earner's work record and are paid due to the death, retirement, or disability of the wage earner. Entitlement to VA benefits may be due to a service connected or nonservice connected military record of the deceased or disabled parent(s).

(1) To ensure the application for and transfer of SSA or VA benefits, the:

(A) Child Welfare (CW) worker, within ten working days after the child's placement or when potential eligibility is recognized, completes and submits to ASU Form DCFS-119, Report of Social Security and Veterans Benefits for Children in Out-of-Home Placement, requesting an initial eligibility determination;

(B) assigned custody specialist, within ten working days after the child's placement, completes and submits to ASU Form DCFS-119, requesting the payee be changed to OKDHS; and

(C) CW worker, within ten working days, notifies ASU via e-mail when the:
 
(i) child's placement type changes; or

(ii) child is released from OKDHS custody or out-of-home placement. ■ 1

(2) The youth who remains in school beyond age 18 to complete his or her high school education remains eligible for SSA and VA benefit payments. The CW worker:

(A) submits Form SSA-1372, Student Statement Regarding School Attendance, to SSA when SSA is the source of the benefits; or

(B) if the youth does not wish to make the benefit payments available to OKDHS to defray the cost of care, explores with the youth alternatives to OKDHS paid care that are consistent with the goals of self-support and self-sufficiency.

(3) The OKDHS contracted placement provider does not receive the full amount of foster care reimbursement and any other income the child may receive.
(A) The foster care payment is reduced by any other money the contractor receives for the child.

(B) If the amount of income received for the child is greater than the foster care reimbursement, the contractor may request to receive such monies in lieu of foster home payment from CFSD Foster Care Section.

INSTRUCTIONS TO STAFF

1. VA and SSA benefits. Children and Family Services Division Administrative Services Unit (ASU) is notified by the:

   (1) Child Welfare (CW) worker when requesting an initial eligibility determination for the child's Veterans Affairs (VA) or Social Security Administration (SSA) benefits via Form DCFS-119, Report of Social Security and Veterans Benefits for Children in Out-of-Home Placement, along with copies of the child's:

       (A) full-certified birth certificate;

       (B) legal document showing the date the child was placed in Oklahoma Department of Human Services (OKDHS) custody; and

       (C) Form CWS-KIDS-18, Placement History; and

   (2) assigned custody specialist when requesting a change of payee for VA or SSA benefits via Form DCFS-119, along with a copy of the legal document showing the date the child was placed in OKDHS custody.

(a) Supplemental Security Income (SSI) is a federal program for which recipients must qualify based on disability criteria, household income, and resource criteria designated by the Social Security Administration (SSA). To remain eligible for SSI, recipients may not accrue more than the maximum allowed by SSA. Some children in the legal custody of Oklahoma Department of Human Services (OKDHS) receive or may be eligible to receive SSI benefits on the basis of physical, mental, or emotional criteria.

(1) Applications are made for these children by Children and Family Services Division Administrative Services Unit (ASU) when the child:

   (A) is in OKDHS custody and out-of-home placement; and

   (B) appears eligible for SSI based on disability. ■ 1

(2) To ensure the application for and transfer of benefits, the:

   (A) CW worker completes, within ten working days after the child's placement or as soon as the child's disabling condition is identified, and submits to ASU Form DCFS-119, Report of Social Security and Veterans Benefits for Children in Out-of-Home Placement, requesting an initial eligibility determination;

   (B) custody specialist completes, within ten working days after the child's placement, and submits to ASU Form DCFS-119, requesting the payee be changed to OKDHS; and ■ 2

   (C) CW worker, within ten working days, e-mails ASU when the child's placement type changes or the child is released from OKDHS custody or out-of-home placement.

(3) The OKDHS contracted placement provider does not receive the full amount of foster care reimbursement and any other income the child may receive.

   (A) The foster care payment is reduced by any other money the contractor receives for the child.

   (B) If the amount of income received for the child is greater than the foster care reimbursement, the contractor may request to receive such monies in lieu of foster home payment from CFSD Foster Care Section.

(4) The child who is an SSI recipient remains eligible for SSI if the child's income,
resources, and disability continue to meet SSI program eligibility criteria.

(A) OKDHS receives the child's benefits until the child leaves OKDHS out-of-home placement. ■ 3

(B) ASU monitors each child's accrued funds and notifies the CW worker when the limit is approached to give specific instructions regarding the spenddown of that child's money. Purchases made with the child's accrued benefits must be items that benefit the child and are specifically for that child. These items must follow the child to all subsequent placements. ■ 4

(b) Section 1615 of the Social Security Act provides for the referral by SSA of SSI recipients younger than 18 years of age to a designated state agency for provision of services to improve the child's disability. The Omnibus Reconciliation Act of 1981, Public Law 97-35, authorizes Oklahoma to operate a program for these children as a component of the Maternal and Child Health Block Grant. OKDHS is designated to administer this program in Oklahoma.

(1) The purpose of SSI-Disabled Children's Program (DCP) is to ensure that all available services and resources are used, as necessary, to assist each eligible child to become a self-sustaining and self-supporting adult.

(2) The Department of Rehabilitation Services Disability Determination Unit determines SSI eligibility for SSA and refers every SSI recipient, younger than 18 years of age, to Family Support Services Division Health Related and Medical Services to maintain a control on all referrals.

INSTRUCTIONS TO STAFF

1. SSI benefits. For an initial Supplemental Security Income (SSI) application, the Child Welfare (CW) worker completes and submits Form DCFS-119, Report of Social Security and Veterans Benefits for Children in Out-of-Home Placement, to Children and Family Services Division (CFSD) Administrative Services Unit (ASU) within ten working days from the date the child's disabling condition is identified. The child's information that must accompany Form DCFS-119 for the initial determination of SSI includes:

(1) a full-certified copy of the birth certificate;

(2) the legal document showing the custody date;

(3) medical information, psychological information, or both, stating the
diagnosis and prognosis dated within the last 12 months;

(4) names, addresses, and phone numbers of all medical and psychological resources; and

(5) Form CWS-KIDS-18, Placement History.

2. Change of payee. For a change of payee for existing benefits, the assigned custody specialist, within ten working days from the child entering Oklahoma Department of Human Services (OKDHS) custody and out-of-home placement:

   (1) completes Form DCFS-119;

   (2) attaches the legal document showing the child's date of custody and Form CWS-KIDS-18; and

   (3) submits to ASU.

3. Notification of custody or placement change. When a change occurs in the type of placement for a child or OKDHS is relieved of the child's care or custody, the CW worker e-mails ASU within ten working days of the change.

4. Spenddown request. To remain eligible for SSI, the child may not accrue more than $2,000. In order to expend the child's accrued funds, a spenddown request is submitted to the assigned CFSD ASU Social Security specialist.

   (1) The CW worker:

      (A) e-mails a spenddown request to the assigned ASU Social Security specialist outlining the items for purchase that the child wants or needs, including, but not limited to the:

      (i) approximate price of each item;

      (ii) child's full name;

      (iii) placement provider's name and mailing address; and

      (iv) name and address of the store where the items will be purchased. An e-mail reply is sent in return indicating approval or denial of the request;
(B) attaches to a copy of the spenddown approval e-mail the:

(i) receipt for items purchased;

(ii) voided receipt;

(iii) store invoice; or

(iv) layaway receipt specifying the items and total cost, including any tax or delivery charge;

(C) faxes the documents to the assigned ASU Social Security specialist;

(D) completes Form ADM-135, Vendor Information, posted on the OKDHS InfoNet under Contracts & Purchasing forms, at the request of CFSD, if the vendor is not listed in the Office of State Finance database. Form ADM-135 is faxed to the assigned ASU Social Security specialist; and

(E) once the purchase is made, faxes the final receipt to the assigned ASU Social Security specialist.

(2) Upon completion and submission of the paperwork for payment, a check is sent to the placement provider for the amount of the spenddown, regardless whether the check is made out to the placement provider or the store where the items were purchased. The check amount includes any down payment required for layaway of the items. Finance Division does not send a check to a county OKDHS office.
PART 5. CLOTHING PURCHASES

340:75-13-45. Clothing purchases for children

(a) Clothing accompanies child. The Child Welfare (CW) worker obtains the child's clothing, and any other items that have personal meaning to the child, from the parent(s) at the time of initial placement in out-of-home care. Clothing purchased for or accompanying the child belongs to that child. The CW worker and placement provider ensure the clothing accompanies the child if the child moves from one placement to another.

(b) Clothing purchase authorization amounts. The amounts designated as clothing authorizations are set out in Oklahoma Department of Human Services (OKDHS) Appendix C-20, Children and Family Services Division Rates Schedule, as amended from time to time, as approved by the Oklahoma Commission for Human Services.

(1) One time startup authorization. A one time startup authorization is issued for a child at initial placement into:

(i) foster family care;
(ii) paid and non-paid kinship care;
(iii) therapeutic foster care (TFC); and
(iv) emergency foster care (EFC) after the child has been in care 30 days.

(B) Another one time startup authorization may be issued when OKDHS subsequently obtains custody of the child and the child reenters any of the placements listed in OAC 340:75-13-45(1)(A).

(2) Emergency clothing authorizations. Authorized staff in each county may provide emergency clothing authorizations not more than four times in any twelve-month period. An emergency clothing authorization may not be issued within 90 days of the issuance of a one time startup authorization or a previous emergency clothing authorization.

(A) The child's CW worker requests an emergency clothing authorization four times a year for a child placed in a:

(i) non-paid kinship home;
(ii) non-funded group home;

(iii) Developmental Disabilities Services Division (DDSD) and CW grand-staffed placement, such as therapeutic community home, home with daily living supports, and agency companion home; or

(iv) psychiatric facility, such as acute or residential treatment center (RTC), in-state or out-of-state.

(B) Emergency authorizations may be provided for a child:

(i) initially placed into voluntary foster care, excluding voluntary care after the age of 18;

(ii) residing in youth services shelters without adequate clothing;

(iii) residing in OKDHS operated shelters in need of special sizes or articles of clothing not available in bulk purchase stock;

(iv) who lost clothing as a result of being absent without leave (AWOL) or a disaster, such as fire, flood, and similar natural disasters;

(v) placed into a new foster home who has been in continuous custody without sufficient clothing provided by the previous placement provider;

(vi) leaving out-of-home care for independent living status;

(vii) returning from placement through Interstate Compact on the Placement of Children (ICPC), without sufficient clothing, into out-of-home placement;

(viii) placed for adoption without sufficient clothing. This does not include a child who is in a foster home where the foster parent is adopting the child;

(ix) who, due to special size or hard-to-fit clothing needs, requires additional clothing purchases;

(x) residing in an OKDHS operated group home, and, if applicable, her child; and

(xii) placed directly from inpatient psychiatric care into a DDSD home prior to the availability of Supplemental Security Income (SSI) benefits.

(3) Clothing authorization process. The designated staff at the local OKDHS
office processes clothing authorizations through the AS400 Finance Division system. The authorization is provided to the placement provider who purchases the clothing through a vendor who accepts OKDHS authorizations. The vendor submits the authorization to OKDHS for payment.

(4) **Clothing.**

(A) The foster parent is responsible for providing adequate clothing for the child based on the child's needs, such as a minimum of a week's worth of clothing that is appropriate for the season and well-fitting. The foster parent maintains an inventory of clothing utilizing Form DCFS-118, Clothing Inventory. After the one time startup authorization, the clothing allowance is included in the monthly foster care reimbursement for a child who is in OKDHS custody and placed in a:

(i) foster family home;

(ii) paid kinship home; or

(iii) specialized community home.

(B) Clothing is made available to a child while placed in EFC per the OKDHS contract and the clothing remains with the EFC agency.

(C) The clothing allowance is included in the daily reimbursement rates per the OKDHS contract for:

(i) TFC; and

(ii) funded OKDHS group homes and maternity homes.

(D) Clothing is purchased with SSI or Social Security Administration (SSA) benefits for a child who is in OKDHS custody and placed in a DDSD foster home or non-paid kinship home.

(5) **ICPC placements.** The clothing allowances for a child in OKDHS custody placed in foster care out-of-state through ICPC are:

(A) included in the receiving state's monthly reimbursement; or

(B) reimbursed by OKDHS when not included in the receiving state's monthly reimbursement. The foster parent may spend the equivalent of the monthly allowance, per OKDHS Appendix C-20. The foster parent obtains store receipts with the store's name and address that clearly identifies the items purchased.
The foster parent sends the receipts to Children and Family Services Division Administrative Services Unit, P.O. Box 25352, Oklahoma City, OK 73125. Finance Division issues a warrant to the foster parent.

(6) **Allowable clothing purchases.** Allowable purchases must meet the child's needs and include:

(A) clothing;
(B) shoes; and
(C) disposable diapers.

(7) **Disallowable clothing purchases.** The items not appropriate to purchase with clothing authorizations are any non-clothing item, such as:

(A) hair accessories;
(B) jewelry;
(C) cosmetics or personal grooming supplies;
(D) athletic equipment;
(E) any food item;
(F) haircuts;
(G) toys;
(H) school supplies; and
(I) non-prescription medication or supplies.

**INSTRUCTIONS TO STAFF**

1. **Insufficient clothing.** If a child moves from one foster family home to another without sufficient clothing, the Child Welfare (CW) worker completes Form DCFS-117, Report of Violation of Rules in an OKDHS Resource Home, and forwards the form to the assigned resource specialist.

2. **Authorization and authorization monitoring.** One time startup and emergency
authorizations are closely monitored in each Field Operations Division (FOD) services area by designated staff.

(1) When the child is placed outside of the county of jurisdiction, the CW county of jurisdiction worker is responsible for obtaining one time startup and emergency clothing authorizations and providing the authorizations to the CW county of placement worker.

(2) The CW worker in the county of jurisdiction:

(A) upon notification of the need for one time startup or emergency clothing authorization, requests authorization per OAC 340:75-13-45 Instructions to Staff (ITS) 5;

(B) notifies the CW worker and supervisor by e-mail within the next working day that the clothing authorization is complete and can be printed; and

(C) documents the clothing authorization in KIDS Contacts screen by selecting purpose - clothing purchase no later than the fourth day of the month following authorization.


(1) When the child is placed outside of the county of jurisdiction, the CW county of jurisdiction worker is responsible for obtaining clothing authorizations.

(2) Each quarter, the CW worker in the county of jurisdiction:

(A) requests the clothing authorization per OAC 340:75-13-45 ITS 5;

(B) notifies the CW worker and supervisor by e-mail within the next working day that the clothing authorization is complete and can be printed; and

(C) documents the clothing authorization in KIDS Contacts screen by selecting purpose - clothing purchase no later than the fourth day of the month following authorization.

4. Authorization protocol for multiple county assignments for a child in
non-funded group home, above foster care Developmental Disabilities Services Division placement, or psychiatric facility.

(1) When the child is placed outside of the county of jurisdiction, the CW county of jurisdiction worker is responsible for obtaining clothing authorizations.

(2) Prior to the CW worker's quarterly visit, the CW county of jurisdiction worker:

(A) requests the clothing authorization per OAC 340:75-13-45 ITS 5;

(B) provides the clothing authorization to the placement provider or assists the child in obtaining the clothing during the CW worker's quarterly visits; and

(C) documents the clothing authorization in KIDS Contacts screen by selecting purpose - clothing purchase no later than the fourth day of the month following the authorization.

5. Authorization process. Each county has a designated staff member who is authorized to provide one time startup and emergency clothing authorizations. These authorizations are obtained from the AS400 Finance Division system. Issuing an authorization via AS400 Finance system are detailed in (1) through (12).

(1) Pull up the initial menu screen in Finance and select automated authorizations.

(2) Select option 4 - Foster Care Clothing Authorizations Menu.

(3) Select option 4 - Issue and Print Emergency and Start Up Clothing Authorization.

(4) Enter E for emergency authorization or S for startup authorization in the first field.

(5) Enter the child's last, first, and middle initial.

(6) Enter the child's age in years.

(7) Enter the child's KK number.
(8) The vendor to whom the placement provider takes the authorization fills in the vendor number, name, and address fields.

(9) The name of the person generating the automated authorization populates into the contact field along with the phone number. The authorization is signed in red ink. The file copy is filed in the child's case record.

(10) Hit F5 to print the automated authorization.

(11) If the designated staff is unable to process an authorization, the staff contacts the respective FOD services area office.

(12) To end the authorization without printing, hit F3.

6. Clothing inventory. At each monthly visit, the CW worker discusses with the foster parent any concerns about the child's clothing. If the foster parent fails to provide adequate clothing, the CW worker completes and forwards Form DCFS-117 to the resource specialist.
340:75-13-64. Sources of funding

Medical services for children in Oklahoma Department of Human Services (OKDHS) custody are paid through a variety of funds.

