January 2, 2019

Dear Staff and Partners,

Welcome to the Region 3b Community-Based Care Joint Protocols Operation Manual. We are very appreciative of the work that went into the development of this manual. The manual represents a significant strengthening of our partnership and our commitment to working together to improve the lives of the children, youth, and families that we serve.

It is anticipated that these joint protocols will evolve over time, as we continue to develop improved ways to serve children, youth, and families within our communities. We expect to learn considerably more over the next year and as with any change of this scale, we understand there will be challenges and successes. We encourage you to work closely in this partnership to resolve any difficulties, and take time to celebrate successes together. Through all our efforts, we will ensure that the continuum of care for the children in our community will be strengthened.

We will continue to encourage ACH Child and Family Services to take this opportunity to be creative and innovative through collaborations and partnerships in our efforts to meet the goals of caring for our children. We are looking forward to a long and productive relationship together in our efforts to redesign the Texas Foster Care System through Community-Based Care.

Sincerely,

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Texas Department of Family and Protective Services
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WAYNE CARSON
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The CPS Mission
The mission of Child Protective Services is to protect children and to act in the children’s best interest. To seek active involvement of the children’s parents and other family members to solve problems that lead to abuse and neglect.

The CPS Vision
Children First: Protected and Connected

CPS Values
Respect for Culture • Inclusiveness of Families, Youth and Community • Integrity in Decision Making • Compassion for All • Commitment to Reducing Disproportionality
1.0 What is Community-Based Care?

This operations manual gives CPS and Our Community Our Kids (OCOK) staff a more in-depth look at the protocols for case actions in CPS cases involving paid foster care placements that are affected by Community-Based Care in Region 3b.

To begin, staff must understand Community-Based Care.

1.1 Background

Community-Based Care is a new way of providing foster care and case management services. It's a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic catchment area, a single contractor (officially a Single Source Continuum Contractor or SSCC) is responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services.

DFPS began expanding the community's role to meet the challenges of serving children in foster care under Foster Care Redesign. Under Foster Care Redesign, a SSCC was responsible for:

- Developing foster care capacity.
- Building a network of providers.
- Engaging the community to help.
- Foster care placement services.
- Coordinating and delivering services to children in foster care and their families.

In 2017, the Texas Legislature directed DFPS to expand this model to include both foster care and relative or "kinship" placements, and give the SSCC sole responsibility for case management - rather than sharing that responsibility with DFPS.

As Community-Based Care takes shape statewide, CPS' focus will shift to ensuring quality oversight of foster care and services for children and families. The SSCC will be responsible for case management and services that move children from foster care or kinship care into a permanent home.

1.2 Community-Based Care has 12 Quality Indicators:

1. Children and youth are safe from abuse and neglect.
2. Children and youth are placed in their home communities.
3. Children and youth are appropriately served in the least restrictive environment.
4. Children and youth have stability in their placements.
5. Connections to family and others important to the child are maintained.
6. Children and youth are placed with their siblings.
7. Services respect the child's culture.
8. Children and youth are provided opportunities, experiences, and activities similar to those available by their peers who are not in foster care.
9. Youth are fully prepared for successful adulthood.
10. Youth have opportunities to participate in decisions that affect their lives.
11. Children and youth are reunified with their biological parents when possible.
12. Children and youth are placed with relative or kinship caregivers if reunification is not possible.

Community-Based Care is intended to allow a SSCC and the community more flexibility to innovate to meet the unique needs of the children, youth, and families in each designated service area. This increased flexibility comes with greater responsibility and accountability for overall safety, permanency, and well-being outcomes.

1.3 Single Source Continuum Contract: Our Community Our Kids (OCOK)

On December 16, 2013, DFPS awarded the first metropolitan Foster Care Redesign Single Source Continuum Contract (SSCC) to ACH Child and Family Services of Fort Worth. ACH Child and Family Services is a Texas-based nonprofit with extensive community involvement in the Fort Worth area since 1915, and is accredited by the Council on Accreditation. ACH will serve Region 3b (Erath, Hood, Johnson, Tarrant, Palo Pinto, Somervell and Parker counties).

Our Community Our Kids (OCOK), a division of ACH Child and Family Services, will operate a model through the SSCC contract that includes:

- Work to increase the capacity of existing providers and identify more community-based supports and services.
- Conduct a comprehensive assessment of community needs and an analysis to find gaps between the need for services and their availability.
- Do comprehensive safety and risk assessments to evaluate family strengths and needs.
- Provide service coordination based on the ten principles of Wraparound. For children and youth with complex behavioral health needs, ACH will use what is known as evidence-informed models.
- Use a trauma-informed and trauma-based care service approach. (Learn about trauma-informed care)
- Use a comprehensive continuous quality improvement (CQI) process to assess, inform, and guide how services are provided and the system improved.
- Have a centralized training department that provides evidence-based training to all providers and stakeholders in ACH’s System of Care, based on CQI data and stakeholder feedback.
2.0 OPERATING POLICIES AND RULES

The protocols detailed in this operations manual are for children from Region 3b (legal county is within Region 3b) placed with and/or receiving services through Our Community Our Kids (OCOK) as the Single Source Continuum Contractor.

The CPS Handbook policies and rules remain in effect, unless specifically waived. However, if differences or conflicts in CPS Handbook policy are present, this manual will govern the operations in Region 3b. CPS and OCOK staff should refer to the Foster Care Redesign Texas Administrative Code (TAC) Rules Waiver for more information.

If you have any questions about any information in this manual, please contact your supervisor or Gretchen Fehrm, Region 3b Community-Based Care Administrator at gretchen.fehrm@dfps.state.tx.us, (817) 792-4548.

For more information about Community-Based Care, go to: DFPS: Community-Based Care
3.0 CPS Initiated Placements

Region 3b CPS staff will work directly with Our Community Our Kids (OCOK) upon determining that a child in CPS conservatorship requires placement in a paid foster care setting. This section outlines protocols for new placements and placement changes initiated by CPS only.

CPS staff must follow CPS Handbook policy related to the assessment, consideration, and selection of the least restrictive placement for every child’s initial or subsequent placement (new placement or placement change) in substitute care. For more information, see CPS Handbook policy:

- 4114 Required Factors to Consider When Evaluating a Child’s Possible Placement; and
- 4114.4 Preference for the Least Restrictive Setting.

Since Our Community Our Kids (OCOK) will be paid one blended foster care rate for all children placed within OCOK’s provider network, CPS will no longer submit service level requests to Youth for Tomorrow (YFT). Regardless of the child’s needs or services to meet those needs, OCOK is responsible for providing a continuum of care to each child placed within their provider network. CPS handbook policy items related to requesting a service level for a child, therefore, is waived. See Foster Care Redesign Texas Administrative Code (TAC) Rules Waiver for more information.

General Requirements for all SSCC Placements:

- Regardless of the type of placement (new or change), CPS workers must staff the child’s case with their supervisor and Program Director and obtain approval prior to requesting a paid foster care placement from Our Community Our Kids (OCOK).
  - In situations where the CPS worker has identified that a child may require a paid foster care placement, the Program Director (PD) may direct the CPS worker to provide OCOK advance notification of a child’s need for possible paid foster care placement.
  - The CPS worker will notify OCOK by email or phone within 1 hour if it is determined that paid foster care placement is not needed.
- If the court should order anything regarding the placement of a child (i.e. a placement move or for a child to remain in a particular foster home), CPS will notify OCOK immediately and provide a copy of the court order as soon as possible. When possible, CPS will notify OCOK whenever possible prior to any anticipated court rulings that may affect the placement of a child or sibling group.
- CPS will notify OCOK immediately of any discharge from SSCC paid foster care placement.

3.1 New Placements

After CPS determines, with supervisor and Program Director approval, that the child requires placement in a paid foster care setting, the worker must decide if the child needs emergency or non-emergency placement.

3.1.1 Emergency Placement Process

The emergency placement process is used when CPS makes a referral to OCOK for a child or youth who is in immediate need for paid foster care placement and services and is not currently served by OCOK. This process, therefore, will be used for all emergency and non-emergency removals, as well as any child requiring immediate paid foster care placement and services.
3.1.1.1 Expectations of Child Protective Services

The section below reflects the specific steps a CPS worker (removal or conservatorship) must take in order to request and complete an emergency foster care placement from OCOK:

3.1.1.1.1 Notification & Referral

CPS worker will contact OCOK Intake Department via phone and email (intake@oc-ok.org / #844-777-OCOK (6265) and provide:
- CPS worker contact information
- CPS worker back-up contact information (i.e. supervisor)
- Identify OCOK worker to be assigned as secondary in IMPACT
- OCOK Initial Referral Information (can be verbal)
- Additional child’s placement information (must be sent via email):
  - Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information), or
  - Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care) and
  - Authorization to Furnish Information (form 1505)
- Based on the child’s needs, notify relevant regional CPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc). For additional guidance, see Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs.

*When possible and based on the child's needs, the CPS worker will notify the Developmental Disability Specialist prior to the child's removal.

*Verbal SSCC placement referral must be followed up by documented SSCC referral in IMPACT within 4 hours and email notification to OCOK once the SSCC referral is complete in IMPACT.

*Form 2087ex must be reviewed by the CPS Supervisor and then emailed to OCOK (intake@oc-ok.org) within 1 hour of referral; email subject title, “DFPS Emergency Placement-Child Placement Information."

*OCOK will not begin to search for placement without a thorough and descriptive Common Application (2087 ex) specific to the child's needs. If a complete Common Application (2087 ex) is not received by OCOK within 1 hour of the referral, the 4 hour emergency placement time frame will stop and resume once the Common Application (2087 ex) is completed and returned to OCOK.

*If the emergency placement is handled by another CPS unit (i.e. night response), then notification of the SSCC placement to the on-going CPS removal worker must occur immediately upon transfer of the case. The on-going CPS worker must notify the SSCC of the CPS worker and supervisor assigned to the case by email.

3.1.1.1.2 Placement of Child/Youth
CPS worker will evaluate and approve OCOK’s recommended placement option and medical consenter within 1 hour of receipt of notification from OCOK by telephone (#844-777-OCOK (6265) or email.

*If there are concerns about the placement recommendation, CPS worker must obtain Supervisor and Program Director approval to deny recommendation. The Program Director will contact the OCOK Director of Care Management with the decision. CBC Administrator must also be notified.

*If approval is granted by telephone, IMPACT approval must follow by 5:00pm the next calendar day.

*Approval will be assumed if denial is not received within 1 hour.

Within 4 hours of emergency placement referral, CPS worker will physically transfer the child to OCOK if a placement has not been secured by OCOK.

CPS worker will transport the child to the placement location or an alternative location, identified by OCOK, if a placement has not been secured within the 4 hour emergency placement timeframe.

3.1.1.1.3 Documentation

Within **4 hours** of referral to OCOK, CPS worker will:

- Update Person Information and open FSU and SUB stages in IMPACT;
- Enter referral information in each child’s SUB stage in IMPACT.

By 5:00pm the next business day, CPS worker will provide/complete any remaining placement documentation including:

- Birth verification/certificate;
- Social Security card or number (if available);
- Education portfolio;
- Medicaid/STAR Health card or qualifying information (if available);
- Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
- Update person characteristics in IMPACT;
- Update education log in IMPACT (with as much information as available); and
- Update medical/dental page in IMPACT.
- Any requested intake forms from the residential provider.

Any external forms and written placement information not available in IMPACT should be emailed to OCOK ([intake@oc-ok.org](mailto:intake@oc-ok.org)) with subject line, “CPS Emergency Placement.”

Within 30 days of placement referral, CPS worker will:

- Complete the [Common Application for Placement of Children in Residential Care (form 2087)](https://example.com) excluding level of care information) in IMPACT; and
- Notify OCOK by email within 1 business day that Common Application (form 2087) is complete and accessible in IMPACT.
If placement is not identified by OCOK within the 4 hour timeframe and the child has been physically transferred to OCOK, then the CPS worker will provide verbal approval of the placement and medical consenter when placement is secured. CPS worker must follow-up with written approval of the placement by:

- Validating and approving the SSCC placement option and medical consenter in IMPACT; and
- Providing the signed medical consenter form to OCOK via email (intake@oc-ok.org) with subject line, "CPS Emergency Placement-Medical Consenter."

*For Children Without Placement (CWOP), the CPS worker will notify the CBC Administrator who can assist in entering the (CWOP) placement in IMPACT.

*CPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See CPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.

### 3.1.1.2 Expectations of Our Community Our Kids (OCOK):

1) If no placement is found within 4 hours, and then no later than 7 hours from receipt of notification of need for emergency placement, OCOK Intake Specialist will provide CPS worker with:
   a. Notification of a recommended placement and medical consenter by phone, followed by an email to the CPS worker and supervisor, or electronically (IMPACT).
   b. The name of the network provider.
   c. Name and location of recommended placement.

*If OCOK has not established a placement for a child within 7 hours of initial notification, OCOK Intake Specialist will notify CPS worker of status and planned strategy for finding a placement. CPS worker will notify the CPS supervisor that no placement has been found. The CPS supervisor will notify the CBC Administrator.

2) OCOK Intake Specialist will enter the child’s placement under the SSCC Options tab in IMPACT within 12 hours of referral.

*If CPS Worker has not received the placement information in IMPACT from OCOK within 12 hours of the referral, CPS Worker will call the OCOK Intake Specialist. If placement information is not received within 1 hour of contact with OCOK Intake Specialist, CPS worker will notify their supervisor. The CPS supervisor will contact the OCOK Intake Supervisor for immediate resolution and will notify CBC Administrator.

3) Within 3 days of placement, OCOK Care Coordinator will ensure any child under age 3 years is referred to ECI if the child is suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up.

### 3.1.2 Non-Emergency Placement Process
The non-emergency placement process is used when CPS makes a referral to OCOK for a child or youth in CPS conservatorship who is moving to a paid foster care placement in OCOK’s provider network.

3.1.2.1 Expectations of Child Protective Services

The section below reflects the specific steps a CPS worker (removal or conservatorship) must take in order to request and complete a non-emergency foster care placement from Our Community Our Kids (OCOK):

3.1.2.1.1 Notification & Referral

Within 72 hours of identifying placement need and no less than 2 weeks from when the placement is needed, CPS worker will:

- Email OCOK (intake@oc-ok.org) with the subject, "CPS Non-Emergency Placement":
  - Indicate possible times available for pre-placement staffing;
  - Identify the OCOK worker for secondary assignment;
  - Provide child’s placement information:
    - New or updated Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information) if not already in IMPACT;
    - OCOK Initial Referral Information (can be verbal)
    - Authorization to Furnish Information (form 1505)
- Complete SSCC referral in IMPACT within 4 hours of the referral
- Based on the child's needs, notify relevant regional CPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc.). For additional guidance, see Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs.

