

INSTRUCTIONS TO STAFF 340:75-4-13

1. **Safety planning process. The ongoing safety planning process is described in (1) through (8).**
 - (1) The safety plan includes a statement(s) 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 at any time during the voluntary Family-Centered Service (FCS) process the CW worker or CW supervisor determines the child is not safe in the home, immediate steps are taken to ensure the safety of the child. If the risk factors indicate that continuation in the home is contrary to the health, safety, or welfare of the child, the CW worker contacts law enforcement immediately or makes a request to the district attorney for a pick-up order.**
 - (7) If a child who is a part of a voluntary FCS case is reported or observed by the CW worker to have an injury, including an alleged accidental injury, has evidence of any abuse or neglect, or the CW worker suspects abuse or neglect, the information is documented on Form CWS-KIDS-1, Referral Information Report.**
 - (8) If the child is placed into protective or emergency 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.**

- (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 the 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 goal, plan, or both;**

- (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) If the child is in an alternative 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 a health screening or physical examination. 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 exam 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 that 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 PRFS(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.