(1) Title XIX Medicaid and Children's Special Health Care Needs program. Title XIX Medicaid, a combination of state and federal money, is administered through Oklahoma Health Care Authority (OHCA). Medicaid claims are paid from the OHCA budget through a designated fiscal agent. The Medicaid program:

   (A) has specific eligibility requirements;

   (B) covers specific services as determined by Oklahoma's State Plan; and

   (C) does not pay for experimental procedures.

(2) Child Welfare medical - special approval. Children and Family Services Division (CFSD) has limited funds, state monies, that are utilized when the needed service, excluding experimental procedures, is not covered by other medical programs. Utilization of these funds is considered for approval by CFSD Administrative Services Unit after denial by Title XIX and OHCA. Only services for children in OKDHS custody and out-of-home placement are eligible for payment from these funds. All expenditures paid from state funds are paid at the Oklahoma Medicaid compensable amount.

(3) Child abuse examinations. When a child abuse examination is warranted, the reimbursement process is dependent upon the child's medical assistance case status on the date of the examination. If the child is:

   (A) not a Medicaid recipient and the parent(s) is unable or unwilling to pay for the examination, state funds pay for the examination at established Medicaid rates. The provider completes claims per OAC 317:30-7-1. The claim is routed to the county director with an explanation for using state funds; or

   (B) a Medicaid recipient and is designated eligible for:

      (i) fee-for-service, OHCA reimburses for these services at the established rates;

      (ii) SoonerCare, OHCA reimburses for these services at the established rates with referral from the primary care physician case manager (PCPCM); or
(iii) SoonerCare, when the child is examined by a non-PCPCM without a referral from the PCPCM, state funds pay for the examination at established Medicaid rates. The provider completes claims per OAC 317:30-7-1. The claim is routed to the county director with an explanation for using state funds.

INSTRUCTIONS TO STAFF

1. Review of funding claim. The county director reviews the claim information to ensure the funding source is appropriate. After county director approval, the claim is attached to Form F-S-17, Claim Code Slip, and forwarded to Oklahoma Department of Human Services Finance Division. When requesting payment of a child abuse and neglect examination, staff ensures that Form F-S-17 includes:

   (1) Fund: 32X;
   
   (2) County number: 99;
   
   (3) Building number: 999;
   
   (4) Vendor federal employer identification (FEI) number or Social Security number: provider's federal tax identification number or Social Security number;
   
   (5) Purchase authorization (PA) number: 0X909040;
   
   (6) Invoice number: child's account number listed on claim;
   
   (7) Invoice date: date claim was signed;
   
   (8) Date received: date service was received;
   
   (9) HJR 1010 date: date claim and form are sent to Finance Division;
   
   (10) Account number: 2112;
   
   (11) Location code: 95060;
   
   (12) Object code: 511100; and
   
   (13) Case number: child's KK number.
340:75-13-65. Consent for medical services

(a) Consent. Consent is informed consent, requiring an explanation of the necessity for the procedure involved, any known risks involved, and, when appropriate, any alternative course of care.

(1) Information upon which consent is based must be provided by competent medical authority for care and treatment provided by health practitioners.

(2) Persons authorizing care and treatment must acknowledge their understanding and willingness to assume any risks associated with care and treatment.

(3) Parents, legal guardians, legal custodians, judges, law enforcement, officers of the court, and county directors may sign the consent.

(4) Child Welfare (CW) workers or supervisors may provide informed consent when designated in writing by the county director.

(5) Medical procedures that are experimental are not compensable through Medicaid and must be authorized by the Oklahoma Department of Human Services (OKDHS) Director, Human Services Centers chief operating officer, or Children and Family Services Division director.

(b) Emergency medical care or treatment. Emergency medical care or treatment is medical care or treatment provided by a qualified medical practitioner in circumstances presenting an imminent and substantial threat to a child's life or health.

(c) Extraordinary medical care or treatment. Extraordinary medical care or treatment is medical care or treatment provided by a qualified medical practitioner using procedures or medications that are substantially invasive or restrictive or involve significant risk of harm, including, but not limited to, surgery.

(d) Ordinary medical care or treatment. Routine physical examinations, immunizations, and treatment for minor illnesses are ordinary medical care or treatment. Ordinary medical care includes, but is not limited to, follow-up treatment and administration of prescribed medication as directed by a qualified health practitioner, administration of non-prescription medication, and treatment of minor injuries.

(e) Due diligence. The CW worker makes every effort to secure parental consent for medical services provided to children in emergency and temporary custody of OKDHS. A diligent effort includes an attempt to contact parents by phone to inform them of necessary medical services. If services will be provided at a medical facility or by a
medical practitioner, the parent(s) is required to contact the facility or practitioner directly. The CW worker facilitates contact, if needed. ■ 1


(1) Parental agreement, voluntary foster care. In parental agreement, voluntary foster care, the parent(s) retains legal custody of the child placed with OKDHS.

(A) Medical care may be authorized by the foster parent per Forms DCFS-46, Authorization from Parent or Guardian for Voluntary Foster Family Home Placement and Medical Care of Child, and DCFS-19, Placement Agreement for Out-of-Home Care. The foster parent presents Form DCFS-19 to the medical provider each time the child receives medical services.

(B) Due diligence is exercised to obtain parental consent for emergency or extraordinary medical care or treatment.

(C) If a parent or legal guardian cannot be located or refuses to consent for emergency or extraordinary care or treatment, the county director or designee authorizes the emergency care or treatment per Form DCFS-46.

(D) Persons in voluntary care older than age 18 provide their own consent.

(E) If a parent or legal guardian refuses to consent for emergency or extraordinary care, the child may be surrendered to the parent(s) or guardian or, when intervention to provide medical treatment is necessary, OAC 340:75-3-10.1 is followed.

(2) Child in protective custody. Protective custody is when a child is taken into custody by a peace officer or employee of the court, without a court order because the child's surroundings endanger the child, per Section 7003-2.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7003-2.1).

(A) Upon admission of a child to an emergency shelter, when CW is involved, the CW worker provides the parent(s)' name, address, and work and home phone numbers, and the name, relationship, and phone number of a relative or collateral who may be contacted in an emergency.

(i) In a jurisdiction where the shelter designated by the court is operated by a youth services agency, the shelter obtains medical treatment as necessary. The CW worker assists, when requested, in locating the parent(s) on cases
where there has been CW involvement.

(ii) When medical treatment is required and information regarding the parent(s)' whereabouts is unknown or not provided to the shelter, the CW worker may be asked to assist in locating the parent(s).

(iii) Upon admission to a shelter or foster home, the CW worker makes known to the caregiver the child's current legal status.

(B) The CW worker makes every effort to have the parent(s) sign Form DCYFS-8, Consent for Release of Information, to obtain information regarding previous medical treatment from the child's and family's physician. Any known medical history information is provided by OKDHS to the medical provider attending the child.

(C) Per 10 O.S. § 7003-2.3, when a child is in protective custody and appears to require medical treatment, the peace officer, employee of the court, or any other legal guardian of the child must exercise due diligence to locate the parent(s), legal guardian, or other person legally competent to authorize such treatment. Consent of the parent(s), legal guardian, or other person legally competent to authorize such treatment is not required when:

(i) emergency treatment is necessary, as determined by a competent medical authority; or

(ii) physical examinations or routine diagnostic or evaluation procedures are necessary, as determined by a competent medical authority, to determine the medical condition of the child for protection of the child and others with whom the child may be in contact while in custody.

(D) If the medical treatment is for reasons other than those described in OAC 340:75-13-65(f)(2)(C), and the parent(s), legal guardian, or other person legally competent to authorize medical treatment for the child is unavailable or unwilling to consent to the treatment, the district attorney may file an application and the court must hold a hearing no later than five days after the application is filed.

(E) Upon presenting a child for medical treatment, the hospital or medical facility is informed of the child's custody status, and provided the name and phone number of the assigned CW worker.

(F) When the child requires emergency custody for the purpose of providing medical treatment, OAC 340:75-3-10.1 is followed.
(3) **Child in emergency or temporary OKDHS custody.**

(A) Emergency custody is when the child is placed into custody prior to adjudication and following issuance of an order by the court, such as a pick-up order or at the emergency custody hearing.

(B) Temporary custody is when the child is in OKDHS custody following adjudication, without termination of the parent(s)' parental rights.

(i) 10 O.S. § 7003-7.1 and 7004-1.1 authorize OKDHS to consent to medical care and treatment for a child in emergency or temporary custody. The foster parent may authorize ordinary medical care pursuant to Form DCFS-19. Diligence is exercised to obtain the parent(s)' consent for extraordinary medical care or treatment, prior to authorization by OKDHS for any medical treatment.

(ii) When the parent(s) refuses or is unwilling to consent to the proposed treatment, and the medical treatment or procedure is not considered an emergency, the CW worker informs the parties to the deprived proceeding and the court for purposes of obtaining a hearing and court authorization for the medical treatment or procedure.

(iii) The county director or designee signs the consent for medical treatment when the parent(s) is unavailable and following a diligent effort to locate the parent(s) to provide consent.

(iv) Upon presenting a child for medical treatment, the hospital or medical facility is informed of the child's custody status and provided the name and phone number of the assigned CW worker.

(4) **Child in permanent OKDHS custody.** Permanent custody is the court-ordered custody of a child following adjudication and whose parent(s)' parental rights have been terminated. OKDHS has the authority to consent to the care and treatment of a child in permanent custody.

(A) The county director or designee signs the authorization for medical treatment.

(B) The foster parent authorizes routine medical care pursuant to Form DCFS-19.

(C) Upon presenting a child for medical treatment, the hospital or medical facility
is informed that the child is in OKDHS custody and provided the name and phone number of the assigned CW worker.

(g) **Consent for child in own home.** The parent(s) of a child placed in OKDHS legal custody and own home consents to ordinary medical care and treatment and hospital admission or treatment and surgery for the child. When the facility or provider requires OKDHS authorization in addition to the parent(s)’ consent, the county director or designee signs the consent forms.

(h) **Consent for emergency medical care for a child traveling out-of-state.** The county director or designee or judge, if required by the court, authorizes the foster parent to give consent for emergency medical care to a child in OKDHS custody for travel purposes via Form DCFS-60, Out-of-State Travel and Medical Authorization.

(i) **Medical care unavailable locally.** When a child in out-of-home placement needs medical care outside the county of residence, the attending physician makes the recommendation and referral. If the physician recommends treatment he or she cannot give, but does not make the referral, the CW worker in the county where the child is receiving care makes the appointment.

**INSTRUCTIONS TO STAFF**

1. **Due diligence.** If the parent(s) cannot be reached by phone, the Child Welfare (CW) worker attempts personal contact at any known address for the parent(s). Attempts to locate the parent(s) include contacts with relatives or other persons knowledgeable about the family.
340:75-13-79. Transportation and subsistence

(a) Travel expenses may be defrayed only for necessary medical services not available in the community in which a child in Oklahoma Department of Human Services (OKDHS) custody and out-of-home placement resides. Oklahoma Health Care Authority (OHCA) ensures that necessary transportation is available to such children who are in need of medical services not available in the community. All children approved for Medicaid are eligible.

(1) Community-based residential care contractors providing transportation do not receive reimbursement.

(2) Placement providers are responsible for the child's transportation to routine medical appointments. Placement providers who must travel out of the community for necessary and non-routine medical services for the child use Sooner Ride Non-Emergency Transportation (NET) service.

(A) All NET routine services must be scheduled by advance appointment at least three business days prior to the child's health care appointment, but may be scheduled up to 14 business days in advance.

(B) Standing appointments for the child may be scheduled beyond the 14-day time frame, not to exceed 30 days. The placement provider must phone the Sooner Ride call center and identify himself or herself as the child's foster parent.

(C) The placement provider has the option of receiving gasoline reimbursement for providing transportation if the provider chooses not to use public transportation or it is not available.

(b) If it is determined the child's condition requires urgent care, the placement provider must attempt to schedule NET services through Sooner Ride.

(1) Sooner Ride must be contacted on or before the date of service to allow for assignment of a trip number and mailing of a reimbursement form to the placement provider. The reservation center is open 24 hours a day, 7 days a week.

(2) If Sooner Ride cannot provide transportation or the placement provider chooses not to use NET for urgent care, the placement provider may receive gasoline reimbursement.

(c) If a child requires out-of-state medical care that involves the use of a commercial
(d) Ambulance service is compensable for the child when other forms of transportation do not meet the medical needs of the child. Arrangements must be secured by contacting OHCA Sooner Ride coordinator.

(e) Subsistence, sleeping accommodations, and meals are paid with Title XIX funds for the child and one essential person. Any subsistence expense claimed on Form ADM-6, Travel Claim, must be documented with receipt and is initially handled through the local OKDHS office. Completed Form ADM-6 is sent to OHCA Finance Division Travel Claims.

INSTRUCTIONS TO STAFF

1. Travel expenses.

   (1) Difficulty of care payment for travel. The Child Welfare (CW) worker explores a difficulty of care payment to offset the foster parent’s expense when providing transportation several times a week to medical or counseling appointments for a child in Oklahoma Department of Human Services (OKDHS) custody.

   (2) Reimbursed travel expenses. A foster parent, including a tribal foster parent, providing care for a child in OKDHS custody, may be reimbursed for travel expenses when the:

       (A) CW worker would be required to provide transportation for the child if not provided by the foster parent, including, but not limited to:

           (i) visits with a parent(s);

           (ii) visits with a sibling;

           (iii) court hearings; or

           (iv) medical, mental health, dental, or vision appointments when not available in the community;

       (B) CW supervisor prior authorizes the trip;

       (C) round trip for the single event is in excess of 150 miles; and
(D) trip is documented on Form ADM-6, Travel Claim. Form ADM-6 is submitted to the CW worker and processed through the local OKDHS office.
340:75-13-81. Withdrawal of life support, withholding or withdrawal of hydration and nutrition, resuscitation efforts, and organ donation

(a) Decisions for a child in OKDHS custody. When a child is in the legal custody of Oklahoma Department of Human Services (OKDHS), regardless of custody status, the court must be involved and make any decision regarding:

(1) withdrawal or withholding of life support systems;

(2) hydration;

(3) nutrition; and

(4) approval of a Do Not Resuscitate Order.

(b) Withdrawal of life support. Any medical procedure or intervention administered to a child in OKDHS custody that serves only to prolong the process of dying or maintain the child’s condition of persistent unconsciousness is considered life-sustaining treatment. This does not include the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain or the normal consumption of food and water. The withdrawal of life support systems is generally considered only for a patient who suffers from an incurable and irreversible condition, death within six months, or who is persistently unconscious, per Section 3101.1 et seq. of Title 63 of the Oklahoma Statutes (63 O.S. § 3101.1 et seq.).

(c) Withholding or withdrawal of hydration and nutrition. Hydration and nutrition may be withheld or withdrawn only if the impending death would result from the underlying terminal illness or injury and not from dehydration, starvation, or both, per 63 O.S. § 3080.1.

(d) Resuscitation efforts. A Do Not Resuscitate Order is an order issued by a licensed physician that cardiopulmonary resuscitation must not be administered. Cardiopulmonary resuscitation includes those measures used to restore or support cardiac or respiratory function in the event of cardiac or respiratory arrest. As a result of such an order for a child in OKDHS custody, no efforts are made to restore or support the cardiac or respiratory system.

(e) Organ donation. 63 O.S. § 2203 outlines who may request and receive donated organs and who may supersede OKDHS in the decision of organ donation for a child in OKDHS custody at the time of death. OKDHS may:

(1) consent to the donation of organs of a child who was in permanent OKDHS
custody; and

(2) not consent to the donation of organs of a child who was in any other custody status at the time of death.

INSTRUCTIONS TO STAFF

1. Procedures for a child in OKDHS custody. When the child is in Oklahoma Department of Human Services (OKDHS) custody and suffers from an incurable and irreversible condition, medical providers may ask Child Welfare (CW) staff for a decision regarding whether to withhold or withdraw the child's life support systems, hydration, or nutrition, or authorization for a Do Not Resuscitate Order.

   (1) When the child is in:

   (A) emergency or temporary OKDHS custody, the child's CW worker informs the district attorney (DA) and child's parent(s) and attorney of the attending physician’s request or recommendation and of the need for a court hearing; or

   (B) permanent OKDHS custody, the child's CW worker informs the DA and child's attorney of the attending physician’s request or recommendation and of the need for a court hearing.