3.1.2.1.2 Pre-Placement Staffing

OCOK will coordinate and facilitate the pre-placement staffing as outlined in Pre-Placement Staffing.

OCOK will record notes from the meeting discussion on the Pre-Placement Staffing form and ensure all participants receive a copy.

3.1.2.1.3 Placement of Child/Youth

CPS will evaluate and approve recommended placement option and medical consenter via email within 24 hours of receipt from OCOK.

*If CPS has concerns about recommended placement, supervisor and Program Director approval must be granted before denial of placement. The Program Director will notify the OCOK Director of Care Management with the decision. CBC Administrator must be notified.

*Approval will be assumed if denial is not received within 24 hours.

CPS and OCOK or their authorized representative will decide on the:
- Designated location to exchange the completed placement documentation, including:
- Signed Designation of Medical Consenter (form 2085b)
- Signed Placement Authorization Foster Care/Residential Care (form 2085fc);
- Signed Education Decision-Maker (form 2085e);
- OCOK Placement Authorization/Region 3b Placement Documentation (form 1509).
- Birth verification/certificate;
- Social Security card (if available);
- Education portfolio;
- Medicaid/STAR Health ID card or qualifying information (if available);
- Most recent child service plan (if applicable);
- Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child; and
- Any requested intake forms from the residential provider.

- Physical transfer of the child based on the child's best interest. CPS will arrange for transportation for the child if current provider is unable to transport. OCOK will not transport child from current placement.

### 3.1.2.1.4 Documentation

Upon approval to request placement, CPS worker will:

- Update person characteristics;
- Update education log;
- Update medical/dental page.

Document pre-placement staffing in IMPACT contact detail page.

By 5:00 pm the next calendar day after the child’s placement, CPS worker and supervisor review and approve placement information (entered by OCOK) and medical consenter in IMPACT.

* CPS worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See CPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.

### 3.1.2.2 Expectations of Our Community Our Kids (OCOK)

1) No less than 3 days prior to placement needing to occur, OCOK Intake Specialist will notify CPS, through email of recommended placement and medical consenter.

2) OCOK Intake Specialist will enter the child’s placement under the SSCC Options tab in IMPACT within 12 hours of the child or youth’s placement.

*If CPS worker has not received the placement information in IMPACT from OCOK within 12 hours of the child or youth’s placement, CPS worker will call the OCOK Intake Specialist. If placement information is not received within 1 hour of contact with OCOK Intake Specialist, CPS worker will notify their supervisor. The CPS supervisor will contact the OCOK Intake Supervisor for immediate resolution and will notify CBC Administrator.
3.2 Placement Changes

Placement changes in Region 3b will likely take place with children/youth who are placed in a paid foster care setting within the OCOK network and require a new foster care placement within the OCOK network. OCOK must make all reasonable attempts to prevent placement changes.

Placement changes, initiated by CPS, are typically non-emergency in nature. CPS Workers must obtain supervisor and program director (PD) approval to request a placement change from Our Community Our Kids (OCOK).

3.2.1 Emergency Placement Change Process

3.2.1.1 Expectations of Child Protective Services

The section below reflects the specific steps a CPS worker must take in order to request and complete an emergency foster care placement change from Our Community Our Kids.

3.2.1.1.1 Notification

Upon identifying the concern for a possible placement change, the CPS worker will:

- Staff the situation with their supervisor;
- Contact, discuss, and evaluate the situation and concerns with OCOK;
- If placement is needed, obtain supervisor and Program Director (PD) approval for the placement change; and
- Contact OCOK Intake Department via phone or email (intake@oc-ok.org /#844-777-OCOK (6265)) and provide:
  - The reason for emergency placement change,
  - Updated Common Application, and
  - Updated Psychological Evaluation, if applicable.

*Note: the CPS worker may update the Common Application in IMPACT and notify the OCOK intake worker once assigned.

*OCOK will notify the CPS worker of the OCOK intake worker assignment within 1 business day from the receipt of the placement change request.

*CPS must update the SSCC Referral in IMPACT with the new OCOK intake worker secondary assignment.

3.2.1.2 Placement of Child/Youth

CPS worker will evaluate and approve OCOK’s recommended placement option and medical consenter within 1 hour of receipt of notification from OCOK by telephone (#844-777-OCOK (6265) or IMPACT.

*If there are concerns about the placement recommendation, CPS worker must obtain supervisor and PD approval to deny recommendation. The Program Director will notify the Director of Care Management with the decision. CBC Administrator must also be notified.
*If approval is granted by telephone, IMPACT approval must follow within 24 hours of placement.

*Approval will be assumed if denial is not received within 1 hour.

Decision for CPS to participate in the physical placement of the child is based on the best interest of the child.

CPS and OCOK or their authorized representative will coordinate the exchange of relevant child’s placement information, including the signed Designation of Medical Consenter (form 2085b), Education Decision Maker (form 2085e), and OCOK Placement Authorization/Region 3b Placement Documentation (form 1509).

CPS will ensure all legal parties (parents, parents' attorneys, AAL, GAL, CASA) are notified of the placement change.

3.2.1.3 Documentation

By 5:00 pm the next calendar day after the child's placement, CPS worker and supervisor review and approve placement information (entered by OCOK) and medical consenter in IMPACT.

*CPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See CPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.

3.2.1.2 Expectations of Our Community Our Kids (OCOK):

1) Identify and make placement recommendation to CPS for approval.

   *In situations where CPS may have physical supervision of the child, OCOK must respond immediately to the need for possible placement change upon notification from CPS.

2) OCOK or their authorized representative will complete the physical placement of the child or youth with the new placement and provide all completed placement forms from CPS.

3) OCOK Intake Specialist will enter the child's placement under the SSCC Options tab in IMPACT within 12 hours of the child or youth's placement (including placement approval, placement information, and the time the child was taken to the placement).

   *If CPS worker has not received the placement information in IMPACT from OCOK within 12 hours of the child or youth's placement, CPS worker will call the OCOK Intake Specialist. If placement information is not received within 1 hour of contact with OCOK Intake Specialist, CPS worker will notify their supervisor. The CPS supervisor will contact the OCOK Intake Supervisor for immediate resolution and will notify CBC Administrator.
The next business day after the child's placement, OCOK will send via email the signed medical consenter and education-decision maker forms back to the CPS worker. OCOK will return all originals by mail or hand delivery.

### 3.2.2 Non-Emergency Placement Change Process

#### 3.2.2.1 Expectations of Child Protective Services (CPS)

The section below reflects the specific steps a CPS worker must take in order to request and complete a non-emergency foster care placement change from Our Community Our Kids.

##### 3.2.2.1.1 Notification

Within 72 hours of identifying placement need and no less than 2 weeks from when the placement is needed, CPS worker will:

- Obtain supervisor and PD approval for the placement change;
- Email OCOK ([intake@oc-ok.org](mailto:intake@oc-ok.org)) with the subject, "CPS Non-Emergency Placement-Placement Change":
  - Reason for desired change,
  - Timeframe for change,
  - Establish the need for a pre-placement change staffing,
  - Copy Supervisor, Program Director, and CBC Administrator in "cc" line on email,
  - Provide Updated Common Application,
  - Provide updated Psychological Evaluation, if applicable.

*Note: the CPS worker may update the Common Application in IMPACT and notify the OCOK intake worker once assigned.

OCOK will notify the CPS worker of the OCOK intake worker assignment within 1 business day from the receipt of the placement change request.

*CPS must update the SSCC Referral in IMPACT with the new OCOK intake worker secondary assignment.

##### 3.2.2.1.2 Pre-Placement Change Staffing (optional)

OCOK worker will coordinate and facilitate the pre-placement change staffing as outlined in Pre-Placement Staffing.

*Pre-placement change staffing is optional and determined jointly by OCOK Intake Specialist and CPS worker.

*CPS will ensure all legal parties (parents, parents' attorneys, AAL, GAL, CASA) are consulted about the placement change prior to the placement change occurring whether a pre-placement staffing is held or not.

*OCOK must be consulted and approve of all Pre-Placement activities with the child, including but not limited to pre-placement visits.

OCOK will record notes from the meeting discussion on the Pre-Placement Staffing form and ensure all participants receive a copy.
3.2.2.1.3 Placement of Child/Youth

CPS will evaluate and approve recommended placement option and medical consenter in IMPACT within 24 hours of receipt from OCOK.

*If CPS staff has concerns about recommended placement, Supervisor and Program Director approval must be granted before denial of placement. The Program Director will notify the Director of Care Management with the decision. CBC Administrator must be notified.

*Approval will be assumed if denial is not received within 24 hours.

Decision for CPS to participate in the physical placement of the child is based on the best interest of the child.

CPS worker will provide OCOK or their authorized representative with the signed Designation of Medical Consenter (form 2085b), Education Decision Maker (form 2085e), and OCOK Placement Authorization/Region 3b Placement Documentation (form 1509).

3.2.2.1.4 Documentation

CPS worker will document pre-placement change staffing (if occurred) in IMPACT contact detail page.

By 5:00 pm the next calendar day after the child's placement, CPS worker and supervisor review and approve placement information (entered by OCOK) and medical consenter in IMPACT.

Within 2 weeks of a child or youth's placement change and no later than the next monthly face-to-face visit with the child or youth, the CPS worker will provide a Placement Exit Survey to the child or youth.

*CPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See CPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.

3.2.2.2 Expectations of Our Community Our Kids (OCOK)

1) No later than 3 days prior to placement needing to occur, OCOK Intake Specialist will notify CPS, through email of recommended placement and medical consenter.

2) OCOK or their authorized representative will complete the physical placement of the child with the new placement and provide all completed placement forms from CPS.

3) Within 12 hours of placement occurring, OCOK Intake Specialist will enter the child's placement under the SSCC Options tab in IMPACT (including placement approval, placement information, and the time the child was taken to the placement).

*If CPS worker has not received the placement information in IMPACT from OCOK within 12 hours of the child or youth's placement, CPS worker will call the OCOK Intake
3.3 Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs

Placing children who have IDD or primary medical needs requires careful consideration in order to make the best placement matches to serve the special needs of these children. The Primary Medical Needs Resource Guide describes the needs of children who have Primary Medical Needs (PMN). The Foster and Licensed Facility Placements Process Resource Guide describes the needs of children who have IDD needs.

3.3.1 Emergency Placement Process

CPS workers should follow the process outlined in New Placements/Emergency Placements when requesting an emergency paid foster care placement from Our Community Our Kids (OCOK) for a child with Intellectual and Developmental Disabilities (IDD) or primary medical needs.

In addition to the emergency placement process, the CPS worker will:

- Upon placement referral or prior to the removal, when possible, coordinate a telephone staffing with the CPS supervisor and Program Director, regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), and OCOK Intake Specialist to discuss:
  - The specific needs of the child or youth; and
  - The ability of available placement options to meet the child or youth's specific needs.

- After a placement has been recommended by OCOK and approved by CPS, work with the OCOK Intake Specialist to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), OCOK Care Coordinator, CPS supervisor and Program Director, regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), STAR Health staff to:
  - discuss the specific needs of the child or youth,
  - discuss the expectations of placement, and
  - develop a plan to move the child or youth and establish services in the new placement.

The CPS Education Specialist should be included in the staffing as appropriate. If possible, the staffing should occur prior to the child or youth arriving in his or her new placement, but no later than two business days after the child or youth's placement.

3.3.2 Non-Emergency Placement and Placement Change Process

CPS workers should follow the process outlined in New Placements/Non-Emergency Placements or Placement Changes (depending on the type of placement needed) when requesting a non-emergency paid foster care placement or placement change from Our Community Our Kids (OCOK) for a child with Intellectual and Developmental Disabilities (IDD) or primary medical needs.
In addition to the non-emergency placement or placement change processes, the CPS worker will:

- Within 24 hours of the placement referral, coordinate a telephone staffing with the CPS Supervisor and Program Director, regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CVS Program Director, and OCOK Intake Specialist and Director to discuss:
  - The specific needs of the child or youth; and
  - Available times for a pre-placement staffing.
- Work with OCOK Intake Specialist to coordinate the pre-placement staffing, including relevant CPS staff, regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CASA, GAL, OCOK Care Coordinator, and current caregivers.
- After a placement has been recommended by OCOK and approved by CPS, work with the OCOK Intake Specialist to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), CPS supervisor and Program Director, regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), and STAR Health staff, to:
  - discuss the specific needs of the child or youth,
  - discuss the expectations of placement, and
  - develop a plan to move the child or youth and establish services in the new placement.
  The CPS Education Specialist should be included in the staffing as appropriate.

See Quick Reference Guide for Region 3b Subject Matter Expert Information.

### 3.4 Placement of Children When CVS is Not Obtained/Temporary Placement is Needed

Under special situations, a child may need a temporary, paid foster care placement in Region 3b. The child may or may not be legally from the Region 3b catchment area. When this occurs, Region 3b removal staff will refer the child needing paid foster care placement to Our Community Our Kids (OCOK) per current protocols outlined in CPS Initiated Placements.

OCOK will then secure temporary, paid foster care placement for the child with the following considerations:

- If the child has emergency medical needs, then the CPS worker will ensure written consent is received from the child’s parent/managing conservator, as needed;
- If the child is hospitalized, the CPS worker will work with STAR Health/Superior to cover the expenses related to the days spent in the hospital.
  - If a child needs a hospital sitter, CPS will request and pay for this service.
  - If a foster parent needs to be trained or needs time to bond with the child while the child is in the hospital, CPS will notify OCOK and OCOK will determine a proper course of action.

OCOK will request payment for placement through current regional processes established with local child welfare boards. If payment is denied by a local child welfare board, then OCOK will request a manual payment (form 4116) from DFPS.
4.0 SSCC INITIATED PLACEMENTS

Occasionally, Our Community Our Kids (OCOK) may need to initiate emergency and non-emergency placement changes within their provider network. OCOK must make all reasonable attempts to prevent placement changes.

Emergency placements may only be initiated when there is a perceived or actual threat to the safety or well-being of the child. Non-emergency placements may need to be initiated based on a variety of reasons, all of which must be justified by OCOK.

It should be noted that if OCOK receives a request from an external party for a placement change (i.e. GAL or CASA) then OCOK will notify the CPS worker. If CPS decides a placement change is needed, then the CPS Placement Change process described previously must be followed.

4.1 Emergency Placement Change Process

4.1.1 Expectations of Child Protective Services (CPS) and Our Community Our Kids (OCOK)

The section below reflects the specific tasks CPS and OCOK must take in order to facilitate a SSCC initiated emergency placement change.

4.1.1.1 Notification

Upon notification from OCOK (via phone and email) of the need for placement change, OCOK will provide CPS with:

- The reason for emergency placement change,
- When OCOK contacted Statewide Intake (SWI), if applicable,*
- OCOK intake worker needed for secondary assignment,* and
- New placement information.

*CPS must update the SSCC Referral in IMPACT with the new OCOK intake worker secondary assignment.

*The CPS investigator who received the call from SWI will follow existing protocols for notifying the on-call conservatorship (CVS) supervisor and/or worker as needed.

*CPS worker must follow CPS protocol if there a RCCL investigation is initiated due to the safety threat or well-being concern that led to the placement change.

4.1.1.2 Placement of Child/Youth

Within 1 hour of receiving placement options from OCOK, the CPS worker (or on-call worker, if applicable) will validate and approve the SSCC placement option and medical consenter in IMPACT.

*Approval may be given verbally, but must be followed up with approval in IMPACT by 5:00 pm the next calendar day.
*Approval will be assumed if denial is not received within 1 hour.

*If CPS staff has concerns about recommended placement, supervisor and Program Director (PD) approval must be granted before denial of placement. The Program Director will notify the Director of Care Management with the decision. CBC Administrator must be notified.

OCOK or their authorized representative will complete the physical placement of the child with the new placement and complete all placement forms.

*Decision for CPS to participate in the physical placement of the child is based on the best interest of the child.

CPS and OCOK or their authorized representative will coordinate the exchange of relevant child's placement information, including the signed medical consenter (form 2085b) education decision-maker (form 2085e), and OCOK Placement Authorization/Region 3b Placement Documentation (form 1509).

CPS will ensure all legal parties (parents, parents' attorneys, AAL, GAL, CASA) are notified of the placement change.

### 4.1.1.3 Documentation

Within 12 hours of placement occurring, OCOK Intake Specialist will enter the child's placement under the SSCC Options tab in IMPACT (including placement approval, placement information, and the time the child was taken to the placement).

*If CPS worker has not received the placement information in IMPACT from OCOK within 12 hours of the child or youth's placement, CPS worker will call the OCOK Intake Specialist. If placement information is not received within 1 hour of contact with OCOK Intake Specialist, CPS worker will notify their supervisor. The CPS supervisor will contact the OCOK Intake Supervisor for immediate resolution and will notify CBC Administrator.

By 5:00 pm the next calendar day after the child's placement, CPS worker and supervisor review and approve placement information (entered by OCOK) and medical consenter in IMPACT.

Prior to the placement change, OCOK will ensure that the child or youth's substitute care provider completes the OCOK Residential Child Care Discharge Form and provides copies to the child's new provider and to OCOK. OCOK must keep copies of the OCOK Residential Child Care Discharge Form and provide such copies to CPS upon request.

*OCOK Residential Child Care Discharge Form will not be provided to CPS when a child or youth discharges from the OCOK provider network to a kinship placement or returns home.

Within 2 weeks of a child or youth's placement change and no later than the next monthly face-to-face visit with the child or youth, the CPS worker will provide a Placement Exit Survey to the child or youth.
4.2 Non-Emergency Placement Change Process

4.2.1 Expectations of Child Protective Services (CPS) and Our Community Our Kids (OCOK)

The section below reflects the specific tasks CPS and OCOK must take in order to facilitate a SSCC initiated non-emergency placement change.

4.2.1.2 Notification

Upon notification from OCOK (via email) of need for placement change, OCOK will provide CPS with:

- the reason for placement change;
- OCOK worker needed for secondary assignment,* and
- Updated Common Application
- Placement log

*Note: If the Common Application is updated in IMPACT, CPS does not need to provide the Common Application to OCOK via email.

*CPS must update the SSCC Referral in IMPACT with the new OCOK intake worker secondary assignment.

*OCOK will provide the CPS worker notice within one business day of receiving the placement change request from the residential provider.

4.2.1.3 Non-Emergency Placement Change Staffing

OCOK will coordinate and facilitate the placement change staffing as outlined in Pre-Placement Staffing.

OCOK will record notes from the meeting discussion on the Pre-Placement Staffing form and ensure all participants receive a copy.

4.2.1.4 Placement of Child/Youth

No less than 3 days prior to placement needing to occur, OCOK will notify CPS, through email, of recommended placement and medical consenter.

Within 24 hours of receiving placement options from OCOK, the CPS worker will evaluate and approve placement option and medical consenter in IMPACT

*If CPS has concerns about the recommended placement, supervisor and PD approval must be granted before denial of placement. The Program Director will notify the Director of Care Management with the decision. CBC Administrator must be notified.

OCOK or their authorized representative will complete the physical placement of the child with the new placement and complete all placement forms.
Decision for CPS to participate in the physical placement of the child is based on the best interest of the child.

CPS worker will provide OCOK or their authorized representative with the signed medical consenter (form 2085b), education decision-maker (form 2085e), and OCOK Placement Authorization/Region 3b Placement Documentation (form 1509).

4.2.1.5 Documentation
Upon receipt of non-emergency placement change notification from OCOK, the CPS worker will:
- Update person characteristics;
- Update education log;
- Update medical/dental page; and
- Provide any requested intake forms from the residential provider.

CPS worker will document the placement change staffing in IMPACT contact detail page.

Within 12 hours of placement, OCOK Intake Specialist will enter the child's placement under the SSCC Options tab IMPACT.

*If CPS worker has not received the placement information in IMPACT from OCOK within 12 hours of the child or youth's placement, CPS worker will call the OCOK Intake Specialist. If placement information is not received within 1 hour of contact with OCOK Intake Specialist, CPS worker will notify their supervisor. The CPS supervisor will contact the OCOK Intake Supervisor for immediate resolution and will notify CBC Administrator.

By 5:00 pm the next calendar day after the child's placement, CPS worker and supervisor review and approve placement information (entered by OCOK) and medical consenter in IMPACT.

Prior to the placement change, OCOK will ensure that the child/youth's substitute care provider completes the OCOK Residential Child Care Discharge Form and provides copies to the child's new provider and to OCOK. OCOK must keep copies of the OCOK Residential Child Care Discharge Form and provide such copies to CPS upon request.

*OCOK Residential Child Care Discharge Form will not be provided to CPS when a child or youth discharges from the OCOK network provider to a kinship placement or returns home.

*CPS worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See CPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.

5.0 Placing Children in Certain Institutions
CPS and Our Community Our Kids (OCOK) will work together when considering and requesting placement of a child or youth in one of the following settings:
- DFPS-Licensed Institutions for children with intellectual and developmental disabilities;
- State Supported Living Centers;
- Home and Community-Based Services (HCS) Residential Placements;
• Nursing Facilities; or
• Intermediate Care Facilities for the Intellectual Disabilities/Related Conditions (ICF/IID-RC).

Placing a child or youth in a certain institution should only take place when no other less restrictive placement is available that can meet the child or youth's needs.

Placement in a certain institution requires careful consideration, assessment, and justification. CPS and OCOK Intake Specialist will coordinate with the regional Developmental Disability Specialist to carefully assess the child or youth's specific needs and exhaust all least restrictive placement options before recommending a child or youth's placement in a certain institution.

Depending on the type of institutional placement requested for the child or youth, the CPS worker must follow current CPS processes outlined in *The Foster and Licensed Facility Placements Process Resource Guide*.

If a child or youth is placed in a certain institution, the CPS worker must notify the OCOK Care Coordinator to discharge the child from the SSCC in IMPACT. See Discharge Planning for more information.

See Quick Reference Guide for Region 3b Subject Matter Expert Information.
6.0 Initial Coordination Meeting

The Initial Coordination Meeting (ICM) is an internal, collaborative process between CPS and Our Community Our Kids (OCOK) that focuses on the unique, individualized needs of the child and outlines services to address those needs. The ICM process seeks to share all relevant information about a child in CPS conservatorship who required a new emergency placement within OCOK’s provider network. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child’s individual needs. During the ICM, CPS and OCOK jointly identify the child’s initial and concurrent permanency goals.

The ICM takes the place of the traditional removal staffing.

6.1 Timeframes

Within 7 days of a new emergency placement referral to Our Community Our Kids (OCOK), CPS will host, coordinate and participate in the Initial Coordination Meeting (ICM).

The ICM may be extended up to 3 days if an emergency placement occurs on a holiday or weekend day (Friday, Saturday, or Sunday) or inclement weather prevents the ICM from occurring as scheduled. All other extensions to an ICM must be approved by the Program Director.

6.2 Coordination

Each CPS Program Director (PD) in Region 3b has identified a day of the week to serve as the standard schedule for ICM’s in their area. See Region3b ICM/Pre-Placement Staffing Schedule.

The CPS PD or designee will coordinate all meeting logistics, including:

- schedules with participants a meeting date and time;*
- reserves a conference room and scan call line;
- ensures all relevant participants are invited to the meeting; and
- provides notice (2 business days) of the ICM to all participants.

To begin the coordination process, CPS staff will send an email to the CPS PD or designee containing all placement referrals. The CPS PD will compile the list of placement referrals and send an email to all appropriate CPS and OCOK staff as notification of the upcoming ICM.

6.3 Participants

At a minimum, the following participants will be notified of the upcoming ICM:

- OCOK Care Coordinator
- Removal worker and supervisor;
- Conservatorship worker and supervisor;
- Family Group Decision Making (FGDM) Specialist or coordinator;
- Provider Case Manager (invited by OCOK);
- Other CPS staff or subject matter experts as needed (i.e. Developmental Disabilities Specialist, Nurse, Education Specialist, Well Being Specialist); and
Additional CPS staff may be included in the notification email, but may not need to participate in the ICM.

### 6.4 Documentation

#### 6.4.1 Before the ICM

Before the ICM, the removal worker will complete:
- as much of the Removal Staffing Checklist as possible, which has been updated per Community-Based Care protocols; and
- page 1 of the ICM form.

The removal worker will email a copy of the removal checklist and ICM form prior to the meeting.

#### 6.4.2 During the ICM

During the ICM, the removal worker or their designee will:
- record notes from the meeting discussion on the ICM form, including but not limited to the primary and concurrent permanency goals for the child; and
- establish the OCOK Care Coordinator to be assigned secondary to the case in IMPACT.

OCOK and CPS staff will share and exchange copies (with each other) of all external documentation gathered thus far related to the child’s needs, including but not limited to removal affidavit, diligent search results for relatives and/or parents, immunization records, birth records, birth certificates, social security cards, medical/dental reports or records, school records, progress notes, assessments, evaluations, and so on.

During the ICM, the FGDM staff member will:
- gain information about the family in order to engage the family in a Family Group Conference (FGC); and
- provide the status, if any, of the family’s agreement to participate in a FGC.

Within 5 calendar days of the ICM, the FGDM staff member will notify the CPS worker and OCOK Care Coordinator if a FGC will be held with the family. If the family declines a FGC or one cannot be held, an initial service planning meeting date will be held instead.

If possible, the OCOK Provider Case Manager will identify the date of the initial service planning meeting prior to ending the ICM.

#### 6.4.3 After the ICM

After the ICM, the removal worker or their designee will:
- record the ICM as a contact in the FSU stage, Contact Detail page in IMPACT; and
- ensure the notes from the meeting are recorded in the Contact Detail Narrative.
7.0 PRE-PLACEMENT STAFFING

A Pre-Placement Staffing is a collaborative process between CPS and Our Community Our Kids (OCOK) that focuses on the unique, individualized needs of the child or youth in CPS conservatorship. The purpose of the Pre-Placement Staffing is to ensure that all interested parties to the child have an opportunity to share and discuss relevant child information in support of OCOK’s search for the best possible placement option. The pre-placement staffing seeks to share all relevant information about a child or youth who requires a non-emergency placement or placement change. Relevant information includes:

- Additional information about the child or youth’s present behaviors, circumstances, and history beyond what has been provided to OCOK at intake,
- Possible placement options for consideration,
- Relevant court orders,
- Current visitation plans, and
- Pre-placement visitation needs.

In most cases, there is some time between the placement referral and the time the child needs to be placed. Prior to the pre-placement staffing, OCOK staff will gather information about the child or youth (through IMPACT, previous caregivers, placement information from CPS, etc.) in order for the group to be able to discuss the child’s placement needs.

7.1 Timeframes

A pre-placement staffing must occur at least 7 to 10 days prior to the time that the child needs to be placed. A pre-placement staffing can also occur as soon as OCOK has informed CPS that they are ready for the staffing to occur.

7.2 Coordination

Our Community Our Kids (OCOK) Care Coordinator will ensure the pre-placement staffing is arranged.

Pre-placement staffings will usually be conducted by telephone. However, pre-placement staffings may occur in-person as needed and determined by OCOK and CPS.

The OCOK Care Coordinator will coordinate with appropriate parties to:

- identify scheduling options for pre-placement staffing, and
- work together with the CPS worker to assess the appropriateness and level of the child and parent’s participation in the staffing.

The OCOK Care Coordinator will complete all logistical arrangements (date, time, location, conference call information, notices) for the pre-placement staffing. The OCOK Care Coordinator will give all participants as much prior notice of the pre-placement staffing as possible.

The OCOK Care Coordinator or their designee will facilitate the meeting.

7.3 Participants

The following participants will be notified of the pre-placement staffing:

- CPS worker,
- I See You worker (if assigned),
- CPS supervisor,
- Court Appointed Special Advocate (CASA) representative,
- Guardian ad litem,
- Attorney ad litem,
- OCOK Care Coordinator,
- OCOK Intake staff,
- Current Provider Case Manager,
- Current caregiver,
- Child or youth,
- Parent(s),
- Parents' attorney(s), and
- Other relevant subject matter experts (i.e. Developmental Disabilities Specialist, Nurse, Education Specialist, Well Being Specialist).

Efforts should be made to invite all participants to the pre-placement staffing. If the pre-placement staffing conflicts with a participant’s schedule, the OCOK must make every effort to:
- obtain the participant’s input about the child or youth’s placement prior to staffing, and
- include the participant’s input in the discussion and decisions made at the staffing.