   (2) The CW worker:

      (A) does not rely on an oral report or recommendation from the attending physician; and

      (B) provides the DA a written report or recommendation from the physician that may include:

         (i) the child's:

            (I) medical condition;

            (II) prognosis;

            (III) quality of life:
(iv) alternatives, if any; and

(v) life expectancy with and without life support, nutrition, or hydration; and

(ii) a Do Not Resuscitate Order.

(3) The DA may request a hearing with notice given to the parties and OKDHS. The court makes the decision regarding whether to withhold or withdraw life support systems, hydration, or nutrition, or approve a Do Not Resuscitate Order.
SUBCHAPTER 15. ADOPTIONS

PART 1. GENERAL PROVISIONS [REVOKED]

Section
340:75-15-1. Legal base [REVOKED]
340:75-15-1.1. Permanency planning [REVOKED]
340:75-15-4. Eligibility [REVOKED]

PART 2. LEGAL BASE AND SCOPE OF THE ADOPTION PROGRAM

340:75-15-5. Legal base
340:75-15-6. Program responsibilities
340:75-15-8. Responsibilities of the adoption specialist and adoption transition specialist

PART 3. APPLICATION PROCESS [REVOKED]

340:75-15-22. Setting up the record [REVOKED]

PART 4. PLANNING AND PREPARATION OF CHILDREN FOR ADOPTION [REVOKED]

340:75-15-25. Permanency planning through adoption [REVOKED]
PART 5. TEAM TRAINING FOR EDUCATION AND RECRUITMENT [REVOKED]


PART 6. ADOPTION PROCESS

340:75-15-41. Adoptive placement criteria staffing
340:75-15-42. Statewide adoption staffing
340:75-15-43. Sibling placements
340:75-15-47. Interjurisdictional fair hearing

PART 7. CASE ACTIONS [REVOKED]

340:75-15-56. Transfer of adoptive home case [REVOKED]

PART 8. ADOPTIVE PLACEMENT PROCESS

340:75-15-59. Transition to adoptive placement
340:75-15-60. Physical placement of the child [REVOKED]
340:75-15-61. Interstate placements for adoption

PART 9. SELECTION, PLACEMENT AND ADOPTION [REVOKED]

340:75-15-75. Adoption selection committee [REVOKED]
340:75-15-76. Adoptive placement [REVOKED]
340:75-15-77. Return of child prior to adoption [REVOKED]
340:75-15-78. Consummation of adoption [REVOKED]
340:75-15-81. Post adoption services [REVOKED]

PART 10. ADOPTIVE FAMILY ASSESSMENT AND PREPARATION PROCESS

340:75-15-82. Recruitment of adoptive homes
340:75-15-83. Eligibility to adopt
340:75-15-84. Application process
340:75-15-85. Application to adopt by a foster parent or relative
340:75-15-86. Reapplication to adopt [REVOKED]
340:75-15-87. Assessment and preparation process
340:75-15-88. Completed resource family assessment and recommendation
340:75-15-89. Evaluation of the adoptive home after the resource family assessment
340:75-15-90. Transfer of resource family record [REVOKED]
340:75-15-91. Closure of resource family home
340:75-15-93. Centralized Paternity Registry

PART 11. SERVICES, SELECTION AND PLACEMENT OF CHILDREN FOR ADOPTION [REVOKED]

340:75-15-95. Scope and applicability [REVOKED]
340:75-15-96. Placement of Indian children [REVOKED]
340:75-15-97. Adoption of hard to place and special needs children [REVOKED]
340:75-15-98. Adoption exchange registrations [REVOKED]
340:75-15-100. Payment for medical services prior to consummation of adoption [REVOKED]
340:75-15-101. Payment for medical services following consummation of adoption [REVOKED]
340:75-15-102. Services to Oklahoma residents who are adopting foreign children [REVOKED]

PART 12. POST PLACEMENT SERVICES

340:75-15-103. Services to the child and family in adoptive placement
340:75-15-106. Post placement services
340:75-15-107. Adoption disruption
340:75-15-108. Legal finalization of the adoption

PART 13. INTERSTATE PLACEMENTS [REVOKED]

340:75-15-120. Interstate compact on the placement of children, adoptions [REVOKED]
340:75-15-121. Medical expense [REVOKED]
340:75-15-123. Interstate Compact on Adoption and Medical Assistance (ICAMA) [REVOKED]

PART 14. POST ADOPTION SERVICES

340:75-15-124. Post adoption services
340:75-15-126. Insurance coverage
340:75-15-127. Family Focus Services for adoptive families [REVOKED]
340:75-15-128. Adoption Assistance Program
340:75-15-128.1. Adoption assistance benefits
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PART 15. INDEPENDENT ADOPTION [REVOKED]

340:75-15-140. Definition [REVOKED]
340:75-15-141. Authority for making court ordered investigation on an independent adoption [REVOKED]
340:75-15-142. Registration, centralized paternity registry and case recording [REVOKED]
340:75-15-143. Social services to family and the court [REVOKED]
340:75-15-144. Collection of fees [REVOKED]
340:75-15-6. Program responsibilities

(a) **Children in OKDHS custody.** Adoption services are provided for the child in Oklahoma Department of Human Services (OKDHS) custody for whom reunification efforts with the parent(s) or legal guardian have failed or are not in the child's best interest, and permanency may be achieved through an adoptive placement. Adoption must be considered for every child who cannot return home, regardless of age or special needs, in accordance with OAC 340:75-15-8 and 340:75-6-85.4.

(b) **Adoptive home development.** Services are designed to recruit and develop adoptive homes for children in the custody of OKDHS who need adoptive placement. The child is the focus when finding an adoptive family for the child. Assessments of prospective adoptive families are completed according to the need for homes for children awaiting placement, in accordance with OAC 340:75-15-82 through 340:75-15-89.

(c) **Post adoption services.**

(1) OKDHS provides services to the child and family after finalization of the adoption to assist in maintaining the child in the home, including adoption assistance, Medicaid, disclosure of non-identifying background information, counseling, and family preservation services.

(2) The Mutual Consent Voluntary Registry and Confidential Intermediary Search Program provide assistance to:

   (A) adults, who, as children, were placed for adoption in Oklahoma;

   (B) members of the birth family of adoptees; and

   (C) persons who were separated from birth family members through termination of parental rights.

(3) Counseling and assistance with reunions is provided.

(d) **Additional adoption services.** OKDHS administers the Interstate Compact on the Placement of Children, Centralized Paternity Registry, Interstate Compact on Adoption and Medical Assistance, and Oklahoma Children's Adoption Resource Exchange.

The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Adoptee" means a person who is adopted or is to be adopted.

"Adoption" means a way of providing security for and meeting the developmental needs of a child by legally transferring ongoing parental responsibilities for that child from the parent(s) or legal guardian to the adoptive parent(s), and, in the process, creating a new kinship network that links the birth family and the adoptive family through the child.

"Adoption disruption" means the interruption of an adoption after placement of the child and before legal finalization of the adoption.

"Adoption specialist" means an Oklahoma Department of Human Services (OKDHS) Child Welfare (CW) worker whose primary responsibilities include:

(A) identification of children in OKDHS custody in need of adoption planning in consultation with OKDHS CW staff;

(B) recruitment and adoptive home development;

(C) full disclosure of all known history of the child to a prospective adoptive family;

(D) trial adoptive placement;

(E) post placement planning and supervision; and

(F) legal consummation of adoptive placements.

"Adoption transition specialist" means an OKDHS CW worker whose primary responsibilities include:

(A) identification of children in OKDHS custody in need of adoption planning in consultation with OKDHS CW staff;

(B) assessment and preparation of children for adoption;

(C) adoptive planning and recruitment for children;
(D) sibling visitation and reunification efforts; and

(E) transition of children into adoptive homes.

"Approved adoptive family" means an adoptive family who has completed the required assessment process per OAC 340:75-15-88.

"Attachment" means a psychologically rooted tie between two persons that permits them to have affectual significance for each other.

"Authorized adoptive placement" means permission from OKDHS Children and Family Services Division to proceed with an offer of a child to an approved adoptive family.

"Blind showing" means an OKDHS sponsored arrangement for a prospective adoptive parent(s) to view a child without meeting or being introduced to the child as a prospective parent(s).

"Child with special needs" means a child who may be difficult to place for adoption due to a serious physical or mental disability, emotional disturbance, high risk to develop a physical or mental disability, age, sibling relationship, racial or cultural factors, or a combination of these conditions, per Public Law 96-272.

"Concurrent planning" means the provision of reunification services to a child in OKDHS custody and the child's parent(s) or legal guardian while simultaneously developing an alternative plan, in case reunification efforts fail or are no longer feasible.

"Culture" means shared values, norms, traditions, customs, arts, history, folklore, and institutions of persons who share historical or geographical proximity. Culture is not synonymous with race or ethnicity.

"Directive" means a form signed by the Director of OKDHS or designee authorizing an OKDHS employee to sign consent to the adoption of a child who is in OKDHS custody.

"Finalized adoption" means the legal consummation of an adoption.

"Indian Child Welfare Act" means legislation that mandates minimum standards for the removal and placement of Indian children from their families and tribes per Section 1901 of Title 25 of the United States Code and Section 40 et seq. of Title 10 of the Oklahoma Statutes.
"Interlocutory decree" means a temporary court order, after the filing of the adoption petition, that gives the petitioner temporary care and custody of the child until the final decree of adoption is entered.

"Licensed child-placing agency" means a private agency that is licensed by OKDHS. A licensed child-placing agency is authorized to approve families for adoptive placement, and to place children who are legally available for adoption.

"Life Book" means a compilation of photographs, documents, mementos, illustrations, and narrative accounts of important events in a child's and family's life. The child's Life Book is compiled with or for a child who is in OKDHS custody in an effort to prepare a child for placement. The adoptive family's Life Book is completed by the family as a part of the assessment process.

"Master adoptive parent" means an experienced adoptive parent who serves as a support person to adoptive families.

"Media recruitment" means the use of newspaper, radio, television, Internet, or other communication resources to provide general information about adoption or specific information about a child available for adoption.

"Notice of Plan for Adoption" means written notification to the putative father of a child born out of wedlock that the birth mother is considering adoptive placement for the child. Notice of Plan for Adoption may be given by OKDHS, licensed child-placing agency, or an attorney representing prospective adoptive parent(s) of the child, either before or after the child's birth.

"Putative father" means the father of a child born out of wedlock or a child whose mother was married to another person at the time of the child's birth or within ten months prior to the child's birth and includes, but is not limited to, a man who:

(A) has acknowledged or claims paternity of the child;

(B) is named by the child's mother as the child's father; or

(C) is alleged to have engaged in sexual intercourse with the child's mother during a possible time of conception of the child.

"Search" means the process of locating an adult birth relative of a child with whom contact has been lost through adoption or termination of parental rights.

"Swift adoption services" means processes completed by contracted agencies or
OKDHS staff to gather history regarding a child in OKDHS custody, including the child's biological family background, medical, educational, and social history for purposes of full disclosure to a prospective adoptive family.

"Termination of parental rights" means a judicial proceeding that frees a child from all custody and control by a parent(s).
340:75-15-8. Responsibilities of the adoption specialist and adoption transition specialist

(a) Responsibilities of both the adoption specialist and adoption transition specialist include:

1. consulting with Permanency Planning, Foster Care, and Child Protective Services staff and serving as team members in addressing permanency issues for children in out-of-home care. Consultation may be informal between workers or occur in a multi-disciplinary team through criteria staffings and permanency planning reviews. Consultation regarding adoption issues is an ongoing process and begins with the referral for Swift adoption services, including the completion of Form DCFS-29, Child Profile Assessment for Adoption, and concludes when an adoptive placement for a child is made; and

2. recruiting adoptive homes by engaging in activities designed to recruit families who reflect the diversity of the children in out-of-home care and who are willing and able to parent children with special needs.

(b) Additional responsibilities of the adoption specialist include:

1. assessing and preparing adoptive families on an ongoing basis to parent children with special needs;

2. offering or facilitating post placement services when a child is placed in trial adoption and until the adoption is legalized, per OAC 340:75-15-103 through 340:75-15-109;

3. offering or facilitating post adoption services at the family's request after the adoption is legalized, per OAC 340:75-15-124 through 340:75-15-133;

4. completing a thorough review of the KIDS case and the accompanying paper file to include correction of inaccurate or incorrect information;

5. managing the child's case and taking the lead in a partnership relationship between the child, placement provider, and service providers to develop effective case plans that help achieve safety, permanency, and well-being. The adoption transition specialist ensures the child receives appropriate care and the child's needs for connection, closeness, and attachment are met;

6. identifying each child's needs in the assessment process and arranging services to meet the needs to enhance the child's well-being while in out-of-home care. The
specialist:

(A) works with the placement provider and service providers to ensure that the child is emotionally and psychologically prepared and ready to accept a new family; and

(B) prepares the child for adoptive placement through a series of steps and activities and seeks an adoptive family that is in the child's best interest; and

(7) collaborating with the adoption transition specialist to plan the child's transition into adoptive placement.

INSTRUCTIONS TO STAFF

1. (a) Adoption consultation. The adoption consultation process includes:

   (1) monthly review of Report YI602, Adoption Permanency Plan Case Goal Report, by the adoption specialist and adoption transition specialist. Initial consultation occurs within 30 calendar days after the child's name first appears on Report YI602;

   (2) scheduling criteria staffings for each child on Report YI602;

   (3) documenting all adoption consultations and criteria staffings in the permanency planning case KIDS Contacts screen and all Swift services referrals in KIDS Adoption Efforts screen;

   (4) sending the child's biological KK case record to Departmental Services Unit to be copied;

   (5) researching all Oklahoma Department of Human Services (OKDHS) files related to the child, including any Family Support Services Division services records and medical records within the database maintained by Oklahoma Health Care Authority (OHCA);

   (6) completing Form DCFS-110, Child Profile Referral, to submit to the Swift profile contractor after the criteria staffing. The referral packet includes, at a minimum:

      (A) copy of the child's biological KK case;

      (B) copy of child's full-certified birth certificate;
(C) copy of all legal orders pertaining to custody status and disposition of the child, including, but not limited to the:

(i) original deprived petition;

(ii) amended deprived petition;

(iii) Emergency Custody Order;

(iv) Temporary Custody Order;

(v) Adjudication Order;

(vi) Disposition Order;

(vii) Termination of Parental Rights Order for mother; and

(viii) Termination of Parental Rights Order for father;

(D) KIDS reports, including Forms:

(i) CWS-KIDS-2, Client Information, attached for each child and biological parent;

(ii) CWS-KIDS-6, Case Contacts;

(iii) CWS-KIDS-12, Client Medical/Psychological; and

(iv) CWS-KIDS-20, Placement Worksheet;

(E) signed Form HIPAA-3, Authorization to Disclose Medical Records, on each medical, dental, psychological, Form DCYFS-8, Consent for Release of Information, for each educational provider identified in the case records or within the database maintained by OHCA;

(F) Form DCFS-49, Perinatal Information, that is mailed to the hospital where the child was born;

(G) Oklahoma State Department of Health Form ODH 347, Medical and Social History Report for Adoption;
(H) Form DCFS-90, Assessment of Child by Caregiver;

(I) OKDHS Publication No. 85-67, My Feelings About Adoption, for children up to 12 years of age, and OKDHS Publication No. 05-09, Adoption Guidebook, for children age 13 and older; and

(J) Form DCFS-2, Adoptive Placement Criteria Staffing;

(7) initiating Forms ODH 347 and DCFS-90 and OKDHS Publication No. 85-67 and 05-09.

(A) If not previously completed by the Child Welfare (CW) worker, these are completed as part of Swift services. Swift services may be completed by the adoption specialist, adoption transition specialist, or CW worker. When appropriate, former foster parents, CW workers, and relatives may be contacted for additional information.

(B) The resource assessment contractor completes Form DCFS-29, Child Profile Assessment for Adoption, including attachments;

(8) arranging for the child to be staffed at the next statewide adoption staffing, when there is no identified adoptive family;

(9) faxing copies of all recommended resource family assessments to the appropriate CW worker within three working days of statewide adoption staffing;

(10) assisting the CW worker with the selection and recommendation process; and

(11) assisting the CW worker with referrals for media recruitment, adoption parties, and adoption exchanges, when there is no recommended resource family for the child.

(b) To facilitate the recruitment of adoptive homes, the adoption specialist and adoption transition specialist:

(1) develop an annual local recruitment plan in coordination with area adoption and county foster resource staff;

(2) utilize a combination of child-specific and more general targeted...
recruitment strategies, including registration of children on www.AdoptUKids, ensuring participation at adoption parties, and facilitating participation in the Waiting Child television campaign and photograph exhibit project;

(3) coordinate recruitment activities with Children and Family Services Division Adoption Section; and

(4) jointly recruit foster homes.