7.3.1 Inclusion and Participation of Children and Youth in Pre-Placement Staffings

The inclusion of the child or youth's voice in the decision making and planning about his or her placement is critical to achieving positive results for children, youth, and families. Children and youth, therefore, must be given an opportunity to participate in pre-placement staffings.

Although a child or youth's participation in a staffing is never forced, OCOK must make every effort to include the child or youth in the staffing. If a child or youth cannot or chooses not to participate, OCOK must provide the child or youth with alternate methods of participation.

7.3.2 Alternate Methods of Participation for Children

If a child or youth is unable to participate in a staffing, OCOK may ask the child or youth to express his or her thoughts about the placement by either:
- writing them down in a letter to be read during the staffing;
- drawing them in a picture to be shared during the staffing;
- verbalizing them in a video or audiotape to be played during the staffing; or
- verbalizing them to a designated person, such as the CPA case manager, CPS caseworker, current caregiver, or CASA volunteer, to be addressed at the staffing.

7.3.3 Alternate Methods of Participation for Older Youth

Older youth are strongly encouraged to participate in pre-placement staffings, unless they decline.

If the youth declines to participate, OCOK:
- ascertains the reason for the decline;
- ensures that the youth fully understands the purpose of the staffing; and
ensures that the youth understands the importance of having a voice in planning for their future.

OCOK must ensure that a follow-up discussion is held with the youth, regardless of how the youth plans to participate in the staffing, to ensure that the youth is aware of and understands the planning and decision-making that will be made on his or her behalf.

7.4 Documentation

7.4.1 Before the Pre-Placement Staffing

Before the pre-placement staffing, the CPS worker must update the following information in IMPACT:

- Person characteristics;
- Education log; and
- Medical/dental page.

7.4.2 During the Pre-Placement Staffing

OCOK Care Coordinator will record notes from the staffing discussion on the Pre-Placement Staffing form and ensure CPS staff receive a copy. Additional copies of the notes can be distributed to participants upon request.

OCOK and CPS staff will share and exchange (with each other) copies of all external documentation gathered thus far related to the child or youth’s needs, including but not limited to diligent search results for relatives and/or parents, birth certificates, social security cards, medical/dental reports or records, school records, progress notes, assessments, evaluations, and so on.

7.4.3 After the Pre-Placement Staffing

After the pre-placement staffing, the CPS worker will:

- Document the pre-placement staffing in the IMPACT contact detail page.
- File a copy of the completed pre-placement staffing form in the CPS case file.


8.0 Child and Youth Service Planning

Child and youth service planning is a collaborative and inclusive process between CPS, Our Community Our Kids (OCOK), the Network Provider, the child and the family that focuses on developing and reviewing plans to meet the individualized and unique needs of the child. Under Community-Based Care, service planning with children and youth will occur with all:

- children placed within the Our Community Our Kids (OCOK) network upon removal, and
- children currently placed in foster care who require a placement change into the OCOK network.

In order to serve children in the most effective and efficient manner, Our Community Our Kids (OCOK) has developed a system to categorize the type of services a child receives, based on his or her individualized needs. Upon placement with OCOK, children are identified as receiving:

- Standard Services;
- Therapeutic Services.

Upon designating the type of service the child will receive, OCOK determines the frequency by which the child's service plan will be reviewed.

8.1 Service Planning Meetings and Child Service Plans

Child/youth service plans will be developed and reviewed through service planning meetings. Child service plans must be developed with children/youth in accordance with Texas Family Code timeframes and applicable licensing standards. Primary and concurrent permanency goals for the child/youth will be reviewed at each service planning meeting. The OCOK Care Coordinator will ensure that the coordination and facilitation of all initial and subsequent service planning meetings are accomplished through the Provider Case Manager assigned to each child/youth.

Whenever possible, sibling groups will have combined service planning meeting, which may require additional time allotted for the meeting.

CPS staff must adhere to the following CPS Handbook policy:

- 6241 Child Service Plan
- 6241.22 Child Plan Review

8.2 Timeframes

The Provider Case Manager will schedule and conduct service planning meetings in accordance with the following Child Service Plan timeframes:

- The initial Child Service Plan is due on the 30th day after placement with Our Community Our Kids (OCOK).

- The Child Service Plan will be reviewed at the following intervals:
  - When CPS is named Temporary Managing Conservator (TMC) of a child, the following Child Service Plan Review timeframes are required:
    - Children who are receiving Standard Services as determined by OCOK:
      - 1st review: within 90 days following the initial Child Service Plan
      - 2nd review: within 90 days following the 1st review
• All other reviews: every 180 days following the 2nd review
  ▪ Children who are receiving Therapeutic Services as determined by OCOK:
    every 90 days following the initial Child Service Plan.

  o When CPS is named Permanent Managing Conservator (PMC) of a child, the
    following Child Service Plan Review timeframes are required:
    ▪ Children who are receiving Standard Services as determined by OCOK: every
      180 days following the initial Child Service Plan.
    ▪ Children who are receiving Therapeutic Services as determined by OCOK: every
      90 days following the initial Child Service Plan.

Child service plans will be updated or reviewed more frequently when a child’s circumstances change or significant events occur that dramatically alter the child’s needs.

A Family Group Conference (FGC), coordinated and facilitated per 1121.22 Family Group Conference may take the place of an initial service planning meeting for new placements (new removals) within the timeframes outlined above. OCOK and/or their Provider Case Manager will participate in the information sharing portion of the FGC in order to gain information to complete the child service plan.

See Region 3b Jurisdictional Differences for county-specific child service plan completion timeframes.

8.3 Coordination

The Provider Case Manager will ensure the coordination of all service planning meeting logistics, including:

• scheduling with participants a meeting date and time;
• reserving a conference room and scan call line;
• all relevant participants are invited to the meeting;
• coordination with CPS staff to ensure barriers to parent and/or family member participation are mitigated (i.e. transportation needs); and
• notice is provided to all participants of the service planning meeting:
  o Provider Case Manager will ensure that invitations for scheduled service planning meetings are sent via email to CPS and other relevant professionals;
  o Provider Case Manager will ensure that CPS receives 14 days notice of service planning meetings;
  o Provider Case Manager will ensure parents, family members, and other participants (who may not have access to email) receive timely notice of service planning meetings.

CPS staff will ensure the Provider Case Manager knows how to contact the parents and other family members.

All service planning meetings will be hosted in a venue that allows for maximum participation either in-person or through conference call.

8.3.1 Participants

Service planning meeting participants will generally include, at a minimum:
• the child or youth’s parents and the parents’ attorney, who must be invited when the parents have been invited,
• child(ren) or youth*,
• family members,
• current caregiver,
• Provider Case Manager,
• CPS conservatorship worker and supervisor,
• I See You worker (if assigned)
• legal representatives (i.e. CASA, ad litem, etc),
• relevant subject matter experts (i.e. Developmental Disability Specialist, Nurse, Education Specialist, Well-Being Specialist) as needed,
• other relevant professionals, and
• other persons identified in the case who can contribute to service planning with the child.

The Our Community Our Kids (OCOK) Care Coordinator will attend service planning meetings as deemed necessary or as requested by CPS or the Provider Case Manager.

*Beginning at age 14, youth may invite two people of their choosing, who are not the youth's foster parent or caseworker, to participate in service planning meetings, Circles of Support, and/or Family Group Conferences.

8.3.2 Documentation

The CPS worker must be present at the child's service planning meeting in order to utilize the Child Service Plan format outlined below. If the CPS worker does not attend the service planning meeting, the CPS worker is responsible for completing the entire Child Service Plan or Child Service Plan Review.

8.3.2.1 During the Meeting

During the service planning meeting, the Provider Case Manager will complete the child/youth's Treatment Plan.

The Provider Case Manager will ensure all participants sign the Treatment Plan.

The Provider Case Manager will send via email the CPS worker and OCOK care coordinator a copy of the completed and signed Treatment Plan within 5 days after the service planning meeting.

The CPS worker is responsible for ensuring the family service plan is developed, reviewed, and/or updated during each service planning meeting. See 6242 The Family Service Plan.

OCOK, the Provider Case Manager, and CPS will share and exchange with each other any relevant external assessments, evaluations, progress notes, medical/dental forms, diligent search results for relatives and/or parents, and other documents related to care of the child.

8.3.2.2 After the Meeting

Within 5 days after the service planning meeting, the CPS worker will complete the Child Service Plan or Child Service Plan Review in IMPACT as follows:
1. Complete the following sections:
   - Permanency Goals,
   - Prior Adoption Information,
   - Child History,
   - Family/Genetic History,
   - Permanency Efforts,
   - Visitation/Contact, and
   - Child's Cultural Heritage.

2. In all other Child Guide Topic sections, the CPS worker will document: "Please see Treatment Plan attached and filed in external documentation."

3. In the Child Plan Participation section, the CPS worker will include any participants that are not already included on the Treatment Plan developed by the Provider Case Manager.

4. In the Other Assessments comment box, the CPS worker will document: "Child Plan developed in collaboration with [foster care provider name] on [date]."

5. The CPS worker will save and submit the Child Service Plan or Child Service Plan Review to the CPS supervisor for approval.

Within 10 days after the service planning meeting, the CPS worker will send a final, approved and signed copy of the IMPACT Child Service Plan or Child Service Plan Review with Treatment Plan attached to all meeting participants, including participants who were unable to attend the meeting.

CPS will document the service planning meeting and participants in IMPACT on the contact detail page.

If a service planning meeting is held in place of a CPS Permanency Planning Meeting (PPM), the CPS worker is responsible for documenting the service planning meeting in each child’s PPM detail page in IMPACT.

See CPS Handbook Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM).

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### 8.3.3 Medical/Dental/Vision Examinations

A person consenting to medical care for a child must participate in each appointment set for the child with the healthcare provider. *Texas Family Code §266.004(i)*

Participation must be in person or, if it is appropriate and acceptable to the provider, by telephone. The level of participation depends on the nature of the medical care the child is receiving, except that medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications. Healthcare providers may have varying requirements for participation. Medical consenters and residential providers must discuss with healthcare providers their expectations for participation. See 11131 Participating in Each Medical Appointment.
When a child is placed with Our Community Our Kids (OCOK), OCOK will ensure substitute care providers receive the DFPS Medical/Dental/Vision Examination Form (2403) with instructions in order for the caregiver (usually the medical consenter) and doctor to complete the form at a child's medical, dental, or vision appointments. The form is filled out jointly by the person taking the child or youth to the appointment (usually the caregiver) and doctor/dentist.

As soon as possible, after the child's appointment, the caregiver will provide the completed Examination form (2403) to OCOK via CPA. Within 5 days from the date of the child's appointment, OCOK will ensure a copy of the completed Examination form is sent to the CPS worker.

Within 2 days of receipt of the completed Examination form (2403), the CPS worker will enter the information into IMPACT as outlined in CPS Handbook item 6133.4 Documenting Health Information

OCOK will ensure that youth ages 16 to 22 are advised of their right to request to become their own Medical Consenter.

8.3.3.1 3 in 30

What is 3 in 30?

The “3 in 30” combines three separate, yet critical, tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS conservatorship. Texas statute requires each component and together the three assessments chart the path for services of children and youth from the beginning of their time in care.

What are the components of 3 in 30?

3-Day Medical Exam: In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any needed treatments.

Texas Health Steps Checkup: In 30 days of entering DFPS care, children must see a doctor for a complete check-up with lab work. This ensures that:

- We address medical issues early.
- Kids are growing and developing as expected.
- Caregivers know how to support strong growth and development.

Child and Adolescent Needs and Strengths (CANS) Assessment: In 30 days of entering DFPS care, children (ages 3-17) must get a CANS assessment. The CANS is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.

8.3.3.2 Psychotropic Medication Appointments

Our Community Our Kids (OCOK) will ensure that all substitute care providers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate
an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days to allow the practitioner to:

• appropriately monitor the side effects of the drug;
• determine whether the drug is helping the child achieve the treatment goals; and
• determine whether continued use of the drug is appropriate.

For all children receiving psychotropic medication, OCOK must assess the extent to which the child:

• has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
• has been seen by the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days.

In the event that a CPS staff member is designated as the medical consenter for a child, the CPS staff member must attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments as described in 11325 Psychotropic Medication Follow-Up Visits.

8.3.3.3 Consenting to Psychotropic Medication

When a healthcare provider initially prescribes a psychotropic medication, Our Community Our Kids (OCOK) will ensure that all substitute care providers and employees who serve as medical consenters for a child:

• notify the CPS worker in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
• complete and sign the Psychotropic Medication Treatment Consent (form 4526) with the healthcare provider; and
• provide a copy of the form to the CPS worker within 5 business days. Form 4526 is not required for changes in dosage or for refills of the same medication.

The CPS worker will file a copy of the form 4526 in the child's section of the case file.

The CPS worker will notify a child's parents of the initial prescription of a psychotropic medication and any change in dosage of the psychotropic medication at the first scheduled meeting between the parents and the child's worker after the date the psychotropic medication is prescribed or the dosage is changed.

See 11000 Health Care – Medical and Behavioral for more information.

8.3.4 Foster Daycare Services

When foster daycare services are needed for a child, who is legally from Region 3b and placed within Our Community Our Kids' (OCOK) provider network, the OCOK Daycare Coordinator will:

• Refer the foster parent to the local Child Care Services (CCS) office in order to be pre-qualified for foster daycare services as needed.
• Provide the Foster/Relative & Other Designated Caregiver Daycare Verification (form 1809) to each foster parent household each time application for initial daycare services are requested.
Note: Foster parent e-signatures are acceptable (completed/signed/scanned copy of the 1809 or on-line completion of the 1809 with foster parent approval in return email).

- Complete a daycare request in IMPACT for each child needing daycare.
- Send an email to the DISTRICT3DC@dfps.state.tx.us mailbox and cc: DFPS FCR 3b Daycare mailbox:
  - Subject line: Region, County, Caregiver's Name, Child's Name, Case ID, daycare request date, #1 of ___ (number of children related to this referral), and
  - Attach the following:
    - Pre-qualification letter from CCS, and
    - Completed Foster/Relative & Other Designated Caregiver Daycare Verification (form 1809) unless an exception is met as described below:

Exception:
For the initial daycare authorization, the requirement for the foster parent to complete the form may be waived if it is determined the verification would prevent an emergency placement in the child’s best interest. Such an emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting daycare were required to verify the unavailability of community resources. The waiver of the requirement must be approved by the Program Director (PD) and should only be utilized where the foster parent has exercised reasonable diligence but has been unable to verify community resource unavailability. If such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal.

Within 1 business day of receiving the daycare request email, the CVS Program Administrator or designee will:
- save and submit the daycare request to the CVS Program Administrator or designee in IMPACT,
- approve or reject the request in IMPACT, and
- send a completed copy of the Foster/Relative & Other Designated Caregiver Daycare Verification (form 1809) to the primary CPS case worker to file in the external documentation in the child’s record.

Within 10 business days of receipt of the approved daycare request in IMPACT, the Regional Daycare Coordinator will process the daycare request. See 8235.4 Foster Child Daycare.

8.3.5 Discharge Planning (from Paid Foster Care)
CPS and Our Community Our Kids (OCOK) will work jointly together to determine when a child is ready for discharge from paid foster care placement and services with OCOK. This section does not include discharge planning for a child from CPS conservatorship.

A family meeting (Family Group Conference (FGC), Circle of Support (COS), or service planning meeting) will be held to discuss and develop the child’s discharge plan from OCOK.
*Both parties (OCOK and CPS) understand that should the court should order discharge unexpectedly, there may not be time for a family meeting to be held.
The section below reflects the specific tasks CPS and OCOK must take in order to facilitate the discharge of a child from placement and services with OCOK:

8.3.5.1 OCOK Care Coordinator
Enter Discharge Notification Request in IMPACT.

Participate in the family meeting and ensure that a presentation of current services and needed services are identified.

*If it is not possible to hold a family meeting to discuss discharge, OCOK will coordinate a meeting with CPS when possible.

Ensure that the child service plan is updated to reflect discharge plans, including services to prepare a child/youth for permanency.

Prior to the child’s discharge, ensure that the child’s substitute care provider completes the OCOK Residential Child Care Discharge Form and provide copies to OCOK.

Upon receipt of the completed OCOK Residential Child Care Discharge Form, OCOK will retain a copy and provide copies to the CPS worker, the CPS Supervisor and the State Office Discharge Mailbox at dischargemailbox@dfps.state.tx.us.

OCOK Residential Child Care Discharge Form will not be provided when a child discharges from OCOK’s provider network to a kinship placement or returns home.
8.3.5.2 CPS Worker

Notify OCOK Care Coordinator via email when a child needs to be discharged from placement and services with OCOK. Request that OCOK Care Coordinator enter the Discharge Notification in IMPACT.

Upon supervisor review, approve or deny OCOK’s recommendation for discharge within 5 business days of receipt of:
- email from OCOK; or
- receipt of Discharge Notification Request in IMPACT.

*Denial of discharge recommendation requires Program Director (PD) approval and CBC Administrator notification.

Approve/Validate Discharge Notification Request page in IMPACT.

In conjunction with CPS supervisor, determine the type of family meeting that will be most beneficial to the family for discussion and planning the discharge from OCOK.

Within 7 days of discharge approval,
- Scan and email all relevant case information to OCOK, including court documents and significant events impacting the child’s permanency plan;
- initiate coordination of family meeting:
  - Submit FGC or COS referral to relevant FGDM staff;
  - If service planning meeting will be held, work together with OCOK to ensure the completion of all meeting logistics.

Participate in family meeting.

If an unplanned discharge occurs (i.e. through a court order), update child service plan to reflect discharge plans, including services to prepare a child/youth for permanency.

See CPS Handbook policy:
- 1121 Family Group Decision Making
- 6250 Permanency Planning Meetings
- 6252 Permanency Planning Meetings for Youth 14 and Older
9.0 Transitional Living Services

CPS and Our Community Our Kids (OCOK) will work together to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood. OCOK, in general, will take the lead in the provision of transitional living services for older youth. During OCOK’s provision of transitional living services with youth, CPS will:

- determine a youth’s eligibility for all transitional living services and financial benefits;
- track all transitional living services for youth; and
- utilize transitional living services information from OCOK for the completion of court reports.

The following sections outline the specific responsibilities of CPS and OCOK as it relates to transitional living services for older youth in DFPS conservatorship.

9.1 Transition Plan Development

Beginning when the youth turns age 14, the transition plan is enhanced over time until the youth leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as he or she leaves care and enters the adult world.

CPS and Our Community Our Kids (OCOK) will work together to initiate the discussion and development of the youth’s transition plan:

9.1.1 CPS Worker

During service planning meetings, when the youth turns age 14:

- Introduce the Transition plan (form 2500) and Circles of Support (COS) process to the youth;
- Ensure the transition plan is discussed and developed with the youth; and
- Inform the youth that a Family Group Decision Making staff member will discuss COS with them further when he or she turns age 14.

When the youth turns age 14, submit referral for COS to the appropriate Family Group Decision Making (FGDM) area contact. The FGDM staff will coordinate the COS per policy 6252 Permanency Planning Meetings for Youth 14 and Older.

*If the youth declines a COS, the FGDM staff member will notify the CPS worker and OCOK Care Coordinator at caremanagement@oc-ok.org with a subject line of "COS Decline."

*If the youth declines a COS, OCOK will schedule a subsequent service planning meeting instead.

Approve and sign the youth’s transition plan each time the plan is developed, reviewed and updated at subsequent service planning meetings or Circles of Support (COS).

9.1.2 OCOK Care Coordinator

Beginning when the youth turns age 14, ensure that the Provider Case Manager discusses and develops the Transition plan (form 2500) with the youth through service planning meetings. (If a
COS is held, the COS facilitator will document/develop the plan with the team and provide to all parties.)

Ensure the youth has the opportunity to invite two people of their choosing, who are not the youth's foster parent or caseworker, to all service planning meetings and Circles of Support.

Ensure that the Provider Case Manager records the transition plan discussion on the plan document (i.e. goals, strengths, fears, etc).

Ensure that the Provider Case Manager continues to discuss and document the transition plan and progress with the youth overtime during face to face visits, subsequent service planning meetings, and Circles of Support (COS).

### 9.2 Circles of Support (COS)

Circles of Support (COS) will be generally coordinated and facilitated according to current CPS policy. Some exceptions apply and are noted within the chart below. If the youth declines a COS, a subsequent service planning meeting will be scheduled instead.

See CPS Handbook policy:
- 6252 Permanency Planning Meetings for Youth 14 and Older; and
- 1121.23 Circle of Support (COS).

### 9.2.1 CPS worker

When the youth turns age 14, submit referral for COS via email to the appropriate Family Group Decision Making area contact and cc the OCOK Care Coordinator.

*The OCOK Care Coordinator must ensure the youth is able to attend the COS, even if the OCOK Care Coordinator is not invited to the COS.

Work with FGDM staff to prepare and schedule the COS with the youth.

*Within 7 days before the COS, FGDM staff will send a copy of the transition plan to the OCOK Care Coordinator at caremanagement@oc-ok.org.

Participate in the COS or subsequent service planning meeting.

Approve and sign the youth’s transition plan each time the plan is reviewed and updated at subsequent service planning meetings or COS.

Ensure documentation of COS in IMPACT per CPS policy Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM).

If a subsequent service planning meeting is held with the youth in place of a COS, CPS worker will document all discussion and plans made during the meeting on the transition plan (form 2500).
9.2.2 OCOK Care Coordinator

Work jointly with FGDM staff and CPS worker to engage youth, family, Provider Case Manager, and other caring adults in the COS or subsequent service planning meetings.

Work with the youth, the Provider Case Manager, the caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions to adulthood.

Ensure youth attends the COS or subsequent service planning meeting.

Ensure the Provider Case Manager participates in the COS or subsequent service planning meeting.

Ensure that the Provider Case Manager continues to discuss and document the transition plan with the youth overtime during face to face visits, subsequent service planning meetings, and Circles of Support (COS).

Ensure the transitional living services section of the child service plan is updated by the Provider Case Manager.

9.3 Preparation for Adult Living (PAL)

Our Community Our Kids (OCOK) will ensure the development and delivery of PAL Life Skills Training for youth in DFPS-paid substitute care who are age 16 or older utilizing the curriculum topics found in CPS Handbook policy 10222 Life Skills Training.

As part of the delivery of PAL training, OCOK will ensure the arrangement for the Casey Life Skills Assessments and its interpretation to be shared and discussed with the youth and caregiver. OCOK will ensure that experiential and community-based learning is included in all PAL training and services.

The following section details the responsibilities of CPS PAL staff and OCOK related to the delivery and documentation of PAL training and services:

9.3.1 PAL Staff

Once the “Life Skills Assessment” email notification is received from OCOK, document the youth’s Casey Life Skills Assessment results in IMPACT.

Within 5 business days of receiving email request for PAL service authorization from OCOK:
- complete the service authorization (form 2054) for PAL services to OCOK in IMPACT; and
- send email notification to OCOK when the service authorization (form 2054) for PAL services has been approved in IMPACT.

Once notification is received by OCOK, document the youth’s completion of PAL training in IMPACT.

Document all PAL related information in IMPACT according to current policy.
Ensure CPS worker is kept updated on the youth’s participation in any PAL related activities.

9.3.2 OCOK Care Coordinator

Notify CPS PAL staff and CPS worker by email when the youth has completed the Casey Life Skills Assessment:
- Email notification with subject line of “Life Skills Assessment;” and
- Attach assessment results.

Notify CPS PAL staff and CPS worker by email when PAL services need to be authorized in IMPACT for the youth.*

*Youth must be referred for PAL services by the youth’s 16th birthday.

*OCOK Care Coordinator will access the completed service authorization (form 2054) for PAL services from IMPACT.

Ensure the provision of identified services to youth to assist with their transition to adulthood.

Ensure that youth are assisted with applying for and securing services to aid in their transition to adulthood.

On the 15th of the month following the month of service, submit a monthly report to the regional PAL supervisor via email with a subject line of “Life Skills Training”:
- youth’s status, progress, and completion of PAL training;
- services provided to the youth to assist with their transition to adulthood; and
- assistance provided to the youth with applying for and securing services to aid in their transition to adulthood.

*More frequent reporting will be required during specific months to be in compliance with National Youth in Transition Database.

Ensure the Provider Case Manager documents the youth’s progress and status of PAL Life Skills Training as well as experiential life skills learning in the child service plan.

9.4 Extended Care and Return to Extended Care

CPS and OCOK will work together to identify youth (whose legal region is Region 3b) for either Extended Care or Return to Extended Care programs. Participation in the Extended Care or Return to Extended Care programs will be discussed and planned with the youth during regularly scheduled service planning meetings (90 day reviews), during the youth’s Circle of Support or Transition Plan Meeting, or upon the youth’s request.

The following section outlines the responsibilities of CPS and OCOK if a youth requests participation in either the Extended Care or Return to Care program:
9.4.1 Extended Care

9.4.1.1 CPS Worker

- Determine eligibility according to current Extended Care Guidelines.
- Review the completed Voluntary Extended Foster Care Agreement (form 2540), including signature, and distribute according to policy.
- Follow current policy as it relates to Extended Foster Care.

9.4.1.2 OCOK Care Coordinator

- If eligible, ensure that the youth is assisted with completing the Voluntary Extended Foster Care Agreement (form 2540) within 30 days prior to the youth’s 18th birthday.
- Provide completed Voluntary Extended Foster Care Agreement (form 2540) to CPS worker.
- Ensure that the youth is assisted in maintaining necessary documentation for the Extended Care program.

9.4.2 Return to Extended Care

9.4.2.1 CPS Worker

- Work with PAL staff to determine eligibility according to current guidelines for Return to Extended Care.
- Review the completed Voluntary Extended Foster Care Agreement (form 2540), including signature, and distribute according to policy.
- If youth is eligible, complete CPS referral for placement with OCOK.

9.4.2.2 OCOK Care Coordinator

- Notify regional PAL supervisor of youth’s request to Return to Extended Care.
- If eligible, assist youth with completing the Voluntary Extended Foster Care Agreement (form 2540).
- Ensure that the youth is assisted in maintaining necessary documentation for the Return to Extended Care program.

See CPS Handbook policy:
10400 Extending Foster Care for Youth Who Are Age 18 or Older
10530 Roles and Responsibilities of Staff Helping a Young Adult Return for Extended Foster Care

9.4.3 Supervised Independent Living (SIL)

Supervised independent living (SIL) placement settings are living arrangements offered through the Extended Foster Care program that allow young adults to reside in a less restrictive, non-traditional foster care setting while continuing to receive casework and support services to become independent and self-sufficient.

To be eligible for SIL, young adults must be able to live independently in a setting with minimal to no supervision. Through conversations with the young adult and the initial assessment, the young adult will be placed in the setting which best meets his or her needs. In order to maintain placement in the SIL program, young adults must comply with the Voluntary Extended Foster Care Agreement (form 2540). Young adults can move through the settings offered based on...
behaviors, enhancement of skills, or overall progress made in the young adult’s current setting. The SIL case managers will maintain documentation of the young adult’s progress in case notes, as well as in the subsequent service planning meetings, which will be filed in the young adult’s case record.

The following section outlines the responsibilities of CPS and OCOK if a youth (who is legally from Region 3b) requests a SIL placement setting:

### 9.4.3.1 Extended Care & SIL

#### 9.4.3.1.1 CPS Worker

- Determine eligibility according to current Extended Care Guidelines
- Review and approve the completed [Voluntary Extended Foster Care Agreement (form 2540)](https://example.com), including signature, and distribute according to policy.
- Follow current CPS policy as it relates to Extended Care.

#### 9.4.3.1.2 OCOK Care Coordinator/Intake

- At the youth’s 17th birthday, the OCOK Care Coordinator will notify the Region 3b SIL case manager to provide information regarding SIL to the young adult.
- *SIL case manager will coordinate a meeting with the Provider Case Manager and the young adult to provide information to the youth about their SIL options.
- If eligible, ensure that the youth is assisted with completing the Voluntary Extended Foster Care Agreement (form 2540) within 30 days prior to the youth’s 18th birthday.
- Provide completed Voluntary Extended Foster Care Agreement (form 2540) to CPS worker.
- If the youth chooses SIL placement & services either in Region 3b or outside of Regions 3b, the OCOK Care Coordinator contacts the CPS worker with the SIL placement recommendation for their approval.
- Once CPS supervisor approval has been received, the OCOK Care Coordinator will make the referral to the SIL program chosen by the youth.
- At the time of the youth’s SIL placement, Intake will follow the [SSCC Initiated/Non-Emergency Placement Change Process](https://example.com).