(c) For the assessment and preparation of adoptive families, the adoption specialist:

(1) enrolls the adoptive applicant in required pre-service training, including Behavior Crisis Management Training (BCMT); and

(2) completes Form DCFS-67, Referral for Resource Family Assessment, and sends the form to the resource assessment contractor within two weeks of receipt of the completed application along with:

(A) Form DCFS-2, if applicable;

(B) Form DCFS-11, House Assessment, completed at the initial home visit by the adoption specialist on all new inquiries. The resource assessment contractor completes Form DCFS-11 on all conversion assessments;

(C) Form DCFS-26, Resource Family Assessment Application;

(D) Form DCFS-29, Child Profile Assessment for Adoption, for conversion assessments;

(E) Form DCFS-109, Records Check;

(F) Form ADM-130, Request for Background Check, for all household members age 18 or older;

(G) fingerprinting results, if available;

(H) copy of all KIDS Pre-Resource and Resource contacts;
(I) copy of entire resource record, including re-evaluations, for kinship and foster families applying to adopt; and

(J) any other forms or documentation that the applicant returns to the adoption specialist. The contractor completes the assessment using Form DCFS-69, Guidelines for Resource Family Assessment.

(d) The case review process begins when the adoption transition specialist receives primary assignment to any child in a Permanency Planning case and includes a review of the:

1. case plan. The child must have a case plan goal of adoption and current Form CWS-KIDS-10, Treatment Plan, or CWS-KIDS-24, Individualized Service Plan (ISP), must reflect services and activities appropriate to an adoption goal;

2. court information. KIDS Court Hearing, Report/Progress Report, Parental Rights, and Status screens are reviewed. Missing or inaccurate termination of parental rights and legal status data is entered or corrected;

3. placement history and current placement;

4. educational history and current information. KIDS Client/Education screen must reflect the child's current school information, grade level, education status, school performance, and educational strengths and needs;

5. medical history and current information. KIDS Client/Medical screens must reflect current medical treatment and needs of the child, including all medications, immunizations, and mental health information;

6. adoption efforts. KIDS Adoption Efforts screen is reviewed for history and updated by completing contacts related to adoption efforts. These contact purposes include adoption consultation, adoption criteria staffing, adoption matching party, and adoption statewide staffing;

7. KIDS contacts. In order to gain a better understanding of the child and history of the case through the CW process, KIDS Contacts are reviewed especially those contacts with relatives or other important persons in the child's life that may have expressed an interest in the child's placement; and
(8) CW paper case record. The child's paper case record must contain applicable reports and information as referenced in OAC 340:75-1-26. All sections are checked and missing documents obtained, including a copy of the child's birth certificate and Social Security card.

(e) Placement services are provided by the adoption transition specialist per OAC 340:75-6-85.3 and 340:75-6-85.4. The adoption transition specialist:

(1) discusses his or her role with the child's current caregiver; and

(2) discusses the child's preparation for adoption and OKDHS adoption efforts with the child's current caregiver and requests current Form DCFS-90, Assessment of Child by Caregiver.

(f) Child assessment and preparation begins with the case review and continues with developing Form CWS-KIDS-24. Children who are old enough to participate in case planning are included in this process. Other child assessment and preparation activities include initiating the child's Life Book and completion of OKDHS Publication No. 85-67 for children up to 12 years of age, and OKDHS Publication No. 05-09 for children age 13 and older. The Companion Book for Social Workers is used to assist adoption transition specialists with OKDHS Publication No. 05-09.

(g) The adoption transition specialist for the child and adoption specialist for the family:

(1) consult with each other regarding the offer of the child to the family and full disclosure. The adoption transition specialist may be asked to assist with full disclosure either by direct participation or availability to the family in case of questions; and

(2) in the event that the resource family accepts the offer of a child, collaborate with each other to develop a pre-adoptive visitation plan that is in the child's best interest. At a minimum, the adoption transition specialist participates in the first pre-adoptive visit. Additional adoption transition specialist responsibilities include:

(A) preparing the child's case for transfer to the adoption specialist. All KIDS information must be current;

(B) maintaining an open assignment and reporting to the court as
needed;

(C) requesting consent to the adoption from the court of jurisdiction; and

(D) requesting dismissal of the deprived case once the adoption is finalized.
PART 6. ADOPTION PROCESS

340:75-15-41. Adoptive placement criteria staffing

The adoption process is a team effort that includes the adoption specialist and supervisor, adoption transition specialist and supervisor, Child Welfare (CW) worker and supervisor, and service providers.

(1) Within 30 calendar days of the initial adoption consultation, Form DCFS-2, Adoptive Placement Criteria Staffing, is completed on any child with the goal of adoption to assist in determining the type of placement that best meets the child's needs. The assessment may identify a prospective adoptive parent(s)' ability to meet the child's needs and addresses the legal status and any legal barriers to adoption.

(2) Completion of the adoptive placement criteria staffing is not approval for adoptive placement. A child for whom there is no resource identified is referred to statewide adoption staffing. ■ 1 Form DCFS-2 is completed for the child on all interested, prospective caregivers. Factors considered when identifying the placement that best meets the child's needs are described in (A) through (K).

(A) Siblings. Siblings are placed together when possible. Siblings are separated in adoptive placement only in certain circumstances, in accordance with OAC 340:75-6-85.2 and 340:75-15-43.

(B) Attachment. The attachment of the child to the siblings, foster family, and significant others is assessed and utilized as an indicator of the child's ability to attach to an adoptive family. ■ 2

(C) Age. Age is evaluated in relation to the applicant's ability to parent the child into adulthood. ■ 3

(D) Health. The health records of the prospective adoptive applicant must indicate the applicant has the health to participate with the child in normal developmental activities and parent the child into adulthood.

(E) Culture. Oklahoma Department of Human Services (OKDHS) does not rely on generalizations about the identity needs of children of a particular race or ethnicity. OKDHS does not presume from the race or ethnicity of the prospective adoptive applicant that he or she would be unable to maintain the child's ties to another racial, ethnic, or cultural community.

ADOPTIONS

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(F) Adoption of an Indian child. The child who meets the definition of an Indian child under the federal and state Indian Child Welfare Act (ICWA), Section 1901 of Title 25 of the United States Code and Section 40 et seq. of Title 10 of the Oklahoma Statutes, must be placed according to the placement preferences per OAC 340:75-19-23. Prior to placing an Indian child in a non-extended family or non-Indian family, the child's CW worker must request that the court of adjudication conduct a good cause hearing. ICWA requires that:

(i) a good cause hearing is set;

(ii) prior notice is given to all parties, including the tribe; and

(iii) the court make a finding that good cause exists to not follow the placement preferences of ICWA.

(G) Religion. The child is provided an opportunity for spiritual and moral development. If the child has made a religious commitment or the parent(s) has made a specific request, OKDHS makes a reasonable effort to find an adoptive family of like faith.

(H) Language. If the child's primary language is other than English, special consideration is given to identifying an adoptive family fluent in the same language as the child, including sign language for a child who is hearing impaired.

(I) Education. The child is given the opportunity to develop his or her potential and will not be subjected to unrealistic academic expectations.

(J) Geographic location. The child is placed in a locality where the child and adoptive family are protected from identification and from undue interference by the birth family. When foster parents or relatives are considered as an adoptive family, this criterion is of special significance. An assessment is made to determine the adoptive parent(s)' ability to parent without undue interference.

(K) Resources. The adoptive family must have adequate resources to meet the child's financial, medical, health, educational, shelter, and emotional needs. Adoption assistance is a resource for the child who meets eligibility criteria, per OAC 340:75-15-128.

INSTRUCTIONS TO STAFF

1. Criteria staffing procedures.
(1) The adoption specialist schedules the time and place for the criteria staffing during the initial adoption consultation.

(2) Prior to the staffing, the Child Welfare (CW) worker and CW supervisor complete Form DCFS-2, Adoptive Placement Criteria Staffing, to the extent possible.

(3) The assigned court-appointed special advocate (CASA) reviews Form DCFS-2. Any additional information provided by CASA may be included on Form DCFS-2. The CW worker requests CASA sign Form DCFS-2 indicating the opportunity to review the content and notification of the date, time, and location of the upcoming criteria staffing.

(4) The CW worker:

   (A) notifies all appropriate participants of the criteria staffing.

      (i) Recommended participants include the area adoption specialist, child’s CW worker, CW supervisor, resource specialist, Developmental Disabilities Services Division (DDSD) case manager, therapeutic foster care (TFC) therapist, and tribal social worker.

      (ii) Other persons with information that may assist in planning for the child are also invited, including, but not limited to, CW field liaison (CWFL) and SoonerStart and Office of Juvenile Affairs staff.

      (iii) All participants are required to review and sign Form DCFS-2;

   (B) attaches the most recent completed Permanency Planning Review form to Form DCFS-2;

   (C) if the court of jurisdiction has given any specific direction or court order regarding adoptive placement of the child, attaches a copy of the court order or court minute to Form DCFS-2. If not attached, it must be identified on Form DCFS-2 as an action step with a due date;

   (D) prior to submitting a request for separating siblings, staffs concerns regarding sibling placement and separation with the designated Children and Family Services Division (CFSD) Permanency Planning Section programs field representative.
(i) If this is not completed prior to criteria staffing, it must be identified on Form DCFS-2 as an action step with a due date.

(ii) Requests to separate siblings for the purpose of adoptive placement must be submitted in a memo to and approved by CFSD Sibling Separation Committee;

(E) if Form DCFS-11, House Assessment, was previously completed for a relative of the child, attaches a copy of this form to Form DCFS-2. If not attached, it must be identified on Form DCFS-2 as an action step with a due date; and

(F) conducts a thorough Child Abuse and Neglect Information System search for prospective resources identified.

(i) The results of all Child Protective Services investigations and assessments, including any policy violations and written plans of compliance, are included on Form DCFS-2.

(ii) If this is not completed prior to the criteria staffing, it must be identified on Form DCFS-2 as an action step with a due date.

(5) The area adoption supervisor and CW supervisor review completed Form DCFS-2, including the documented action steps, and sign as mandatory reviewers of Form DCFS-2.

(A) If no areas of concern are identified, the adoption specialist proceeds with the Swift services referral.

(i) If a resource for the child is identified, the resource assessment referral is made after Form DCFS-26, Resource Family Assessment Application, is received.

(ii) The CW worker notifies the identified resource of the results of the criteria staffing and that a referral for a resource family assessment will be made.

(B) If an area of concern or placement dispute is identified, the adoption specialist or area adoption supervisor promptly notifies CFSD Adoption Section. If no resolution is reached after review by the Adoption Section, the Adoption Section programs manager notifies the CWFL and
county director that a grand staffing is needed.

2. **Child’s ability to attach.** The child’s CW worker is aware that an indicator of success in adoption is the child's ability to attach. The child’s CW worker solicits the cooperation and assistance of the foster family and other professionals, if indicated, to help the child accept adoption and transition into the placement.

3. **Age of applicant.** When the age difference between the applicant and child is more than 55 years, the CWFL and Adoption Section are consulted.
340:75-15-42. Statewide adoption staffing

(a) A child in Oklahoma Department of Human Services custody is referred for statewide adoption staffing when the child's permanency plan is adoption, unless a prospective caregiver is identified for the child at criteria staffing, per OAC 340:75-15-41.

(b) After a thorough review of family assessments submitted for adoptive placement consideration, the Child Welfare (CW) worker selects three families who are best able to meet the identified needs of the child and ranks the families in order of preference.

(c) If no families are identified for consideration at the initial statewide staffing, information regarding the child's continued need for an adoptive family is presented at each subsequent staffing and child specific recruitment activities are initiated to recruit an adoptive family, per OAC 340:75-15-82.

INSTRUCTIONS TO STAFF

1. Statewide adoption staffing. Statewide adoption staffing, found in the STO DCFS/Adoption/Statewide Staffing public folder on Outlook, occurs monthly and is an opportunity for Child Welfare (CW) workers to obtain resource family assessments for adoptive placement consideration. Tribal representatives are invited quarterly to statewide staffing.

   (1) The CW worker:

   (A) brings 45 copies of Form DCFS-29, Child Profile Assessment for Adoption, and a current color photograph of each child to be presented;

   (B) gives a brief presentation of the child, five to seven minutes in length, describing:

   (i) primary reason the child came into care and child's current legal status;

   (ii) child's current placement, including level of care and length of time in current placement;

   (iii) child's personality, including the child's positives and strengths, interests and hobbies, and activities that are important to the child;

   (iv) a recent visit with the child;
(v) type of family the child desires;

(vi) child's goals for the future, if an older child;

(vii) child's health;

(viii) child's school performance and educational needs;

(ix) child's day-to-day behavior;

(x) child's progress in counseling, if applicable; and

(xi) contact with child's biological family, including placement with siblings or visitation with siblings;

(C) reads all resource family assessments submitted within 30 days of staffing the child;

(D) from the resource family assessments submitted for consideration, selects three families who appear best able to meet the identified needs of the child and prepares an adoptive placement recommendation for each family, per OAC 340:75-15-45; and

(E) if no resource family assessments are submitted for consideration, explores other recruitment opportunities, including:

(i) re-staffing the child;

(ii) scheduling the child for the next adoption party; and

(iii) listing the child's profile on the Internet.

(2) The adoption specialist:

(A) forwards resource family assessments to the child's CW worker within three working days; and

(B) consults with the CW worker to facilitate the adoptive placement recommendation process.
340:75-15-43. Sibling placements

(a) Oklahoma Department of Human Services (OKDHS) supports the relationship of sibling groups by placing them together in out-of-home care when possible. Siblings who are not placed together in out-of-home care are afforded regular visitation with each other. Siblings who are separated are moved into the same placement at the first available opportunity. Siblings with the permanency plan of adoption are staffed for adoptive placement as a sibling group.

(b) Exceptions to placing siblings together for adoptive placement include children who:

   (1) are placed with relatives; and

   (2) have a documented need for separation due to extreme behavior that is or would be harmful to a sibling on a long-term basis, per OAC 340:75-6-85.3.

(c) When separation is approved by the Children and Family Services Division Sibling Separation Committee, a plan for continued contact is provided to and agreed upon by the caregivers of the children. The Child Welfare worker explains to the prospective adoptive parent(s) that authorization to separate the children for placement does not sever the sibling relationship.

INSTRUCTIONS TO STAFF

1. Sibling separation. Requests to separate siblings for the purpose of adoptive placement are:

   (1) submitted in a memo to Children and Family Services Division (CFSD) Permanency Planning Section;

   (2) reviewed by the Sibling Separation Committee that meets monthly and is comprised of representatives from CFSD:

      (A) Child Protective Services;

      (B) Permanency Planning;

      (C) Foster Care;

      (D) Therapeutic Foster Care (TFC);

      (E) Indian Child Welfare; and
(F) Adoption;

(3) approved, denied, or the committee may agree that additional information is needed to render a decision;

(4) required to include:

(A) each child's KK number, name, age, and date of birth;

(B) a brief summary of the reasons each child came into care and length of time in Oklahoma Department of Human Services (OKDHS) custody;

(C) each child's current placement, length of time in current placement, and length of time placed apart from siblings, and efforts made to place the siblings together in foster care or to reunite into one home;

(D) if siblings were placed together at any time while in OKDHS custody, the dates of placement, length of time together, and an explanation regarding the disruption of the placement;

(E) a description of day-to-day behavior of each child at home, school, and place of worship;

(F) frequency and type of contact among the siblings;

(G) recommendations of the counselors or therapists involved with each child;

(H) desires of each child regarding placement;

(I) a permanency recommendation for each child; and

(J) signatures of requesting CW worker and supervisor;

(5) justified. Reasons for the separation request and behaviors referenced in the request are thoroughly detailed. For example, rather than stating that a child is difficult, specific behaviors must be identified; and

(6) supported with appropriate documentation, as applicable, such as letters from counselors or therapists, psychological evaluations, court-appointed special advocate (CASA) recommendation, criteria staffing
notes, Permanency Planning Review forms, and Form DCFS-90, Assessment of Child by Caregiver.

(A) Letters from the child's TFC counselor must be signed by the TFC agency director.

(B) Documentation identifying an ongoing plan of visitation and contact among siblings may be requested by the Sibling Separation Committee.

The adoption recommendation process involves professionals who have knowledge regarding the child in Oklahoma Department of Human Services custody and adoptive family, and experience in areas related to adoption and children with special needs. The professionals include the child's Child Welfare (CW) worker, CW supervisor, and area adoption specialist. Others who may be included are the area adoption supervisor, tribal worker, and CW field liaison (CWFL). The adoption authorization process involves Children and Family Services Division Adoption Section staff who review each recommendation submitted.