### 9.4.3.2 Return to Extended Care & SIL

#### 9.4.3.2.1 CPS Worker

- Work with PAL staff to determine eligibility according to current guidelines for Return to Extended Care.
- If eligible, refer the young adult to OCOK Care Coordinator for appropriate SIL program placement.
- Review and approve the completed [Voluntary Extended Foster Care Agreement (form 2540)](https://example.com), including signature, and distribute according to policy.
- Follow current CPS policy as it relates to Return to Extended Care.

#### 9.4.3.2.2 OCOK Care Coordinator/Intake

- Notify regional PAL supervisor of young adult’s request to Return to Extended Care and interest in SIL placement.
- If eligible, OCOK Care Coordinator will notify the Region 3b SIL case manager to provide information regarding SIL to the young adult.
*SIL case manager will coordinate a meeting with the youth to provide information about their SIL options.

If eligible, ensure that the young adult is assisted with completing the Voluntary Extended Foster Care Agreement (form 2540).

Provide completed Voluntary Extended Foster Care Agreement (form 2540) to CPS worker.

If the young adult chooses SIL placement & services either in Region 3b or outside of Region 3b, the OCOK Care Coordinator contacts the CPS worker with the SIL placement recommendation for their approval.

Once CPS supervisor approval has been received, the OCOK Care Coordinator will make the referral to the SIL program chosen by the young adult.

At the time of the youth’s SIL placement, Intake will follow the SSCC Initiated/Non-Emergency Placement Change Process.

### 9.4.4 National Youth in Transition Database (NYTD)

CPS will take the lead on identifying youth (ages 17, 19, and 21) who will participate in surveys for the National Youth in Transition Database (NYTD). CPS will inform OCOK of the youth who will participate in NYTD surveys via email with subject line of “NYTD Survey Participant.”

Once notified, OCOK will assist CPS in obtaining NYTD surveys from identified youth. Youth must be allowed to take the NYTD survey on their own without assistance from others. OCOK will maintain current contact information for youth placed within their provider network and inform CPS when updated information becomes available.
**10.0 PERMANENCY ROUNDTABLES**

Permanency roundtables (PRT) are designed to improve permanency outcomes and facilitate discussions regarding permanency for children and youth in the permanent managing conservatorship (PMC) of DFPS. A permanency roundtable is an internal case consultation attended by CPS permanency subject matter experts who come together in a structured and supportive meeting to develop a child specific permanency action plan. The goal of the action plan is to develop strategies designed to exit a child to a family through family reunification, adoption, or a transfer of custody to a family member or fictive kin caregiver as well as improve lifelong connections to caring adults and family members.

The roundtable team members include:
- the CPS worker, who is considered the expert on the case;
- the CPS supervisor, who provides additional information on the case;
- a Permanency Practitioner who facilitates the roundtable and provides consultation regarding permanency during the meeting as well as conducting follow-up on the action plan.
- a Permanency Consultant whose role is to focus exclusively on permanency for the child or youth. The Permanency Consultant must be a Program Director level or above.
- a Master Practitioner who is the agency policy and resource expert. The Master Practitioner is the Program Director over the case.
- a Scribe who captures the discussion on the permanency action plan and participates during all phases of the permanency roundtable. The Scribe is a worker level staff or above from any stage of service.

Based on the needs of the child/youth, additional Subject Matter Experts such as Education, Developmental Disability, Youth Specialists, and I See You staff may also attend the roundtable meetings.

The case selection criteria include children and youth who are:
- age 6 years and up;
- in the permanent managing conservatorship of DFPS;
- not in a placement intended to be permanent.

Once the initial criteria has been met, the following may be considered as priority in case selection:
- child or children are members of a sibling group;
- child is African American or Hispanic; and
- child has been in DFPS conservatorship a considerable length of time as determined by the region

Four core values are instilled in the PRT case consultation and follow-up processes:
- **Urgency**: Every child in care deserves permanency NOW.
- **Team**: All roundtable team members support the worker by offering new perspectives and concrete assistance.
- **Outcomes**: A focus on solutions, learning, and accountability will result in positive outcomes.
- **Optimism**: A strengths-based and non-blaming approach is the most productive.

For details related to the PRT process, see CPS Handbook [6260 Permanency Roundtables](#).
## 10.1 Training

Our Community Our Kids (OCOK) will identify staff who will participate in the following trainings:
- Permanency Values Training
- PRT Orientation
- PRT skills

These trainings must be taken prior to an OCOK staff member participating in a PRT. CPS will provide the trainings to OCOK.

## 10.2 Case Selection

The primary source for referral for children placed with OCOK will come from OCOK.

The permanency practitioner will send a list of children/youth eligible for a PRT to Region 3 CPS management staff and Community-Based Care (CBC) Administrator two months prior to when the PRT's need to be scheduled. The CBC Administrator will send a list of eligible children/youth from Region 3b to the OCOK Care Coordinator.

## 10.3 Coordination

CPS Region 3 management staff will determine the amount of Permanency Roundtable's (PRT) that the permanency practitioner will conduct per month for children/youth from Region 3b. Each child/youth counts as one PRT.

Region 3b CPS and OCOK staff will work with the permanency practitioner to schedule PRT's for the identified children/youth to ensure consistency with up-coming child service planning meetings.

The permanency practitioner will conduct PRTs in Region 3b based on the schedule submitted by Region 3b CPS and OCOK staff.

## 10.4 Documentation

### 10.4.1 Prior to Permanency Roundtable (PRT)

Our Community Our Kids (OCOK) will complete the relevant sections of the case presentation outline (form 2150) and PRT case summary (form 2152). Relevant sections of the forms will be identified by OCOK and CPS regional management.

The CPS worker will use the information received from OCOK to complete the case presentation outline (form 2150) and PRT case summary (form 2152).

The CPS worker will prepare/provide the following documents for each child/youth's PRT:
- PRT case summary (form 2152);
- initial child service plan,
- latest court report, and
- updated family tree in IMPACT.
OCOK will bring a picture of the child/youth to the PRT.

### 10.4.2 During the Permanency Roundtable (PRT)

Our Community Our Kids (OCOK) Care Coordinator will participate in the PRT as the SSCC representative for the child/youth.

After the CPS worker has completed their part of the child/youth presentation, OCOK will provide supplemental information in the following areas: description of child, caregiver, and significant relationships.

At the conclusion of the PRT, all participants sign the action plan. All participants are expected to assist with tasks on the action plan.

### 10.4.3 After the Permanency Roundtable (PRT)

The permanency practitioner will send an electronic copy of the action plan to all participants, including the OCOK Care Coordinator.

The PRT action plan will be reviewed and assessed at the next scheduled service planning meeting for the child/youth. OCOK will ensure the permanency practitioner is invited to this service planning meeting. The permanency practitioner will participate in the child/youth's service planning meeting as his/her schedule permits.

CPS program director (PD) approval is required to change a child/youth's permanency goal to Another Permanent Planned Living Arrangement (APPLA) for a youth age 16 years and up.

The permanency practitioner will:
- update the "plans to address permanency" and permanency goals sections of the child service plan review in IMPACT;
- enter a contact into the PPM window of the child/youth's SUB stage in IMPACT;
- obtain monthly follow-up information about the child/youth and efforts made to complete the tasks on the PRT action plan from the CPS supervisor on the case;
- conduct quarterly follow-up staffings with the CPS worker, supervisor, and PD; and
- obtain monthly follow-up information about the child/youth and efforts made to complete the tasks on the PRT action plan from the CPS supervisor on the case.

The CPS supervisor will notify OCOK Director of Care Management if tasks assigned to OCOK are not being completed per the action plan.

Any disputes related to PRT action plans will be discussed and resolved during the child/youth's PRT.
11.0 Court Requirements

CPS will take the lead on all court and legal activities (court hearings and court reports) for children in CPS conservatorship and placed within Our Community Our Kids' provider network.

See Region 3b Jurisdictional Differences.

11.1 Court Hearings

The section below reflects the specific responsibilities of CPS and OCOK related to court hearings:

11.1.1 CPS Worker or Designee

- As soon as the court hearing notification is received from the court, notify OCOK of scheduled court hearings by:
  - forwarding the court notification email to OCOK Care Coordinator or OCOK at caremanagement@oc-ok.org
  - Scanning and emailing a copy of court orders or notice of court hearing that show scheduled court dates/times.
- *If date and time of a court hearing is announced during court, this shall serve as notice to both CPS and OCOK.
- Ensure children are notified of all court hearings.
- Attend and testify in court hearings.
- Ensure any legal process received from OCOK is forwarded to the appropriate legal counsel.

11.1.2 OCOK Care Coordinator

- Within 3 days of receipt of court hearing notification from CPS, ensures CPS is sent via email notification of who will be attending the court hearing.
- *If an emergency court hearing is scheduled, then OCOK will share the attendee list as soon as possible.
- Immediately notify CPS worker and designee of any service of legal process (i.e. subpoena, summons, discovery notices) related to performance under contract.
- Provide notice to the caregiver of all court hearings.
- Ensure children attend court hearings, unless excused by the presiding judge prior to the court hearing.
- *Attendance may occur through video conference and/or teleconference when appropriate and approved by the court.
- *Attendance at Adversary Hearings (14-day hearings) is, generally not expected, unless the child’s attorney ad litem requests the child’s attendance.
- Attend court hearings and/or preparation meetings as requested by CPS, CASA, attorney ad litem, or other members of the judiciary.
- *Attendance at Adversary Hearings (14-day hearings) is not expected.
- Identify and ensure attendance of the most appropriate staff (i.e. CPA case manager) with personal knowledge of the case at all court hearings unless excused by the presiding judge.
- Maintain documentation of all court orders received from CPS.
11.2 Court Reports

CPS holds ultimate responsibility and ownership of all information contained in court reports submitted to the court. Our Community Our Kids (OCOK) will ensure that the sections of court reports that are relevant to the child are completed by the Provider Case Manager.

The section below reflects the specific responsibilities of CPS and Provider Case Manager related to court reports:

11.2.1 CPS worker

- Upon notification of the court report due date:
  - notify OCOK Care Coordinator and Provider Case Manager via email of the court report due date; and
  - attach the relevant court report template.

- Ensure Provider Case Manager uses the correct Court Report Template based on the type of scheduled court hearing:
  - Status Report to the Court (form 2070)
  - Permanency Report to the Court – Temporary Managing Conservatorship (form 2088)
  - Permanency Report to the Court – Permanent Managing Conservatorship (form 2088b)

- Upon receipt of Court Report Template from the Provider Case Manager, add and edit information to the court report as needed for completion.

- *When the Court Report Template is incomplete and/or additional information is needed for the court report, CPS worker will contact the Provider Case Manager and, if needed, OCOK Care Coordinator to obtain needed information.

- Submit completed court report that includes both CPS and Provider Case Manager information to supervisor for approval.

- *CPS supervisor must review and return the court report to CPS worker within 3 days to allow time for filing of court report.

- Send an email to the Provider Case Manager and OCOK Care Coordinator titled “Court Documents” and include scanned, “filed marked” copies of all available:
  - CPS court reports,
  - settings,
  - notices,
  - CASA court reports,
  - guardian ad litem reports,
  - court orders, and
  - any other relevant court information.

11.2.2 Provider Case Manager

- Complete the following sections of the court report as follows:
  - Status Report to the Court (form 2070): Section VIII. Summary of Child's Medical
  - Permanency Report to the Court – Temporary Managing Conservatorship (form 2088): Section VII. Summary of Case Since Last Court Review
  - Permanency Report to the Court – Permanent Managing Conservatorship (form 2088b): Section IV. Summary of Case Since Last Court Review
• 10 days prior to the court report due date, send CPS an email, cc: OCOK Care Coordinator, titled "Court Report Information" and attach a completed Court Report Template.
• *If additional information for the Court Report Template is requested by CPS, Provider Case Manager will provide the requested information within 24 hours.
• Provide supplemental information to the CPS worker via email for inclusion in the court report or hearing when significant events occur prior to the scheduled hearing.
12.0 Permanency Care Assistance

When a child or youth’s (from Region 3b) permanency plan calls for a change to permanent managing conservatorship by a relative or fictive kin (regardless of the relative/fictive kin’s location) with intent to pursue permanency care assistance, CPS staff must follow current CPS Handbook policy 6680 Permanency Care Assistance.

The CPS worker must obtain supervisor approval before referring a kinship caregiver to Our Community Our Kids (OCOK) for verification as a foster parent. Before referring kinship caregivers to OCOK for verification, CPS staff must ensure that:

- The kinship caregiver has been approved by CPS to provide care for a child in CPS conservatorship; and
- An approved kinship home assessment, with kinship safety evaluation (if applicable), has been completed on the kinship caregiver.

Once supervisor approval is obtained, the CPS worker must follow CPS Handbook policy 6660 Kinship Caregivers Interested in Becoming Verified as Foster Parents in order to refer the kinship caregiver to OCOK for verification as a foster parent. Upon referral, the CPS worker will provide OCOK via email (fosteradopt-inquiry@oc-ok.org) the following:

- Name and contact information (address, phone, email) of the kinship family being referred; and (Adoption Referral Form 1500 and the Foster-Adopt Inquiry form 1501)
- A copy of the kinship family’s approved kinship home assessment.

12.1 Placing a Child/Youth with a Verified Kinship Caregiver

Once a kinship caregiver is verified as a foster home and approval is given to place the child with the caregiver, CPS and Our Community Our Kids (OCOK) will follow the New Placements/Non-Emergency Placement or Placement Change process (depending on the child’s current placement type) with some minor differences.

Prior to referring a child or youth to OCOK for placement, the CPS worker must first verify that the kinship family is an active resource in IMPACT. OCOK will ensure that the CPS worker and supervisor are notified when the kinship family is approved as a foster home in CLASS. Upon notification from OCOK that the kinship family is approved as a foster home in CLASS, the CPS worker and OCOK will determine an official start date for the child’s placement in the foster home and follow the relevant placement process described below. Although the Provider Case Manager is to notify OCOK of verification, should CPS learn first, they will notify the OCOK Intake Supervisor so that the process of placement can be initiated. The CPS worker will not initiate placement until approval from OCOK is given.

Foster care maintenance payments to a verified kinship family (foster home) begin once CPS and OCOK have completed the relevant placement process described below.

12.1.1 Non-Emergency Placement of a Child/Youth with a Verified Kinship Caregiver

When a child or youth is placed with an unverified kinship caregiver and the kinship caregiver later becomes verified as a kinship foster home within the OCOK network, then the New Placement/Non-Emergency Placement process will be used to place the child or youth with OCOK.
12.1.2 Placement Change of a Child/Youth with a Verified Kinship Caregiver

The Placement Change process will be used when a child or youth is placed in a paid foster care setting within the OCOK provider network and requires a placement change to a verified kinship caregiver (kinship foster home) within the OCOK network.

12.2 Applying for Permanency Care Assistance

When a prospective permanent managing conservator is nearing completion of the required six consecutive months as a verified foster parent, the child’s primary CPS worker and Our Community Our Kids (OCOK) must begin working with the caregiver to apply for assistance. The CPS worker must follow current CPS Handbook policy 6685 Applying for Permanency Care Assistance.

At least three (3) weeks prior to submitting the permanency care assistance packet to the adoption assistance eligibility unit, the CPS worker will:
- Obtain necessary documentation from OCOK to complete Level of Care (LOC) review for the child; and
- Complete LOC review.
13.0 ADOPTION

Our Community Our Kids (OCOK) will take primary lead on all adoption activities for referred children in CPS conservatorship in Region 3b. Out-of-state Interstate Compact on the Placement of Children (ICPC) adoption services requests will follow established regional ICPC protocols.

The following sections outline what Region 3b CPS staff can expect from OCOK, as well as the responsibilities that CPS staff will maintain during the adoption process.

13.1 Legal and Court Activities

CPS conservatorship staff will continue to be responsible for all legal and court activities related to:

- termination of parental rights,
- all court hearings (see Court Requirements),
- adoption (giving or withholding consent to adoption and waiving service to adoption hearings), and
- eligibility for and authorization of post-adoption subsidies and services.

13.2 Recruitment

Our Community Our Kids (OCOK) will conduct general and child-specific recruitment activities for adoption-motivated homes for children from and referred to Region 3b. OCOK is fully responsible for all general and child-specific adoption recruitment activities.

In order for OCOK to conduct general and child-specific recruitment, CPS will provide OCOK with:

- access to various adoption recruitment tools, such as Heart Gallery, Wednesday’s Child, TARE, Wendy’s Wonderful Kids;
- completed OCOK Adoption Broadcast Request Form;
- child-specific profiles;
- notice of any adoption events hosted by CPS;
- general or child-specific adoption inquiries as they are received; and
- redacted case file, as soon as termination of parental rights has been achieved.

As general or child-specific adoption inquiries are received, CPS will:

- Document the inquiry on the Foster/Adoptive Parent Inquiry form;
- Within 1 business day of receiving the inquiry, email OCOK at fosteradopt-inquiry@oc-ok.org the completed Foster/Adoptive Parent Inquiry form (requestor’s name, phone number, address, and date of initial contact) with a subject line of “Foster/Adoptive Inquiry;”
- Attach to the email any previously approved home studies for the requesting family.

OCOK will track all child-specific adoption inquiries.

13.3 Home Studies

Our Community Our Kids (OCOK) will ensure that home studies on all potential adoptive homes (including kinship) within Region 3b are conducted and approved.
To request an adoption home study, CPS staff will send an email to OCOK at fosteradopt-inquiry@oc-ok.org with subject line of “Adoption Referral.” CPS will provide (attached to email) the Adoption Referral form and any supporting documentation, such as the kinship home assessment, to OCOK.

13.4 Home Selection and Staffing

Upon review of a child and available home studies, Our Community Our Kids (OCOK) will coordinate and host a selection staffing with CPS, CASA, ad litem, Provider Case Manager, foster parents (as appropriate), and guardian ad litem within 7 business days. OCOK will provide recommended home studies to staffing participants prior to the selection staffing for review. OCOK will present recommended adoptive homes for a child to all parties. This can be accomplished at a subsequent service planning meeting (90-day review) or other scheduled meeting for the child.

By the next business day after the staffing, OCOK will send official notification to CPS via email of:
- recommended adoptive home; OR
- no adoptive home is recommended.

13.4.1 Approval

To approve OCOK’s adoptive home recommendation, CPS staff will send an email to OCOK within 1 business day of receiving the official notification from OCOK, with the subject line of “Approved Adoptive Home.”

Once an adoptive home is approved, OCOK will provide all appropriate information to the prospective family (i.e. psychological evaluation, service plans, HSEGH, etc.).

When the prospective family agrees to proceed with the adoption process, CPS will:
- complete redaction within 15 business days; and
- provide OCOK a copy of the redacted file.

13.4.2 Denial

To deny OCOK’s adoptive home recommendation, the CPS Program Director will send an email to OCOK within 3 business days of receiving the official notification, with the subject line of “Denial of Adoptive Home.” The email must contain the rationale for the decision, including specific reasons that would indicate why the family was not an appropriate adoptive home and/or how the decision is not in conformity to the agreed upon placement guidelines.

When an adoptive home recommendation is denied, OCOK will continue the recruitment of adoptive homes to find a match for a child.

13.5 Presentation Staffing

After the prospective family has reviewed the child’s case file, Our Community Our Kids (OCOK) will ensure a Presentation Staffing is held with the prospective family, current family, CASA, ad litem, and guardian ad litem, and CPS. A Presentation Staffing is an opportunity for the
prospective family to ask questions, for the current family to discuss the child’s daily care, and for the attendees to collectively develop an appropriate transition plan. The transition plan should include adoption preparation activities, pre-placement visits, among other tasks. For more information, see Adoption Best Practice Guide (form 2140).

If the prospective family elects to not accept a child, OCOK will send an email to CPS within 5 business days of the Presentation Meeting, with the subject line of “Adoptive Family Refusal.”

### 13.6 Placement of the Child

When placement of the child with the adoptive family is determined, Our Community Our Kids (OCOK) will facilitate the physical placement of the child/youth in the home. See Adoption Checklist for more detail.

### 13.7 Adoption Services

In order to ensure placement stability, Our Community Our Kids (OCOK) is responsible for obtaining and delivering services to children placed with adoptive families prior to consummation of the adoption. OCOK is responsible for managing all services (including but not limited to monthly post-placement supervision) to prepare and support adoptive placements. OCOK will provide documentation of these services to the CPS conservatorship worker.

CPS conservatorship staff will continue to provide quarterly supervision of children who are placed with adoptive families until consummation is achieved and CPS is dismissed as the child’s conservator. CPS conservatorship staff should seek supervisor guidance if more frequent supervision of children in adoptive placements is needed.

### 13.8 Authorization of Adoption Services

As requested by Our Community Our Kids (OCOK), the CPS conservatorship worker will:

- complete the service authorization (form 2054) for the identified adoption service to OCOK in IMPACT;
  - In the comments section of the 2054, add the following:
    - The licensing agency (CPA) name
    - Whether the 2054 is for a sibling set; if so, how many siblings
    - The type of adoption (ie. Foster-to-adopt/kinship/matched)
    - The Youth for Tomorrow (YFT) Level of Care (LOC) Determination for the child
- send email notification to OCOK at adoption@oc-ok.org and attach the following:
  - Completed and approved service authorization (form 2054); and
  - Completed and signed Adoption Placement Agreement (form 2226).

See Community-Based Care (CBC) Adoption Placement and Service Authorization Process for more information.
14.0 INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) SITUATIONS

The following regional protocols have been developed to manage Interstate Compact on the Placement of Children (ICPC) specific situations in the Region 3b catchment area.

14.1 In-Coming Home Study and Placement Requests

Home study requests for unverified kinship caregivers or parents will be handle through the current Interstate placement process as outlined in CPS policy 4500 Interstate Placements. If OCOK is approached by a kinship caregiver who requests verification, OCOK will refer the ICPC home study requests for children, legally from another state, into the Region 3b catchment area:

- **Children who require standard placement services:**
  - State Office ICPC sends home study request (foster, adopt) via IMPACT to Regional ICPC point of contact or their designee.
  - Regional ICPC point of contact or their designee will refer the agency to OCOK and send the ICPC packet to OCOK at fosteradopt-inquiry@oc-ok.org for home study completion through OCOK’s provider network.
  - Within 55 days, the Provider will send the completed home study to the regional ICPC point of contact or their designee. The ICPC point of contact will upload the home study in IMPACT.
  - If the child/sibling group is placed in an approved foster or adopt home located in Region 3b:
    - CPS will conduct supervision of the child, and
    - Private provider in TX will monitor the family for licensing purposes.

- **Children who require treatment/therapeutic placement services:**
  - Upon receiving a foster care home study request for a child who requires treatment services, OCOK will send a denial memo to the Regional ICPC point of contact or their designee.
    - The denial memo will outline the basis for the child requiring treatment services, including the specific diagnosis of the child.
  - The Regional ICPC point of contact or their designee will upload the denial memo in IMPACT.
  - State Office ICPC will forward the denial memo to the sending state and inform the sending state that a sub-contract for foster care placement must be established directly with a private provider in Texas by contacting OCOK.
  - State Office ICPC will provide OCOK’s contact information to the sending state.
  - OCOK will refer the sending state to a provider within OCOK’s network.
  - If/when the sending state establishes a sub-contract with a Region 3b provider, the sending state will re-submit a complete packet to State Office ICPC.
    - State Office ICPC will approve placement based on completed packet (packet will include a copy of the home study and statement that a sub-contract is in place).
    - State Office ICPC will upload the ICPC packet into IMPACT.
  - If the child/sibling group is placed in an approved foster home located in Region 3b:
Texas CPS will conduct supervision of the child (unless child supervision is established in the sending state’s sub-contract with the Texas provider), and
Texas Provider will monitor the family for licensing purposes.

If a child, legally from another state, is placed with a verified foster home who is currently a part of OCOK’s provider network:
- Regional ICPC Lead will notify the Community-Based Care (CBC) and CVS Program Administrators of the placement.
- CBC Program Administrator will track the placement and notify/involve OCOK.
- The child, legally from another state, will not enter the OCOK’s continuum of care, nor be the responsibility of the OCOK.
  - If the verified family (where an ICPC placement occurred) decided to continue to foster/adopt other Texas children, then DFPS would transfer the home under OCOK’s provider network.

### 14.2 Out-of-State Placements

The following out-of-state placement protocols involve children who are legally from Region 3b and placed with/being served by Our Community Our Kids (OCOK).

### 14.2.1 Foster or Adopt Placements

If the child is placed with an out-of-state family who is licensed by a State Child Welfare Agency (i.e. Ohio child welfare):
- The TX CPS worker will submit form 100 B indicating that the child is placed.
- The State Child Welfare Agency will provide post-placement supervision of the child.
  - Region 3b CPS staff will set up the FAD stage, VIN #, and enter the out of state placement in IMPACT;
  - Foster care or adoption subsidy payments will be paid directly to the out-of-state family.
- Once the child is placed in the out-of-state home, OCOK will discharge the child from the SSCC in IMPACT.
- If OCOK identified the out of state placement for the child, then CPS will pay OCOK for adoption placement services (form 2054) only.
- Texas CPS is responsible for setting up a contract for supervision of the child in the out of state placement.

If the child is placed with an out-of-state family who is licensed through a private provider for foster care or adoption:
- OCOK will sub-contract directly with the private out-of-state provider for placement and post placement supervision.
- CPS will pay OCOK for both adoption placement services (form 2054) and post placement supervision (form 2054).

*If the private agency refuses to sub-contract with OCOK, then OCOK will discharge the child from the SSCC in IMPACT. The child’s out-of-state placement and supervision will be managed by Texas CPS and the other state’s Child Welfare Agency.
14.2.2 Residential Treatment Center (RTC) Placements

When OCOK seeks an out-of-state Residential Treatment Center (RTC) for placement of a child from Texas Region 3b:

- Once an out-of-state RTC is located, OCOK will initiate and create a sub-contract with the out-of-state Residential Treatment Facility;
- Once the sub-contract is secured:
  - OCOK will notify via email the Community-Based Care Contract Manager, Texas CPS caseworker and regional ICPC lead;
  - The Community-Based Care Contract Manager will notify via email the State Office Foster/Adopt Division Administrator.
- Texas CPS caseworker will submit the ICPC Residential Treatment Center out-of-state placement request through IMPACT;
- Texas CPS is responsible for setting up a contract for supervision of the child in the out-of-state placement;
- OCOK is responsible for monitoring the out-of-state placement for the life of the contract.

For detailed ICPC processes and information, see CPS Handbook policy 9000 Interstate Placements.
15.0 CASE DISPUTE RESOLUTION

There may be times when CPS and Our Community Our Kids (and network providers) may not agree on a case decision or what should happen with a child and/or family.

The following section outlines the protocol to resolve any type of case disputes between CPS and Our Community Our Kids (OCOK):

15.1 Case Dispute Resolution Process:

15.1.1 Step 1

- CPS workers and supervisors, OCOK and/or a provider (who are closest to the issue in dispute) will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting.
- If a mutually agreeable solution is not achieved in 3 business days, the individual will notify the other individual that they plan to involve their chain of command. The disputed issue will be elevated to the Program Director and/or Program Administrator level in CPS and the Director level in OCOK for possible resolution. The disputed issues will be elevated in writing.

15.1.2 Step 2

- Disputes proceeding to Step 2 will be elevated to a knowledgeable, neutral CPS staff member (Community-Based Care Administrator) who understands the philosophy and goals of Community-Based care and is not a direct supervisor of the individual involved in the appeal.
- OCOK must ensure continuity of services, as defined by CPS, to the child or family affected while seeking to resolve case-specific disputes.

15.1.3 Escalation

- The escalating party will send an email with supporting documentation to the Community-Based Care Administrator and OCOK Chief Operating Officer (COO) with the subject line of “Dispute Resolution.”

15.1.4 Resolution

- Once a dispute is escalated (appeal), the Community-Based Care Administrator will provide a written decision to the appeal within 5 business days. The written decision will be emailed to the OCOK COO with the subject line of “Dispute Resolution Appeal Decision.”
- If the OCOK COO chooses, they will have 3 business days from receipt of the notification from the CBC Administrator to appeal the decision to the CPS Regional Director. The CPS Regional Director will have 5 business days to make a decision on the COO’s appeal.
- If the COO chooses not to appeal, they will notify the CBC Administrator. The CBC Administrator will distribute the decision to the appropriate staff and management.
If the OCOK COO appeals the decision of the CBC Administrator to the CPS Regional Director, the CPS Regional Director will distribute their decision to the appropriate staff and management.