(1) When there are concerns regarding the recommendation or there is an objection to the recommendation, efforts are made to resolve the issues through communication with field staff.

(2) When no resolution is reached, the adoption placement coordinator notifies the CWFL and county director to hold a grand staffing.

(3) When the recommendation is denied, it is referred to the programs administrator for final review. ■ 1

(4) Approval of the adoption placement recommendation gives the adoption specialist the authority to offer the child for placement and complete full disclosure with the authorized adoptive family, utilizing Form DCFS-89, Affidavit of Information Disclosure for Adoption, and to determine the family's interest in proceeding with pre-placement visits. ■ 2

INSTRUCTIONS TO STAFF

1. Placement recommendation.

   (1) The Child Welfare (CW) worker contacts the assigned adoption specialist for the county or group to answer any questions or to help facilitate the authorization process.

   (2) The resource family assessment that is submitted for consideration must be current within one year or have a current update or re-evaluation utilizing Form DCFS-72, Guidelines for Adoptive Home Update and Annual Evaluation, per OAC 340:75-15-89.

   (A) Form ADM-130, Request for Background Check, must be current
within one year and attached for each household member 18 years of age and older.

(B) Form DCFS-109, Records Check, must be current within one year and attached.

(3) From the resource family assessments submitted for consideration, the child's CW worker:

(A) completes Form DCFS-91-A, Adoptive Placement Recommendation - Supplemental Worksheet, when ten or more resource family assessments are available for consideration;

(B) selects three families best able to meet the child's identified needs;

(C) ranks the families in order of preference;

(D) completes Form DCFS-91, Adoptive Placement Recommendation Worksheet, and submits to Children and Family Services Division (CFSD) Adoption Section with a copy of the resource family assessment for each family; and

(E) considers information included on Form DCFS-29, Child Profile Assessment for Adoption, when assessing the appropriateness of the prospective adoptive parent.

(4) The adoption specialist for the family is notified of the authorized recommendation and contacts the child's CW worker.

2. Full disclosure and offer of child.

(1) The adoption specialist:

(A) offers the child to the adoptive family within three weeks of the authorization date;

(B) completes Form DCFS-89, Affidavit of Information Disclosure for Adoption;

(C) provides to the adoptive family:
(i) Form DCFS-89. Form DCFS-89 and all attachments are stamped on each page with the Oklahoma Department of Human Services Disclosure Acknowledgement stamp;

(ii) de-identified Form DCFS-29;

(iii) copies of Oklahoma State Department of Health (OSDH) Form ODH 347, Medical and Social History Report for Adoption; and

(iv) medical, dental, psychological, and educational records available at that time;

(D) reviews all information in OAC 340:75-15-45 Instructions to Staff 2(1)(C) with the family prior to initiating pre-placement visits.

(i) Non-related families who wish to proceed with pre-placement visits are referred to the local OSDH Child Guidance Center for additional review of the full disclosure packet.

(ii) Upon completion of this review, pre-placement visits are coordinated utilizing Form DCFS-41-A, Preadoptive Placement Visit Agreement; and

(E) if the family declines the offer, either before or after pre-placement visits, or fails to respond to both verbal and written contact attempts, promptly notifies the child’s CW worker and Adoption Section placement coordinator by e-mail to proceed with review of the second recommendation.
340:75-15-85. Application to adopt by a foster parent or relative

(a) Foster parents and relatives are considered for adoption of a child in their care when efforts to reunite the child with the parent(s) have failed. If the child has resided with a foster parent for at least one year, great weight is given to the foster parent in the adoption consideration for the child, unless there is an existing emotional bond with a relative of the child by blood or marriage who is willing, able, and eligible to adopt the child. ■ 1

(b) A foster parent who wishes to be considered to adopt a child in his or her care who is part of a sibling group is advised that Oklahoma Department of Human Services rules supporting sibling relationships extend to adoption, per OAC 340:75-15-43.

INSTRUCTIONS TO STAFF

1. Application to adopt by a foster parent or relative.

   (1) Foster parent or relative inquiry. When a foster parent or relative expresses interest in adopting a child in his or her care, a criteria staffing is held and Form DCFS-2, Adoption Placement Criteria Staffing, is completed, per OAC 340:75-15-41, to determine whether this is an appropriate referral for an adoptive family assessment.

   (2) Conversion assessment. The process to begin the conversion resource family assessment starts with a review of the current resource family assessment for foster care. The conversion assessment is completed according to Form DCFS-69, Guidelines for Resource Family Assessment, within 60 calendar days of the referral to the resource family assessment contractor.
340:75-15-87. Assessment and preparation process

(a) **Assessment.** The assessment process is a tool for Oklahoma Department of Human Services (OKDHS) to assist the family in determining the family's ability to parent a child with special needs. The family is provided basic background information required to understand the adoption process, laws, and types of parenting issues faced by parents who adopt children with special needs. All services provided to the family in preparation for placement are designed to increase the family's ability to problem solve, access help, and cope with parenting a child with a unique history and needs. ■ 1

(b) **Joint approval of foster and adoptive families.** OKDHS may jointly approve Child Welfare (CW) foster homes that are also approved as adoptive homes. Before the home may be approved as a CW foster home and an adoptive home, the home must meet eligibility standards of both programs, per OAC 340:75-7-19. The differences in the goals of the two programs are explained to the family. The family is advised that children in foster care are not moved in order to place an adoptive child in the home. All children in the home, including children in foster care placement, are considered in making placement decisions regarding an adoptive placement.

(c) **Interviews with applicants.** Individual and joint interviews are held with each family and household member with a minimum of two home visits on separate days. Information regarding the current family structure, family history, and social support is gathered through the interviews. ■ 2

(d) **Reference information.** Signed Form DCFS-26, Resource Family Assessment Application, grants OKDHS permission to contact the listed references. Forms are mailed to appropriate references. ■ 3

(e) **Health and age.** Form DCFS-38, Medical Examination Report, or other medical examination report by a doctor for each household member must be submitted before the assessment is complete. ■ 4 An application to adopt a specific child elicits information to assess the adoptive applicant's ability to provide care for the child into adulthood, given the applicant's health history and age. ■ 5

(f) **Background checks.**

   (1) **Authorization.** Section 7505-5.3 of Title 10 of the Oklahoma Statutes mandates a criminal background check for all public agency and private adoptive parent applicants and all other household members 18 years and older. The background check includes a search of:

   (A) Oklahoma Department of Public Safety records;
(B) Oklahoma State Bureau of Investigation (OSBI) records;

(C) Department of Corrections files maintained pursuant to the Sex Offenders Registration Act; and

(D) Child Abuse and Neglect Information System.

(2) **Fingerprint search.** A national criminal history records search based upon submission of fingerprints is required for adoptive applicants and other household members 18 years and older who have not lived continuously in Oklahoma for the past ten years.

(A) When a fingerprint search has been done in the past five years and is available for review by the person conducting the adoptive home study, then only an OSBI criminal background check is required. ■ 6

(B) A home study is not initiated if any applicant or adult household member refuses to submit the forms granting permission for the background check.

(i) All adult household members age 18 and older complete and sign Form ADM-130, Request for Background Check, and submit fingerprint cards authorizing OKDHS to conduct a records check. ■ 7

(ii) Background information is considered in making a final recommendation. Information that reveals a risk to the child is used in denying the application, per OAC 340:75-15-88. ■ 8

(3) **Fingerprinting charges.** Once an applicant receives fingerprint cards, law enforcement or a private fingerprinting company may fingerprint the applicant. There is no charge to OKDHS applicants. Non-OKDHS adoptive applicants are responsible for any charges incurred for this service.

(4) **Obtaining fingerprinting services.** Law enforcement is not mandated to provide the fingerprinting service. Local law enforcement is contacted to ascertain their willingness and availability to provide this service and the cost per person.

(5) **Time frames.** If the fingerprinting is not done correctly, the cards are rejected by either the OSBI or Federal Bureau of Investigation (FBI). The applicant must be reprinted when this occurs. If the fingerprint cards are found unacceptable the second time, the applicant must pay the fee to be re-fingerprinted and non-OKDHS applicants must pay the search fee. The estimated time frame to receive all results from the OSBI and FBI is approximately eight weeks.
(g) **Marriage history.** The applicant provides copies of present marriage license and any divorce decrees, legal separations, and annulments, if applicable. Documentation of the validity of the present marriage is necessary to determine eligibility to adopt and protect the legal status of the prospective adoptive child. If there is a child from a previous marriage, the child's role in the family is discussed and child support is documented.

(h) **Financial statement.** The applicant completes Form DCFS-20, Resource Family Financial Assessment, and provides documentation of employment and income. Management of resources is more important than the family's income and is addressed in the assessment summary.

(i) **Photographs.** Recent photographs of the applicant are provided as part of the final assessment summary.

(j) **Pre-service training.** Each adoptive applicant must complete a prescribed course of pre-service training consisting of approximately 27 hours of instruction designed to assist the applicant in evaluating the strengths, needs, and challenges in parenting a child with special needs. [OAC 340:75-7-14]

### INSTRUCTIONS TO STAFF

1. **Assessment time frames.**

   (1) An at-home consultation is scheduled within ten working days after receiving the application or on a date agreed upon with the family.

   (2) The assessment process begins with completion of Form DCFS-11, House Assessment, by the adoption specialist.

   (3) Form DCFS-69, Guidelines for Resource Family Assessment, is followed in completing the process.

   (A) Information is gathered in a series of interviews with persons who have applied to adopt and any other household members.

   (B) Within two weeks of receipt of the completed application, a referral is made to the resource assessment contractor, per OAC 340:75-15-8 Instructions to Staff.

   (C) The assessment is completed within 90 calendar days of the referral to the resource assessment contractor.
2. Interviews.

(1) Assessment and preparation process. The resource assessment contractor assists the adoptive applicant in:

(A) understanding the types of parenting issues faced by families who adopt children with special needs.

(i) The family gains insight and feedback about their strengths, needs, and challenges in parenting the type of child they have applied to adopt.

(ii) The assessment includes the gender, age range, and race of child the family wishes to adopt, and the special needs the family feels they are capable of parenting. Special needs may include being part of a sibling group, age, race, mental, physical, or emotional disabilities, or being at high risk for developing a physical or mental disability; and

(B) reviewing Form DCFS-63, Child Needs Information Checklist, and explains the conditions listed.

(i) If the applicant has applied to adopt a specific child, the assessment summary addresses the applicant's relationship to the child, the child's needs, and whether the applicant can meet the child's special needs on a permanent basis and into adulthood.

(ii) When assessing an applicant, the most important criterion is the applicant's ability to parent a child not born to him or her. Marital status, income level, education, age, health, and other factors are considered only in relation to the applicant's ability to parent an adopted child.

(2) Assessment tools. The adoption specialist or resource assessment contractor utilizes the Genogram, Family Network Diagram, and Eco-Map as tools in assisting adoptive applicants to assess their strengths and challenges in parenting a child with special needs through adoption.

(A) The adoption specialist allows the applicants to determine the pace at which the process proceeds. Some applicants are ready to quickly move through the assessment, while others need more time to process
information.

(B) The Genogram, Family Network Diagram, and Eco-Map are included with a narrative obtained through the interviews in the assessment summary.

3. References.

(1) The adoption specialist sends the applicant, as appropriate, Forms:

(A) DCFS-39, Resource Family Reference Letter for Adult Children;

(B) DCFS-43, Resource Family Reference Letter for School Personnel;

(C) DCFS-48, Resource Family Reference Letter for an Employer;

(D) DCFS-64, Resource Family Personal Reference Letter;

(E) DCFS-65, Resource Family Assessment Reference Letter for Mental Health Professionals; and

(F) DCFS-65-A, Child's Mental Health Reference Letter.

(2) References may be contacted for an interview if they fail to respond to the reference letter request or if information contained in the response requires further clarification. No additional references are contacted without the specific written permission of the applicant. If voluntary references contact the adoption specialist to provide information, this is included in the assessment.


(1) If any family member has received counseling or therapy, Form HIPAA-3, Authorization to Disclose Medical Records, must be signed and:

(A) if the person is an adult, Form DCFS-65 is sent requesting information about the treatment received; or

(B) if the person is younger than 18 years of age, Form DCFS-65-A is sent requesting information about the treatment received.
(2) The reference information is not given to the adoptive family as part of the completed assessment. If negative reference information is received, the issues are fully explored with the applicant without revealing the source of the information.

(3) Form DCFS-42, Family Health History, is completed by the applicant. The narrative summary describes the family's health history, health insurance coverage, and assesses their ability to care for a child into maturity. A statement from the family physician is required for all children in the home to verify the children are free from communicable diseases and are current on immunizations.

5. Age. If the age difference between the applicant and the child is more than 55 years, the Child Welfare field liaison and Children and Family Services Division (CFSD) Adoption Section are consulted at the time of the local adoptive placement criteria staffing, per OAC 340:75-15-41.

6. Fingerprinting.

(1) OKDHS adoptive applicants. Oklahoma Department of Human Services (OKDHS) adoptive applicants and household members 18 years of age and older who have not lived continuously in Oklahoma for the last ten years must be fingerprinted. If they have been fingerprinted in the last five years and the information is available for review by the person conducting the home study, then only an Oklahoma State Bureau of Investigation (OSBI) search is required. The search fee is paid by OKDHS for all OKDHS adoptive applicants and their adult household members.

(A) The adoption specialist provides the applicant and any household member 18 years of age and older who have not lived continuously in Oklahoma for the last ten years with two fingerprint cards. The cards are taken to local law enforcement or a private fingerprinting company where the fingerprinting takes place. OKDHS pays for the required fingerprinting. Tribal homes that are in the process of certification to serve children in OKDHS custody are included in this process.

(B) After fingerprints are obtained, the applicant returns the cards to the respective adoption specialist who checks the fingerprint cards for completeness and applicant's signature. The completed fingerprint cards and Form ADM-130, Request for Background Check, are placed in a sealed manila envelope marked confidential and mailed to CFSD
(C) The results are returned to the CFSD Fingerprint Processing Section in approximately eight weeks. If an FBI criminal history is found on the applicant, this information is not dispersed to non-governmental agencies. The applicant may access this information by mailing a letter of request, that includes an address in which to mail the information, to the Fingerprint Processing Section.

(2) Non-OKDHS adoptive applicants. Non-OKDHS adoptive applicants and adult household members 18 years of age and older must complete Form ADM-130. An OSBI check is required for all OKDHS and non-OKDHS applicants and includes a search of:

(A) Oklahoma Department of Corrections files maintained pursuant to the Sex Offenders Registration Act; and

(B) Oklahoma Department of Public Safety records.

(i) Non-OKDHS applicants are responsible for paying the cost of fingerprinting and OSBI name search. The cost for the FBI and OSBI search for an applicant is $50. Of this cost, $9 is for OKDHS administrative fees and $41 is the actual cost for the search. An OSBI name search is required for each member of an applicant's household who is 18 years of age or older. The cost for this search is $20 for each applicant. Of this cost, $5 is for OKDHS administrative fees and $15 is the actual cost for the search.

(ii) The private agency, private attorney, or tribal office provides each applicant with two fingerprint cards. The applicant takes the cards to local law enforcement or a private fingerprinting company where the fingerprinting takes place. Each applicant is responsible for paying the cost of fingerprinting.

(iii) After fingerprints are obtained, the applicant returns the cards to the respective private agency, private attorney, or tribal office. Fingerprint cards are not returned to local OKDHS offices. The private agency, private attorney, or tribal office reviews the cards with the applicant for completeness and applicant's signature.
(iv) Completed Form ADM-130 must accompany each set of fingerprint cards. Completed forms and fingerprint cards for all members of the same household must be submitted together. The payment is a check or money order made payable to OKDHS. Fingerprint cards and forms received without payment by CFSD are returned. The completed fingerprint cards, Form ADM-130, and payment are mailed by the private agency, private attorney, or tribal office in a sealed envelope marked confidential to CFSD Fingerprint Processing Section, PO BOX 268935, Oklahoma City, OK 73126.

(v) The results are returned to the private agency, private attorney, or tribal office in approximately eight weeks. A return address must be provided for results to be returned. If an FBI criminal history is found on an applicant, this information is not dispersed to non-governmental agencies. OKDHS provides the non-governmental agency with a response letter stating only that criminal history was found. The applicant may access this information by mailing a written request, that includes the address in which to mail the information, to CFSD Fingerprint Processing Section.

7. Criminal background check. A review is completed of any existing OKDHS records and information systems checks, including Oklahoma State Courts Network (OSCN) and Oklahoma District Court Records (ODCR) on each adult household member. Any significant information obtained through completed Form ADM-130 and other information systems checks is reviewed thoroughly, verbally discussed with the applicant, and included in the written assessment summary in the Verification section.

8. Child abuse and neglect information. A Child Abuse and Neglect Information System (CANIS) search is required for all OKDHS and non-OKDHS adoptive applicants. The Adoption Section completes all CANIS searches. CANIS search results are forwarded to the agency or other person authorized to conduct home study investigations per Section 7505-5.4 of Title 10 of the Oklahoma Statutes.

   (1) OKDHS applicant. Any significant information obtained through completing Form DCFS-109, Records Check, is reviewed thoroughly, verbally discussed with the applicant, and included in the Verification section of the assessment summary.

   (2) Non-OKDHS applicant. The applicant must complete a written request
for a CANIS search via Form DCFS-125, Request for Child Abuse and Neglect Information System Search, that is submitted with verification of impending adoption to the Adoption Section by the applicant or agency or other person authorized to conduct home study investigations.

9. Photographs. The family is encouraged to incorporate photographs, such as photographs of parents, relatives, home, work space, school, pets, activities, other children in the family, and the neighborhood, into a family Life Book. The Life Book must be 8 ½ X 11 inches and filed with the assessment.

10. Pre-Service training. The information about the adoption process provided to adoptive applicants allows them to decide whether adoption is appropriate for their family. The dates the applicants attended pre-service training, and a description of their reaction to the information provided is included in the Training section of the assessment summary. Exceptions must be requested from the Adoption Section.
340:75-15-89. Evaluation of the adoptive home after the resource family assessment

(a) Ongoing evaluation. Adoptive homes are evaluated on a continuing basis. \(^1\)

(b) Annual re-evaluation. A formal re-evaluation is completed on an annual basis on each adoptive home which does not have a child placed in the home. \(^2\)

INSTRUCTIONS TO STAFF

1. Assessment update. The adoption specialist updates the resource family assessment when any significant changes occur within the family. Examples of significant changes are:

   (1) change in the household composition;
   
   (2) trial adoption disruption;
   
   (3) death in the family;
   
   (4) change of employment or income;
   
   (5) relocation of the family; or
   
   (6) update of Form DCFS-63, Child Needs Information List.

2. Annual re-evaluation. The adoptive home annual assessment is completed according to the guidelines in Form DCFS-72, Guidelines for Adoptive Home Update and Annual Evaluation.

   (1) A copy is provided to the adoptive family and a copy is retained in the local case record. The adoptive family is given an opportunity to review the adoptive home annual assessment and make comments prior to completion. Procedures outlined in OAC 340:75-15-84 Instructions to Staff are followed.

   (2) If a national fingerprint check has been done within the previous five years, then an Oklahoma State Bureau of Investigation (OSBI) name-based record search for each adult household member 18 or older is sufficient.
340:75-15-107. Adoption disruption

Disruption of the adoption may occur due to a request by the family that the child be moved from the home or when Oklahoma Department of Human Services determines that the placement poses a risk to the child. When the decision to separate is made, the child is removed from the family as soon as possible.

INSTRUCTIONS TO STAFF

1. Adoption disruption.

   (1) Request for removal of child. When the adoptive family requests removal of the child, the family signs Form DCFS-74, Affidavit of Adoption Disruption, documenting the request. Form DCFS-74 is routed according to form instructions.

      (A) The Child Welfare (CW) county of jurisdiction worker is responsible for notifying the court and the child’s attorney of the disruption, per OAC 340:75-6-86.

      (B) Prior to the child’s removal from the home, or as soon as possible thereafter, the adoption specialist consults with Children and Family Services Division Adoption Section regarding planning for the child. No attempt is made at this time to assess with the adoptive family the adoption failure or decide why it happened.

      (C) The adoption specialist and adoption supervisor staff the disruption with the designated Adoption Section programs field representative.

   (2) Assessment of disruption. Once the family and child are resettled and the grief process is underway, the reassessment of the adoptive home may begin. The reassessment focuses on why the adoption did not work and whether the adoptive family will continue to be recommended for placement.

      (A) Some common reasons that adoptions do not succeed are:

          (i) the adoptive parent(s) and child were unable to form an attachment to each other;

          (ii) the child or adoptive parent(s) was not ready for the adoptive
experience;

(iii) the adoptive parent(s) lacks the capacity to be an adoptive parent to any child; and

(iv) the child lacks the capacity to function in any adoptive family.

(B) The decision to attempt another adoptive placement with the family must allow for the resolution of the earlier failure. This includes coming to terms with the reasons for the failure, and mourning the loss.

(C) The adoptive home assessment is updated and a recommendation is made regarding continued approval of the adoptive home.
340:75-15-126. Insurance coverage

Section 6059 of Title 36 of the Oklahoma Statutes provides that health insurance benefits applicable for any natural child of an insured or subscriber must be payable regarding an adopted child of the insured or subscriber from the date of placement of the child in the custody of the insurer or subscriber, provided the insurer is notified in writing within 31 days.

(1) Coverage includes the necessary care and treatment of medical conditions existing prior to the date of placement of the child in the adoptive home.

(2) Placement is defined as the assumption of physical custody and the financial responsibility for the support and care of the adopted child.
340:75-15-128.1. Adoption assistance benefits

(a) Adoption assistance benefits may include Medicaid coverage, a monthly assistance payment, special services, reimbursement of non-recurring adoption expenses, or any combination of these. Children eligible for Title IV-E (IV-E) assistance are also eligible for available Title XX services.

(1) Medicaid. The child is eligible for the Oklahoma Medicaid program or the Medicaid program in the state of residence, if IV-E eligible. All necessary medical and dental care under the scope of that program is compensable at usual and customary charges, per OAC 340:75-15-129.

(2) Monthly assistance payments. A child may be eligible for a monthly assistance payment to provide financial support to families who adopt children considered difficult to place. Payments are made to eligible families as long as Oklahoma Department of Human Services (OKDHS) has sufficient funds available and is authorized to make payments under Form DCFS-68, Adoption Assistance Agreement, as allowable within the OKDHS budget.

(A) Rates. The standard rates for monthly adoption assistance payments correspond to the child's age set out in OKDHS Appendix C-20, Children and Family Services Division Rates Schedule, as amended from time to time, as approved by the Oklahoma Commission for Human Services (Commission).

(B) DOC rate descriptions. The difficulty of care (DOC) descriptions are guidelines from which the most appropriate DOC rate is determined for the eligible child. Not every situation will clearly fit into one DOC rate category. DOC descriptions are set out in OKDHS Appendix C-20 as amended from time to time, as approved by the Commission.

(i) Consideration of the child's age is part of determining the appropriate rate category.

(ii) Documentation that the child's needs, conditions, or behaviors fit the rate category is required from the adoptive family and professional sources outside the adoptive family.

(iii) Updated documentation may be required by OKDHS from time to time to establish a child's ongoing eligibility for a particular DOC rate.

(3) Special services. Special services are used to meet the child's needs that cannot be met by the adoptive parent(s) and that are not covered under any other
program for which the child would qualify.

(A) These services include corrective appliances, such as leg braces, prostheses, and walkers.

(B) Tutoring and private school tuition are not covered as special services, as the public school systems are mandated to provide all children with special needs with an appropriate public education.

(C) The child's needs are reviewed at least annually and special services may be approved for a limited time.

(D) The amount paid does not exceed the reasonable fee for the service rendered.

(E) The special service is negotiated with the adoptive parent(s), approved by Children and Family Services Division (CFSD) Adoption Assistance Section, and included in Form DCFS-68, Adoption Assistance Agreement.

(4) Reimbursement of non-recurring adoption expenses. Certain non-recurring expenses incurred by or on behalf of the adoptive parent(s) in connection with the adoption of a child with special needs may be reimbursed.

(A) Reimbursable expenses. Non-recurring adoption expenses are the reasonable and necessary adoption fees, court costs, attorney fees, and other expenses that are directly related to the legal adoption of a child with special needs, are not incurred in violation of state or federal law, and have not been reimbursed from other sources or funds. Financial reimbursement is available to the adoptive parent(s) of an eligible child for:

(i) adoption fees;

(ii) court costs;

(iii) attorney fees;

(iv) adoptive home study fee;

(v) costs incurred to obtain health and psychological reports on family members;

(vi) supervision of the adoptive placement by another agency;
(vii) transportation, food, and lodging for the adoptive parent(s) and child during the placement process; and

(viii) cost of fingerprinting paid by the adoptive parent(s).

(B) **Eligibility.** The child must meet all eligibility criteria for a child with special needs, per OAC 340:75-15-128.4, and have been placed for adoption in accordance with applicable state and local laws. **It is not required that the child:**

(i) be in the custody of OKDHS or a federally recognized tribe at the time of finalization of the adoption; or

(ii) meet the IV-E categorical eligibility requirements for adoption assistance, per OAC 340:75-15-128.2.

(C) **Amount of reimbursement.** Reimbursement of non-recurring adoption expenses, as defined in OAC 340:75-15-128.1(a)(4)(A), may be approved on behalf of the eligible child as described in (i) and (ii).

(i) **Finalized adoption.** Assistance is limited to documented actual expenses incurred up to a maximum of $1,200 per child if the adoption is finalized. If an Order Terminating Parental Rights or Order Determining the Child Eligible for Adoption Without the Consent of a Biological Parent had to be obtained in the adoption case, a request for reimbursement up to a maximum of $2,000 per child is considered by OKDHS on a case-by-case basis. In cases where siblings are placed together with the same adoptive family, each child is treated as an individual with separate reimbursement for non-recurring expenses.

(ii) **Non-finalized adoption.** A potential adoptive parent(s) whose trial adoption disrupts prior to finalization may be eligible for up to a maximum reimbursement of $500 per child.

(D) **Approval and payment.** The request for reimbursement of non-recurring adoption expenses must be approved and Form DCFS-68 signed by the adoptive parent(s) and OKDHS designee prior to finalization of the adoption. Payment is made directly to the adoptive parent(s) for approved amounts shown on the itemized statement as paid in full. Payment is made directly to a vendor, such as an attorney and private adoption agency, for the fee that the itemized statement indicates has not been paid in full by the adoptive parent(s).

(E) **Interstate placement.** The provisions of OAC 340:75-15-128.5(b) apply to
reimbursement of non-recurring adoption expenses in interstate adoptions.

(b) Overpayments. CFSD Adoption Assistance Section staff immediately verbally
notifies the adoptive parent(s) when it is discovered that an overpayment has occurred.
OKDHS researches, analyzes, and verifies the overpayment amount within 60 days of
the verbal notification to the adoptive parent(s). The adoptive parent(s) is responsible
for repayment, even if he or she is not responsible for causing the overpayment.

(1) Adoption Assistance Section staff contacts the adoptive parent(s) regarding an
adoption assistance overpayment and discusses the amount to be automatically
deducted, when possible, from the monthly adoption assistance payment.

(A) The adoptive parent(s) is notified in writing by certified mail of the
overpayment agreement plan. Upon receipt of the overpayment agreement plan,
the adoptive parent(s) signs and returns the plan to OKDHS with original
signatures.

(B) The overpayment agreement plan must not exceed 36 months from the date
of receipt of written notification of the plan.

(C) The minimum monthly payment toward the overpayment must not be less
than $150, with the exception of the final payment.

(2) Adoption Assistance Section staff notifies OKDHS Legal Division when the
adoptive parent(s) does not respond to the written notification of or fails to comply
with the overpayment agreement plan.

(3) A referral is made to Office of Inspector General (OIG) if fraud is suspected.

c) Modification. Form DCFS-68 may be modified and the adoption assistance
payment amount may be readjusted periodically when warranted by a change in
circumstances and with the concurrence of the adoptive parent(s). A change in the
child's eligibility for the DOC rate paid constitutes a change in circumstance.

(1) The adoption assistance payment amount may not be automatically adjusted
without agreement of the adoptive parent(s) except for an across-the-board
reduction or increase in OKDHS foster care reimbursement rates or DOC rates.

(2) Modification of Form DCFS-68 is prospective only and may not be retroactive.

(3) If the parties cannot come to an agreement, OKDHS establishes the payment
amount.
(4) The adoptive parent(s) has a duty to inform OKDHS of circumstances that would make the child ineligible for adoption assistance payments or eligible for payments of a different amount. OKDHS may require:

(A) the adoptive parent(s) to provide updated documentation of a child's ongoing eligibility for the payment amount received; and

(B) evaluation of a child by a suitably licensed or certified examiner selected by OKDHS if the child's eligibility is in question.

(d) **Termination.** When Form DCFS-68 is signed and in effect, it is only terminated if one of the conditions described in (1) through (3) is met.

(1) The child has attained the age of 18 years, except where OKDHS determines that the child has a severe physical or mental disability that warrants the continuation of assistance until the child reaches the age of 19 years.

(A) The child may be considered for continued assistance after reaching the age of 19 years and until 21 years when the child has applied for Supplemental Security Income (SSI) and the initial application for SSI is pending or has been denied and the child's needs, conditions, or behaviors meet the criteria for DOC Rate IV or V as determined by OKDHS.

(B) Prior to the child reaching 19 years, in order for adoption assistance to continue after the child's 19th birthday, the adoptive parent(s) must provide OKDHS documentation that:

(i) shows application for SSI benefits has been received by Social Security Administration (SSA) and is pending or has been denied; and

(ii) demonstrates the child's needs, conditions, or behaviors meet the criteria for DOC Rate IV or V. When the SSI application is pending, the adoptive parent(s) must provide documentation monthly to OKDHS that demonstrates due diligence in securing for SSA the necessary information to timely process the child's SSI application.

(C) Adoption assistance payments terminate when SSI payments are approved and in no event continue after the child reaches the age of 21 years.

(D) Failure to comply with OAC 340:75-15-128.1(d) results in termination of adoption assistance payments on the child's 19th birthday or on the month following failure to provide documentation on a pending SSI application,
(2) A determination is made by OKDHS that the adoptive parent(s) is no longer legally responsible for support of the child.

(3) OKDHS determines that the adoptive parent(s) is no longer providing financial support to the child. If a child is placed in out-of-home care, including psychiatric, residential, therapeutic, or foster family care, and the adoptive parent(s) continues to provide financial support to the child, adoption assistance may continue. The rate of payment may be renegotiated, as appropriate.

(e) **Death of adoptive parents or dissolution of the adoption.** A child who was receiving IV-E adoption assistance at the time of the death of all of the child's adoptive parents or at the time the adoption dissolves may be eligible for adoption assistance if the child is adopted again after October 1, 1997. A child receiving state funded adoption assistance is eligible if adopted after May 29, 1998. To be eligible, the child must continue to meet the special needs criteria and all of the requirements in (1) through (4).

(1) The prospective adoptive parent(s) must make application on Form DCFS-54, Adoption Assistance Application.

(2) The prospective adoptive parent(s) must provide from a district or tribal court a copy of a file-stamped Petition for Adoption if requesting prefinalization adoption assistance or a Final Decree of Adoption if requesting adoption assistance to begin after adoption.

(3) OKDHS must be able to document the child was receiving IV-E or state funded assistance at the time of the death of the adoptive parent(s) or at the time the adoption dissolved.

(4) OKDHS must be provided documentation that the new adoptive parent(s) is not the biological parent(s).

(f) **Relocation by adoptive family to another state.** An Adoption Assistance Agreement signed on or after October 1, 1983 remains in effect regardless of the state in which the adoptive parent(s) is a resident at any given time.

**INSTRUCTIONS TO STAFF**

1. Approval and payment for non-recurring adoption expenses. The payment process for non-recurring adoption expenses is outlined in (1) through (3).
(1) Designated Children and Family Services Division Adoption Assistance Section staff completes Adoption Fees Authorization to Purchase screen in the Finance system and mails the authorization form to the vendor.

(2) The authorization is signed by both the vendor and an adoptive parent and is returned to Oklahoma Department of Human Services (OKDHS) Finance Division as shown on the form.

(3) OKDHS Finance Division issues payment to the vendor within ten business days of receipt of the authorization form.
340:75-15-128.4. Determination of special needs

A child must be determined to have special needs to be eligible for federally funded adoption assistance, per OAC 340:75-15-128.2, state funded adoption assistance, per OAC 340:75-15-128.3, or reimbursement of non-recurring adoption expenses, per OAC 340:75-15-128.1. A child is determined to have special needs by meeting all criteria in (1) through (3).

(1) **Child cannot return home.** Oklahoma Department of Human Services (OKDHS) recommends that the child must not return to the home of his or her parent(s). The documentation required to show that a child must not be returned home is:

   (A) a Petition for Termination of Parental Rights;

   (B) an Order of Termination of Parental Rights from a court of competent jurisdiction;

   (C) for a child under the jurisdiction of the court, a signed Relinquishment of Parental Rights;

   (D) satisfied by other official documentation when it is determined a child can be adopted in accordance with state or tribal law without a Termination of Parental Rights or Relinquishment; or

   (E) verification of the parent(s)’ death, if the child is orphaned.

(2) **Special factors or conditions.** OKDHS determines that due to one or more factors or conditions listed in (A) through (G), the child may not be placed with the adoptive parent(s) without providing adoption assistance.

   (A) **Physical disability.** The child has a physical disability that requires regular treatment with a specific diagnosis given by the child's physician.

   (B) **Mental disability.** The child meets the eligibility criteria for educable multi-handicapped (EMH) or trainable multi-handicapped (TMH) classes and has been evaluated by a licensed psychologist, psychometrist, school, or recognized diagnostic center. A child with a demonstrable need for intensive adult supervision beyond ordinary age needs also qualifies.

   (C) **Age.** Eligibility based on the child's age is determined according to (i) and (ii).
(i) **Kinship placement.** There is no age requirement for a child placed with a relative who provides paid or non-paid kinship care and who meets the specified degree of relationship as defined in OAC 340:10-9-1.

(ii) **Non-related and other relative placements.** The child must be eight years of age or older. This includes a child adopted by a relative who was not the child's caregiver at the time of adoptive placement.

(D) **Sibling relationship.** The child is part of a sibling group as specified in (i) and (ii).

(i) A child of any age and at least one sibling are placed in trial adoption status in the same home.

(ii) A child younger than three years of age, not determined eligible to receive an adoption assistance payment at the time of the adoption assistance application, becomes eligible due to a sibling relationship.

(I) If within one year of finalization of the child's adoption, the adoptive parent(s) finalizes the adoption of the child's sibling, the child is eligible for an adoption assistance payment.

(II) The effective date to begin the adoption assistance payment for the child is the effective date of the adoption assistance payment for the sibling.

(E) **Emotional disturbance.** For a child to meet this criteria the emotional disturbance must be:

(i) established by a physician, psychologist, behavioral therapist, or social worker;

(ii) corroborated by the Child Welfare worker's observations of the child's behavior;

(iii) corroborated by one or more caregivers, such as foster parent, Head Start or school personnel, or child care provider; and

(iv) documented with a specific diagnosis and prognosis, if applicable.

(F) **Racial or ethnic factor.** The child must be American Indian, Hispanic or Latino, Asian, or African American and three years of age or older.
(G) **High risk of physical or mental disease.** The child who exhibits high risk of physical or mental disease for conditions that are not presently being treated may qualify. If no other special factors or conditions are met, no monthly payment is made until there are documented symptoms of physical or mental disease. Indicators of high risk physical or mental disease are:

(i) social and medical history, such as mental illness of a biological parent or family member;

(ii) events or life experiences, such as severe sexual abuse; and

(iii) prenatal exposure to drugs or alcohol.

(3) **Unsuccessful efforts to place the child without assistance.** A reasonable but unsuccessful effort was made to place the child without assistance, except where it would be against the child's best interest due to such factors as a strong emotional tie to a foster parent who plans to adopt the child or placement with a relative.

(A) Documentation of efforts to place a child without assistance is required and includes specific recruitment efforts for an adoptive parent(s) who could meet the child's special needs. Examples include:

(i) area staffings;

(ii) adoption parties;

(iii) adoption resource exchanges; and

(iv) media and Internet efforts.

(B) Form DCFS-54, Adoption Assistance Application, per OAC 340:75-15-128.5, must include a statement of the reasons the child may not be placed in an adoptive home without adoption assistance, including:

(i) specific factors that make it difficult to place the child;

(ii) description of efforts to place the child without assistance; and

(iii) reasons it is not in the child's best interest to attempt to place for adoption without assistance.
340:75-16-35. Responsibilities of the inpatient mental health care facility liaison

(a) The county director or designee designates a Child Welfare (CW) worker to be assigned to the mental health care facility.

(b) The facility liaison has specific responsibilities. ■ 1

INSTRUCTIONS TO STAFF

1. Facility liaison’s role and responsibilities. The facility liaison:

   (1) provides a supportive service role, not a supervisory function. The Child Welfare (CW) facility liaison works in conjunction with the CW county of jurisdiction worker to ensure service delivery to the child who is admitted to an inpatient mental health facility; and

   (2) is responsible for:

      (A) on-site interaction with the child at the mental health facility at least every 30 days and documenting those contacts in KIDS Contacts screen per OAC 340:75-6-48;

      (B) attending staffing and conferences at the mental health facility as appropriate;

      (C) ensuring a copy of the child’s treatment plan is provided to the CW county of jurisdiction worker;

      (D) approving any leave or visitation only after coordinating with the CW county of jurisdiction worker;

      (E) facilitating in the assignment of an active Medicaid number if the child does not have a number assigned at the time of admission;

      (F) notifying the child’s CW county of jurisdiction worker when the child is absent without leave (AWOL) and ensuring the appropriate authorities are notified per OAC 340:75-6-48.3;

      (G) providing updates in KIDS Contacts screen and information for Form CWS-KIDS-11, Court Report, or CWS-KIDS-25, Individualized Service Plan (ISP) Progress Report, as applicable, and informing the CW
county of jurisdiction worker regarding the child’s course of stay at the facility. The liaison is informed of upcoming court dates in a timely manner by the CW county of jurisdiction worker;

(H) remaining alert to, and ensuring the reporting of, any maltreatment allegations per Title 10 of the Oklahoma Statutes;

(I) providing information about the mental health facility's treatment program to the CW county of jurisdiction worker; and

(J) assisting in the arrangement of transportation of the child for court hearings and visitations when possible.
## SUBCHAPTER 18. CONTINUOUS QUALITY IMPROVEMENT

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340:75-18-2. Definitions

The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Administration on Children and Families (ACF)" means an agency within the United States Children's Bureau that has primary oversight of child welfare (CW) services administered by the states with the participation of federal financing.

"Child and Family Services Review (CFSR)" means a procedure developed by ACF to assess and improve CW services. Oklahoma Department of Human Services (OKDHS) has replicated this procedure with minor modification to assess outcomes from and systemic factors of Oklahoma's CW services.

"Child Welfare (CW) case review" means a qualitative and quantitative method of evaluation that:

(A) examines outcomes for children and families receiving CW services; and

(B) informs case practice.

"Contractor" means a person or agency that provides CW services through a contract or agreement with OKDHS or Oklahoma Health Care Authority.

"Oklahoma Health Care Authority (OHCA)" means the state agency that administers federal Medicaid, Title XIX, funding for social services.

"Outcomes" means statements describing achievements realized by children and families as a result of CW services.

"Program Improvement Plan (PIP)" means a plan of action that establishes goals and strategies for ongoing service improvement.

"Quality assurance (QA)" means a systematic process used to:

(A) assess quality of services;

(B) identify strengths and needs of the service delivery system;

(C) provide reports; and

(D) evaluate program improvement measures.
"Site" means a county or grouping of counties, typically supervised by one county director, that is the focus of review by one team during a CFSR.

"Systemic factors" means components of CW services important to the successful realization of targeted outcomes by children and families, as measured in the CFSR.

Child and Family Services Review (CFSR):

(1) replicates required procedures of the United States Department of Health and Human Services Administration on Children and Families (ACF) in the conduct of evaluations by the same name; ■ 1

(2) assesses:

(A) outcomes related to safety, permanence, and well-being by children and families; and

(B) status of systemic factors essential to effective service provision, such as:

   (i) Statewide Automated Child Welfare Information System (KIDS system);

   (ii) Child Welfare (CW) case review system;

   (iii) CW staff and provider training;

   (iv) services and resources;

   (v) Oklahoma Department of Human Services (OKDHS) response to community;

   (vi) quality assurance system; and

   (vii) foster and adoptive home recruitment and approval;

(3) evaluates achievement of outcomes by children and families, such as:

   (A) children are, first and foremost, protected from abuse and neglect;

   (B) children are maintained in their own homes, when possible and appropriate;

   (C) children have permanency and stability in their living situations;

   (D) children receive appropriate services to meet their educational needs;

   (E) children receive adequate services to meet their physical and mental health needs;
(F) continuity of family relationships and connections is preserved for children; and

(G) families have enhanced capacity to provide for their children’s needs; and

(4) assesses and evaluates additional outcomes and systemic factors as identified by Children and Family Services Division and Field Operations Division (FOD); and

(5) is conducted by two to four teams. Each team:

(A) focuses on service delivery within one county; and

(B) consists of:

(i) Continuous Quality Improvement (CQI) staff, who serves as the leader of a site review;

(ii) CW worker or supervisor not affiliated with a site under review;

(iii) third party identified by the respective FOD area director; and

(iv) at least one volunteer stakeholder, not employed by OKDHS. 1

(I) The participating county director or designee ensures that a background check is completed on each stakeholder, unless employed in CW or law enforcement, prior to involvement in the CFSR. The background check includes a criminal records check through Oklahoma State Bureau of Investigation (OSBI) and review of Child Abuse and Neglect Information System.

(II) Prior to participation in reviews, staff and stakeholders complete training regarding the CFSR process. Stakeholders sign commitments agreeing to keep confidential the information made available to them during the CFSR. 1

INSTRUCTIONS TO STAFF

1. (a) CFSR schedule.

   (1) Children and Family Services Division Continuous Quality Improvement (CQI) Unit produces an annual schedule that projects the date for a Child and Family Services Review (CFSR) at each site in the state.
(2) CFSRs occur quarterly within each Field Operations Division (FOD) area, allowing each site to participate in a review at least once a year. The FOD area director may request an adjustment in the schedule when there is an exceptional circumstance. Efforts are made to honor such requests without compromising the commitment to review all sites yearly.

(A) Each CFSR includes a stratified random sample of approximately six children in each of the three to four participating counties.

   (i) County staff is notified of each child identified for inclusion in a CFSR at least one month prior to the CFSR.

   (ii) The area director designee contacts the person responsible for the child (PRFC) for each child and discusses the opportunity to participate in the CFSR.

(B) At least one CQI staff member is assigned to each area to:

   (i) assist in planning for quality improvement;

   (ii) facilitate staff and stakeholder participation; and

   (iii) approximately one month before the CFSR, train designated area staff and stakeholders in CFSR interview, record review, and standard application procedures.

(C) Each CQI site leader visits with the participating county director or designee at the initiation of the CFSR to:

   (i) explain procedures;

   (ii) confirm arrangements; and

   (iii) schedule an exit conference.

(b) CFSR outcomes.

(1) Outcome performance is assessed on-site through:

   (A) review of CW case records; and
(B) observations and interviews with:

(i) school-age children;

(ii) parents or PRFCs;

(iii) CW staff;

(iv) placement providers; and

(v) other persons with a significant role in a child’s life.

(2) CQI staff collaborate with each team member daily during the CFSR to ensure that findings are considered in a manner consistent with performance criteria for each outcome and systemic factor.

(A) Findings are generated for each child indicating whether each outcome is:

(i) substantially achieved;

(ii) partially achieved;

(iii) not achieved; or

(iv) not applicable.

(B) Findings for systemic factors are aggregated to achieve findings of:

(i) strength;

(ii) adequate; or

(iii) area needing improvement.

(3) The team shares findings for a site with the participating county director during an exit conference at the conclusion of the county review.

(4) CQI staff aggregates findings for all counties in the CFSR. Findings are based on protocols established for CFSRs by the Administration on Children and Families (ACF).
(5) Written findings for the CFSR:

(A) describe performance related to each outcome and systemic factor; and

(B) are shared during the exit interview with the area director or designee. Areas of strength are recognized and commended.

(6) FOD is advised of and addresses significant or ongoing departures from service quality expectations.

(7) The CQI unit produces a report quarterly summarizing the:

(A) performance of each area and the state regarding each outcome and systemic factor;

(B) strengths and areas in which progress is realized; and

(C) issues requiring continuing attention.

(c) CFSR systemic factors. Performance of systemic factors is assessed through individual and group interviews of internal and external stakeholders.

(1) County staff arranges interviews with stakeholders.

(2) CQI staff and the respective county director:

(A) facilitate the systemic review; and

(B) compile a report on the results of the systemic review. The report is submitted to FOD and CFSD programs staff.
340:75-18-13. **Implementation** of service review activities

Each Field Operations Division (FOD) area and contractor providing Child Welfare (CW) services implements service review and improvement activities regarding service delivery to children and families. Implementation is assessed on the basis of service outcomes.

(1) CW case reviews are conducted by FOD and Children and Family Services Division (CFSD) staff. Case reviews promote consistency in practices supporting positive outcomes in child safety, permanency, and well-being. Measures and expectations in the case review are consistent with the Child and Family Services Review. ■ 1

(2) Program Improvement Plans (PIPs) are developed to address the most critical challenges in CW service delivery. These plans establish goals and strategies to improve outcomes. Periodic review and reporting are a part of the ongoing evaluation of each plan's efficacy. ■ 2

INSTRUCTIONS TO STAFF

1. **Supervisory and peer reviews.** Supervisory and peer reviews are assigned to Child Welfare (CW) staff from a random sampling of eligible cases. Reviews assigned to the CW supervisor consist of comprehensive and focused reviews of cases from each worker assigned to the supervisor.

   (1) Comprehensive case reviews apply all Child and Family Services Review (CFSR) items relevant to a case type. For example, only item 1 of the CFSR applies to Child Protective Services cases while multiple items related to safety, permanency, and well-being are applied to Permanency Planning cases. Each CW worker must participate with the supervisor in at least one comprehensive case review each review period.

   (2) Focused case reviews consider only those items that relate to objectives for service refinement noted in the county Program Improvement Plan (PIP).

   (3) Case reviews:

      (A) are based on data in the child's KIDS case;

      (B) require the CW supervisor to contact the placement provider to verify the child's placement and most recent CW worker visit; and
(C) are tracked in KIDS and related data reports are used to retrieve assignment, completion timeliness, and outcome information.

(4) The county director monitors timely completion of the CW supervisor's required case reviews.

2. County PIP.

(1) The PIP:

(A) addresses three or more of the most significant challenges regarding the county's CW services;

(B) is developed with input from county CW staff and stakeholders;

(C) identifies factors that may impede desired performance and strategies necessary for improvement; and

(D) is reviewed and approved by designated Field Operations Division (FOD) staff, Children and Family Services Division (CFSD) staff, or both.

(2) The county director:

(A) is responsible for the development, implementation, and review of the PIP; and

(B) evaluates progress on the implementation and effectiveness of the PIP at least quarterly. Progress and need for interim adjustment is discussed with staff and stakeholders with a significant role in the PIP implementation. Quarterly reports are submitted to designated FOD and CFSD staff.

(3) Appropriate data from CFSR, WebFOCUS, and case review reports is utilized to measure progress.
SUBCHAPTER 19. WORKING WITH INDIAN CHILDREN

Section
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340:75-19-31. Independent living services for tribal custody youth
340:75-19-32. Tribal/state agreements for foster care
340:75-19-33. Role of the CW tribal liaison and CW worker

(a) Oklahoma Department of Human Services (OKDHS) provides foster care reimbursement to approved tribal foster homes for the placement of children in tribal custody when OKDHS has a contractual agreement with the child's tribe for the payment of foster care and the tribe has submitted Form DCFS-57, Indian Child Welfare Program Referral, along with a copy of the court order and case plan to the assigned Child Welfare (CW) tribal liaison.  ■ 1 & 2

(b) The tribe sends copies of updated case plans and current court orders to the CW tribal liaison. The child's tribe immediately notifies the CW tribal liaison on Form DCFS-57-A, Indian Child Welfare Program Update, of any change in the child's placement or custody.  ■ 3

(c) The child's tribe is responsible for providing services and supervising the child's placement in tribal custody.  ■ 1

(d) The child's tribe makes application on behalf of the child for any financial benefits, such as Social Security, to which the child is entitled. If the child is determined eligible, the child's tribe immediately notifies the CW tribal liaison on Form DCFS-57-A with updated information. The foster care payment is reduced by the dollar amount of the benefit.  ■ 2

(e) Each tribe develops and implements policies and practices in accordance with federal regulations related to Titles IV-B and IV-E. Tribes may request technical assistance from OKDHS to ensure compliance with:

   (1) federal law, policy, and regulation;

   (2) accountability for fiscal and program operations;

   (3) reporting procedures; and

   (4) compliance with the terms and conditions of tribal and OKDHS agreements.  ■ 4

(f) If OKDHS identifies questionable foster care practices or circumstances that may jeopardize continued federal funding, the situation is reviewed and reconciled by a panel of tribal and OKDHS officials on a case-by-case basis. If reconciliation is not possible, both parties may present their views to the Director of OKDHS who determines whether continued payment is made on behalf of the cases affected.  ■ 4
INSTRUCTIONS TO STAFF

1. Role of CW tribal liaison.

   (1) Responsibilities. The Child Welfare (CW) tribal liaison:

   (A) reviews Form DCFS-57, Indian Child Welfare Program Referral, and:

   (i) contacts the tribe when additional information is needed; and

   (ii) uses information on Form DCFS-57 to open a KK case;

   (B) completes tribal Adoption and Foster Care Analysis and Reporting System (AFCARS) screen, including the case plan goal in the tribal AFCARS screen; and

   (C) completes Form CWS-KIDS-4, Eligibility Determination, to submit to the custody specialist for Title IV-E (IV-E) determination. If the child in tribal custody is not IV-E eligible, the CW tribal liaison makes application for Title XIX for the child.

   (2) Transfer of jurisdiction to a tribe. When jurisdiction of an Indian child is transferred from Oklahoma Department of Human Services (OKDHS) to a tribe, the CW tribal liaison:

   (A) reviews the court order, case plan, and Form DCFS-57 provided by the tribal CW worker; and

   (B) when the child is placed in a tribal foster home or the tribe is in the process of certifying the current placement as a tribal foster home, ensures the child's KIDS removal and KK case remain open and documents the placement as soon as possible; or

   (C) when the child has been moved to a non-foster care placement and the child will not be placed in a foster care placement within the next 30 days, end dates the child's KIDS removal, notifies the custody specialist of the child's status, and closes the KK case if there are no other active children in the case.
(3) Child returns to foster care placement. When a child in tribal custody returns to a foster care placement after a removal is end dated, the CW tribal liaison:

(A) verifies with the tribe whether the new placement in foster care is a new removal episode or a continuation of the previous removal episode;

(B) if it is determined that this is a continuation of the previous removal, re-opens the KK case and contacts the KIDS Help Desk to lift the removal end date; and

(C) notifies the custody specialist of the re-opened removal episode so appropriate actions may be taken to ensure continued IV-E eligibility.

(4) Case assignments. The CW tribal liaison:

(A) maintains the primary KK case and sends the secondary case to the county of placement, if different; and

(B) updates the KK case to show current placement and status of the child in tribal custody.

2. Claims adjustments. The tribe contacts the CW tribal liaison for assistance with foster care claims. The CW tribal liaison:

(1) enters the information for adjustment on the foster care claim when the child receives other financial benefits; and

(2) contacts the Children and Family Services Division (CFSD) tribal coordinator as needed for assistance.

3. Notification to the custody specialist. The CW tribal liaison:

(1) when a child in tribal custody moves from a foster care placement into a non-foster care placement, notifies the custody specialist by e-mail regarding the child's custody status, current placement, and name and contact information of the assigned tribal CW worker. The CW tribal liaison leaves the child's KIDS removal and KK case open if the child will return to a foster care placement within the next 30 days; or
(2) when there are no plans to return the child to a foster care placement within the next 30 days, end dates the child's KIDS removal and closes the KK case, if there are no other active children in the case.

4. Compliance. The CFSD tribal coordinator conducts an annual on-site visit with each tribe who has a Tribal/State Agreement for Foster Care to review cases and address compliance issues. The CFSD tribal coordinator:

(1) in coordination with the tribe, facilitates a review panel of both tribal and OKDHS representatives to review cases in which there are questionable foster care practices or circumstances.

(A) The CFSD tribal coordinator documents the results of the panel.

(B) If the panel is unable to resolve the situation, the CFSD tribal coordinator facilitates a meeting with the Director of OKDHS to determine further action; and

(2) in conjunction with the OKDHS Legal Division and Office of Inspector General, provides reasonable technical assistance to tribes, upon request, to ensure compliance with:

(A) federal law, policy, and regulation;

(B) accountability for fiscal and program operations;

(C) reporting procedures; and

(D) compliance with terms and conditions of tribal and OKDHS agreements.

When children in tribal custody require therapeutic foster care (TFC), per Part 1 of OAC 340:75-8, the:

(1) tribal Child Welfare (CW) worker:

   (a) completes Form CWS-KIDS-20, Placement Worksheet, and contacts Oklahoma Foundation for Medical Quality (OFMQ) to obtain authorization for TFC; and

   (b) faxes Form CWS-KIDS-20 to the CW tribal liaison. The CW tribal liaison enters information from Form CWS-KIDS-20 in the child's CW case via KIDS to authorize TFC and generate a referral to the area resource coordinator (ARC);

(2) ARC contacts TFC agencies within the ARC’s respective area to seek placement for the child;

(3) TFC agency contacts the tribal CW worker with available TFC placements;

(4) tribal CW worker accepts the appropriate placement and notifies the CW tribal liaison of such; and

(5) CW tribal liaison enters the TFC placement in the child's KIDS case and notifies the ARC of the child's placement.

(a) Difficulty of care (DOC) payments are available to reimburse tribal foster parents for the care of children in tribal custody.

(b) The tribal Child Welfare (CW) worker submits a written request for DOC to the Children and Family Services Division (CFSD) tribal coordinator when the tribal CW worker determines that the child meets DOC criteria. The CFSD tribal coordinator approves or denies the written request within 30 calendar days from the date the request is received.

(c) The written request details the child's special needs, including statements from medical or psychological reports that describe the child's condition and diagnosis, utilizing the rate descriptions as set out in Oklahoma Department of Human Services (OKDHS) Appendix C-20, Children and Family Services Division Rates Schedule, as amended from time to time, as approved by the Commission for Human Services.

1. The effective date of approval is the first day of the month in which the request is received by CFSD.

2. No retroactive payments are made prior to the date of the request.

(d) The tribal CW worker:

1. reviews the child's DOC rate increase every twelve months;

2. one month prior to the end date of DOC approval, submits notification to the CFSD tribal coordinator for continuation of DOC or that DOC is no longer needed;

3. notifies the CFSD tribal coordinator if the child's placement changes to a placement other than tribal foster care or the child returns to his or her own home; and

4. if the child's special needs change, requiring a DOC rate change, prepares a detailed request and submits to the CFSD tribal coordinator. The CFSD tribal coordinator terminates the original request.

INSTRUCTIONS TO STAFF

1. The Children and Family Services Division (CFSD) tribal coordinator:
(1) reviews the initial difficulty of care (DOC) request and enters the information in KIDS Difficulty of Care screen; approves or denies the request on KIDS; and sends written notification of the decision to the tribal Child Welfare (CW) worker and CW tribal liaison;

(2) reviews any updated DOC request or rate change and provides to the tribal CW worker and CW tribal liaison written notification of continued approval or denial of the request; and

(3) terminates, when applicable, the DOC approval in KIDS Difficulty of Care screen.
340:75-19-29. Voluntary foster care for children in tribal custody younger than age 18

(a) An Indian child may be placed in voluntary foster care with either Oklahoma Department of Human Services or the tribe at the request of the parent(s) or legal guardian. Voluntary foster care is available as a preventive and protective service to enhance family functioning without court intervention, per OAC 340:75-4-12.1. ■ 1

(b) Voluntary foster care may be approved for an initial period of 30 days and extended up to a maximum of 90 days when reunification appears likely without court intervention during that time frame. Court intervention is required when care is needed beyond 90 days.

INSTRUCTIONS TO STAFF

1. Voluntary foster care. In addition to the requirements in OAC 340:75-4-12.1, the Child Welfare (CW) worker notifies the child's tribe of the voluntary foster care placement and follows the placement preferences prescribed in the federal and state Indian Child Welfare Acts (ICWA).

   (1) The tribal Child Welfare (CW) worker or Oklahoma Department of Human Services (OKDHS) CW worker advises the parent(s) or guardian at the time of the child's placement that any evidence gathered during the time the child is placed in voluntary foster care may be used as a basis for court action.

   (2) When the tribal CW worker places the child in voluntary foster care, the tribe is responsible for obtaining a written voluntary foster care agreement that gives authority to the child's tribe to place the child in foster family care and provide for the child's needs.

      (A) The agreement does not require court action, and the child is returned to the parent(s) or guardian upon request. If the parent(s) or guardian fails to meet the terms of the agreement or cannot be located, court involvement is required.

      (B) The tribe submits Form DCFS-57, Indian Child Welfare Program Referral, and a memo requesting approval for foster care to the CW tribal liaison.
(i) The CW tribal liaison approves the voluntary foster care placement for the initial period of 30 days.

(ii) If the placement is needed beyond 30 days, the case is referred to the Children and Family Services Division (CFSD) tribal coordinator. The placement may be approved by the CFSD tribal coordinator for an additional 60 days upon request for a total period of 90 days.

(iii) The child's tribe notifies the CW tribal liaison when the child leaves the placement or if court action is initiated.
340:75-19-30. Voluntary foster care for children in tribal custody after age 18

(a) The tribe may continue to provide foster care services on a voluntary basis to a youth in tribal custody who turns 18 prior to completing his or her:

(1) high school education; or

(2) General Educational Development (GED).

(b) One month prior to the youth’s 18th birthday, the tribal Child Welfare (CW) worker provides to the CW tribal liaison:

(1) a memo requesting voluntary foster care for the youth and a recommended time frame for the care; and

(2) a written request from the youth requesting voluntary foster care.

(c) The youth:

(1) signs a notarized statement agreeing to reimburse Oklahoma Department of Human Services for the cost of care with any benefits or resources available;

(2) remains eligible for voluntary foster care until he or she completes high school or GED requirements or reaches his or her 21st birthday. If the youth stops pursuing an education, he or she is no longer eligible for voluntary foster care; and

(3) agrees to:

(A) participate in the development of an independent living (IL) plan outlining the steps to achieve self-sufficiency;

(B) participate in IL services and activities; and

(C) abide by the IL plan.

(e) The tribal CW worker assists the youth in applying for Title XIX medical benefits as soon as possible after the youth's 18th birthday.

INSTRUCTIONS TO STAFF

1. Request for voluntary foster care. The Child Welfare (CW) tribal liaison:
(1) reviews the request from the tribe and youth for voluntary foster care;
and

(2) approves the request for voluntary foster care, consulting the Children and Family Services Division (CFSD) tribal coordinator if there are questions.
340:75-19-32. Tribal/state agreements for foster care

(a) The state Indian Child Welfare Act (ICWA) authorizes Oklahoma Department of Human Services (OKDHS) to enter into contractual agreements with Indian tribes for the care of Indian children. The objective of the agreements is to enhance coordination and cooperation between the tribes and OKDHS in providing appropriate foster care and related services to Indian children in both OKDHS and tribal custody.

(b) OKDHS pays the costs of foster care to tribally approved foster homes for the placement of Indian children who are in the custody of OKDHS or the tribe. ■ 1

(c) Tribes develop and implement tribal foster home standards according to each tribe's culture and standards. The tribe's foster home standards are submitted in writing to the Children and Family Services Division (CFSD) tribal coordinator and are used by the tribe to certify tribal foster homes. Tribally approved foster families may serve as placement resources for Indian children in OKDHS or tribal custody. ■ 3

(d) Foster care reimbursement to the tribal foster home is initiated only after the tribe submits the Tribal Foster Resource Home Study. Reimbursement is not provided to any tribal foster home prior to the date of the approval. The tribe mails or faxes each completed Tribal Foster Resource Home Study and re-assessment to the CFSD tribal coordinator. The tribal Child Welfare (CW) worker sends documentation of the effective date and reason for closure of tribal foster homes.

(e) Confidentiality is addressed in each Tribal/State Agreement for Foster Care. The tribe agrees to exercise confidentiality and provide information only to those persons who need the information in order to exercise the tribes' rights under the federal and state ICWA. ■ 4

(f) Federal and Oklahoma laws and regulations regarding review hearings, permanency hearings, case plans, and record keeping are applicable to children placed in tribal custody and tribal foster homes.

(g) Each Tribal/State Agreement for Foster Care includes OKDHS CW responsibilities in the placement of Indian children in both OKDHS and tribal custody.

(h) The tribe agrees to abide by the placement preferences of the federal and state ICWA unless the tribe identifies a different order of preference. The tribe submits any changes in the tribe's placement preference, in writing, to the CFSD tribal coordinator.
(i) The Plan of Operation is a binding part of each Tribal/State Agreement for Foster Care and sets forth tribal foster home procedures and protocols for the placement of Indian children in both OKDHS and tribal custody. 

(ii) The tribe advises the CFSD tribal coordinator and the local OKDHS office within ten calendar days of any changes in tribal CW personnel.

**INSTRUCTIONS TO STAFF**

1. Tribal/state agreements for foster care.
   
   (1) The Children and Family Services Division (CFSD) tribal coordinator:
   
   (A) conducts an annual monitoring visit to each tribe to ensure that these requirements are being met;
   
   (B) provides written documentation of the findings to the tribe; and
   
   (C) and tribal officials develop agreements for individual tribes.
   
   (2) Each Tribal/State Agreement for Foster Care is renewed annually and may be amended or canceled at any time by mutual consent of the parties.
   
   (3) Inquiries by a tribe regarding Tribal/State Agreement for Foster Care are referred to the CFSD tribal coordinator.
   
   (4) Existing contracts for tribal foster care services are listed in Oklahoma Department of Human Services (OKDHS) Appendix D-4-D, Tribal/State Agreements for Foster Care.
   
   (A) The CFSD tribal coordinator serves as the contact person for resolving any questions or conflicts involving the provisions of the contracts.
   
   (B) The tribe designates one or more persons responsible for resolving questions and conflicts.

2. Change in CW tribal liaison. The Child Welfare (CW) supervisor or CW field liaison (CWFL) advises the tribe and CFSD tribal coordinator of any change in the assignment of the CW tribal liaison within ten calendar days.
3. **KIDS resource.** The CFSD tribal coordinator or designee:

   (1) opens a tribal foster home resource in KIDS and assigns the FH contract number on the OKDHS Finance system. The CW tribal liaison is listed on the tribal foster home case as the facility liaison; and

   (2) end dates closed tribal foster homes and notifies the CW tribal liaison.

4. **Confidentiality.** Both OKDHS and the tribe are bound by confidentiality. Information sharing by both OKDHS and the tribe follows federal and state laws, and per OAC 340:75-1-42 through 340:75-1-44.
340:75-19-33. Role of the CW tribal liaison and CW worker

A Child Welfare (CW) tribal liaison is assigned for each tribe with a Tribal/State Agreement for Foster Care, per Oklahoma Department of Human Services (OKDHS) Appendix D-4-D, Tribal/State Agreements for Foster Care.

1. The assignment of the CW tribal liaison to specific tribes facilitates contacts with the tribes.

2. The CW tribal liaison has specific duties and responsibilities for children in tribal custody and for children in OKDHS custody placed in tribal resources.

3. The CW worker has specific duties and responsibilities for children in OKDHS custody placed in tribal resources.

INSTRUCTIONS TO STAFF

1. The Child Welfare (CW) tribal liaison:

   1. assists the tribe in facilitating placement of children in tribal custody into tribal foster homes;

   2. develops an active working relationship with the assigned tribe;

   3. reviews Form DCFS-57, Indian Child Welfare Program Referral, the court order, and case plan submitted by the tribe and contacts the tribal CW worker when additional information is needed;

   4. sets up a KK case for the child in tribal custody with the case type of tribal custody;

   5. enters the placement in the appropriate tribal foster home in KIDS Placement Enter-Exit screens.

   (A) The case type is tribal custody.

   (B) The child is shown as placed in the appropriate tribal foster home;

   6. contacts the Children and Family Services Division (CFSD) tribal coordinator if the resource is not found in KIDS.
(7) is assigned the primary case and the CW supervisor sends the secondary case to the county of placement, if different from the county of the CW tribal liaison;

(8) updates the child's KK case to reflect changes in placement and closes the KK case when the child is no longer in tribal foster care placement;

(9) responds to questions about foster care payment from tribal CW workers or tribal foster parents. The CFSD tribal coordinator is contacted for assistance as needed;

(10) may participate in committees or task forces focused on Indian Child Welfare Act issues as assigned or approved by the CW supervisor; and

(11) is not expected to act as the sole contact to the tribe. The CW worker:

(A) who provides services to an Indian child and family must establish contact and a working relationship with the appropriate tribe; and

(B) has primary responsibility for the provision of services for children in OKDHS custody per OAC 340:75-6.