### 16.0 Situations Requiring Immediate Notification Between SSCC and DFPS

Situations that require immediate notification between Our Community Our Kids (OCOK) and DFPS include:

- When a child, who is referred or placed with OCOK, is in a life threatening situations, and/or
- Any time the media is involved with a child placed with OCOK.

Depending on which party is notified first, the following protocol will take place any time immediate notification is required between OCOK and DFPS:

- **If DFPS is notified of the situation first:**
  1. The CVS Program Administrator or other Program Administrator will contact and inform the Regional Director of the situation;
  2. Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation;
  3. Community-Based Care Administrator will contact and inform the OCOK Director of Care Management or Chief Operating Officer of the situation; and
  4. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation; and
     - Contact and coordinate media message with OCOK prior to releasing any information or comments to the media about the situation.

- **If a Residential Provider is notified of the situation first:**
  2. Residential Provider will contact and inform the OCOK Director of Care Management or Chief Operating Officer of the situation;
  3. OCOK will contact and inform the Regional Director of the situation;
  4. Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation; and
  5. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation; and
     - Contact and coordinate media message with OCOK prior to releasing any information or comments to the media about the situation.

- **If OCOK is notified of the situation first:**
  1. OCOK will contact and inform the Regional Director of the situation;
  2. Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation; and
  3. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation; and
     - Contact and coordinate media message with OCOK prior to releasing any information or comments to the media about the situation.
Description: the chart below describes the case flow for children in DFPS conservatorship, who are legally from region 3b and are placed with Our Community Our Kids (OCOK).

The first step is Placement Referral which can go in two major directions:

Direction #1 starts with CPS New Placement (step #2) which can go in two different directions:
   a) the first going to step #3 Emergency going to step #4 Initial Coordination Meeting (ICM) going to step #5 FGC or Service Planning Meeting going to step #6 Service Planning Meetings going to step #7 Court Hearings going to step #8 Transitional Living Services or step #9 Permanency Care Assistance or #10 Adoption Services and finally to step #11 Discharge Planning (from paid placement and services).
   b) the second going to step #3 Non-Emergency (new to OCOK) going to step #4 Staffing (Pre-placement) (Pre-placement change) going to step #5 Service Planning Meetings going to step #6 Court Hearings going to step #7 Transitional Living Services or step #8 Permanency Care Assistance or #9 Adoption Services and finally to step #10 Discharge Planning (from paid placement and services).

Direction #2 starts with CPS Placement Change and SSCC Placement Change which can go in two different directions (depending on which one is picked):
   a) the first going to step #3 Non-Emergency going to step #4 Staffing (Pre-placement) (Pre-placement change) going to step #5 Service Planning Meetings going to step #6 Court Hearings going to step #7 Transitional Living Services or step #8 Permanency Care Assistance or #9 Adoption Services and finally to step #10 Discharge Planning (from paid placement and services).
   b) the second going to step #3 Emergency going to step #4 Service Planning Meetings going to step #5 Court Hearings going to step #6 Transitional Living Services or step #7 Permanency Care Assistance or #8 Adoption Services and finally to step #9 Discharge Planning (from paid placement and services).

This concludes the description of the flow chart.
Visual Diagram of Region 3b Community-Based Care Case Flow Chart

1. Placement Referral
   - CPS New Placement
   - CPS Placement Change & SSCC Placement Change

2. Emergency
   - Non-Emergency (next to OCOR)
   - Staffing (Pre-placement) (Pre-placement Change)

3. Initial Coordination Meeting (ICM)
   - PGC or Service Planning Meeting
   - Service Planning Meetings
   - Court Hearings

4. Transitional Living Services
   - Permanency Care Assistance
   - Adoption Services
   - Discharge Planning (from paid placement & services)
INITIAL COORDINATION MEETING/PRE-PLACEMENT STAFFING SCHEDULE

- **Monday, Wednesday, Friday**
  - Time: 1pm
  - Region: 3b
  - Counties Covered: Tarrant County
  - Scan Call Line: 877/336-1831, Code: 8320665
  - Contact Person: Cindy McCadney, 817/255-8833, Cindy.McCadney@dfps.state.tx.us

- **Monday, Thursday**
  - Time: 1pm
    - Region: 3b
    - Counties Covered: Erath, Hood, Palo Pinto, Parker, Johnson, & Somervell
    - Scan Call Line: 877/411-9748, Code: 1933252
    - Contact Person: Lisa Batterton, 817/202-2252, Lisa.Batterton@dfps.state.tx.us
  - Time: 10am
    - Region: 3b
    - Counties Covered: Erath, Hood, Palo Pinto, Parker, Johnson, & Somervell
    - Scan Call Line: 877/848-7030, Code: 1041375
    - Contact Person: Lisa Batterton, 817/202-2252, Lisa.Batterton@dfps.state.tx.us

Invitations to participate should be sent to those on the removal d-list for the respective areas, Our Community Our Kids intake@oc-ok.org and the CBC Administrator, Gretchen.Fehrm@dfps.state.tx.us.
REGION 3b JURISDICTIONAL DIFFERENCES

*All references to days are calendar days not business days*

Palo Pinto County follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

29th Judicial District Court
District Judge Mike Moore
P.O. Box 187
Palo Pinto, TX 76484
Phone: 940-659-1274
Fax: 940-659-4113

County Attorney
Phil "Bud" Garrett
Physical Address: 520 Oak Street Palo Pinto, TX 76484
Mailing Address: P.O. Box 190 Palo Pinto, TX 76484
Telephone: (940) 659-1278

- Court reports/Service Plans and updates are filed at least 10 calendar days prior to the court hearing.

- Workers will prepare court reports/plans in conjunction with OCOK Care Coordinator. These court reports/plans must be completed and the original provided to Administrative Assistant 14 days prior to the court hearing. She will make copies as necessary and files all paperwork with the court house. She then scans all filed paperwork and sends out to the appropriate parties.

- Judge Moore announces the date of the next hearing at the current hearing so all parties will have the date and time of the next hearing.

- The Administrative Assistant sends out the notices of the next hearing to all appropriate parties when the signed orders are received from the court house (usually a day or two after court)

- The Administrative Assistant (currently Melinda Williams) will be the Designated Legal Contact.

There is currently one part-time County Attorney that represents the Department in Palo Pinto County and one court that hears all of the Department’s cases.

Johnson County follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

18th Judicial District Court
Judge John Neill
Court reports/Service Plans and updates are filed at least 10 calendar days prior to the court hearing.

Workers will prepare court reports/plans in conjunction with OCOK Care Coordinator. These court reports/plans must be completed and the original provided to the Administrative Assistant (currently Misty Brashar) 14 days prior to the court hearing. She will make copies as necessary and files all paperwork with the court house. She then scans all filed paperwork and sends out to the appropriate parties.

The Judges announce the date of the next hearing at the current hearing so all parties will have the date and time of the next hearing.

The Administrative Assistant sends out the notices of the next hearing to all appropriate parties when the signed orders are received from the court house (usually a day or two after court)

Kelly Chavez, Legal Liaison, will be the Designated Legal Contact.

Erath County follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

266th District Court
Judge Jason Cashon

Erath County Court at Law
Judge Bart McDougal (will be changing in January 2015 to Blake Thompson)

**Attorney for DFPS**  
Lisa Pence  
Erath County Attorney  
100 W. Washington St.  
Stephenville, TX 76401  
254-965-1453  
Fax 254-965-1421

- Court reports/Service Plans and updates are filed at least 10 calendar days prior to the court hearing.

- Workers will prepare court reports/plans in conjunction with OCOK Care Coordinator. These court reports/plans must be completed and the original provided to the Legal Liaison (currently Desa Rowe) 14 days prior to the court hearing. She will make copies as necessary and files all paperwork with the court house. She then scans all filed paperwork and sends out to the appropriate parties.

- The Judges announce the date of the next hearing at the current hearing so all parties will have the date and time of the next hearing.

- The Legal Liaison sends out the notices of the next hearing to all appropriate parties when the signed orders are received from the court house (usually a day or two after court)

- CPS caseworkers are responsible for sending all filed legal documents out to appropriate parties.

- Desa Rowe, Legal Liaison, will be the Designated Legal Contact.

**Hood County** follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

**355th Judicial District Court**  
Judge Ralph Walton

**Attorneys for DFPS**  
Deanna Belknap - Assistant County Attorney (primary)  
Lori Kaspar - Hood County Attorney  
1200 W. Pearl St.  
Granbury, TX 76048  
817-579-3216  
Fax 817-579-3257

- Court reports/Service Plans and updates are filed at least 10 calendar days prior to the court hearing.

- Workers will prepare court reports/plans in conjunction with OCOK Care Coordinator. These court reports/plans must be completed and the original provided to
the Legal Liaison (currently Desa Rowe) 14 days prior to the court hearing. She will make copies as necessary and files all paperwork with the court house. She then scans all filed paperwork and sends out to the appropriate parties.

- The Judges announce the date of the next hearing at the current hearing so all parties will have the date and time of the next hearing.

- The Legal Liaison sends out the notices of the next hearing to all appropriate parties when the signed orders are received from the court house (usually a day or two after court)

- CPS caseworkers are responsible for sending all filed legal documents out to appropriate parties.

- Desa Rowe, Legal Liaison, will be the Designated Legal Contact.

Somervell County follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

Both Courts are actually based primarily out of Johnson County and only come to Somervell County 1 time per month or occasionally for a special setting for Final or removal hearings.

18th Judicial District Court
Judge John Neill

249th Judicial District Court
Judge Wayne Bridewell

Attorney for DFPS
Andrew Lucas
Somervell County Attorney
PO Box 1335
107 Vernon St.
Glen Rose, TX 76043
254-897-2277
Fax 254-897-2600

- Court reports/Service Plans and updates are filed at least 10 calendar days prior to the court hearing.

- Workers will prepare court reports/plans in conjunction with OCOK Care Coordinator. These court reports/plans must be completed and the original provided to the Legal Liaison (currently Desa Rowe) 14 days prior to the court hearing. She will make copies as necessary and files all paperwork with the court house. She then scans all filed paperwork and sends out to the appropriate parties.

- The Judges announce the date of the next hearing at the current hearing so all parties will have the date and time of the next hearing.
• The Legal Liaison sends out the notices of the next hearing to all appropriate parties when the signed orders are received from the court house (usually a day or two after court)

• CPS caseworkers are responsible for sending all filed legal documents out to appropriate parties.

• Desa Rowe, Legal Liaison, will be the Designated Legal Contact.

**Parker County** follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

**43rd Judicial District Court**
Judge Craig Townson  
117 Fort Worth Highway  
Weatherford, TX 76086  
817-594-7373

**415th Judicial District Court**
Judge Graham Quesenbury  
117 Fort Worth Highway  
Weatherford, TX 76086  
817-598-6162

**County Court at Law 1**
Judge Jerry Buckner  
1112 Santa Fe Drive  
Weatherford, TX 76086  
817-598-6179

**County Court at Law 2**
Judge Charles B. Akers  
2 Parker County Courthouse  
2nd Floor One Courthouse Square  
Weatherford, TX 76086  
817-598-6195

**Attorney for DFPS**  
Kelly Bradford, Assistant County Attorney (primary)  
Matt Hall, Assistant County Attorney  
118 W. Columbia Street  
Weatherford, TX 76086  
817-594-8409

• Court reports/Service Plans and updates are filed at least 10 calendar days prior to the court hearing.
• Workers will prepare court reports/plans in conjunction with OCOK Care Coordinator. These court reports/plans must be completed and the original provided to the Legal Liaison (currently Susie Perking) 20 days prior to the court hearing. She or the Administrative Assistant (currently Nichole Jacobson) will makes copies as necessary and files all paperwork with the court house. She then scans all filed paperwork and sends out to the appropriate parties.

• The Judges announce the date of the next hearing at the current hearing so all parties will have the date and time of the next hearing.

• The Administrative Assistant sends out the notices of the next hearing to all appropriate parties when the signed orders are received from the court house (usually a day or two after court).

• CPS caseworkers are responsible for sending all filed legal documents out to appropriate parties.

• Susie Perkins, Legal Liaison, will be the Designated Legal Contact.

Kelly Bradford, Assistant County Attorney, reads all reports to the court prior to filing to ensure accuracy and appropriateness for the presentation to the Court. Therefore, reports and service plans must be ready for submission to Ms. Bradford at least 20 days prior to the court hearing.

Tarrant County follows TFC procedures court reports and they must be filed and sent to all parties within 10 business days of the court hearing.

231st Judicial District Court
Judge Jesus Nevarez, Jr.
Family Law Center
200 East Weatherford Street
Fort Worth, TX 76196-0240
5th Floor
817-884-3796

• **Associate Judge Lisa Beebe**
  Family Law Center
  200 East Weatherford Street
  Fort Worth, TX 76196-0240
  5th Floor
  817-884-2756

233st Judicial District Court
Judge William Harris
Family Law Center
200 East Weatherford Street
Fort Worth, TX 76196-0227
5th Floor
817-884-1794
• Associate Judge Diane Haddock
  817-884-1197

222<sup>nd</sup> Judicial District Court
Judge Nancy Berger
Family Law Center
200 East Weatherford Street
Fort Worth, TX 76196-0230
4th Floor
817-884-1427

• Associate Judge James Munford
  817-884-1888

323<sup>rd</sup> Judicial District Court
Judge Jean Hudson Boyd
Scott D. Moore Juvenile Justice Center
2701 Kimbo Road
Fort Worth, TX 76111
817-838-4600

• Associate Judge Tim Menikos
• Associate Judge Ellen Smith
• Associate Judge Kim Brown
  817-838-4600

324<sup>st</sup> Judicial District Court
Judge Jerome S. Hennigan
Family Law Center
200 East Weatherford Street
Fort Worth, TX 76196-0232
4th Floor
817-884-1432

• Associate Judge Beth Poulos
  817-884-1991

325<sup>th</sup> Judicial District Court
Judge Judith Wells
Family Law Center
200 East Weatherford Street
Fort Worth, TX 76196-0233
5th Floor
817-884-1587

• Associate Judge Terri White
  817-884-1444

360<sup>th</sup> Judicial District
Tarrant County Legal Unit will send all court orders, completed court reports filed with the court, and setting letters (indicating the date, time and location of the court hearing) to OCOK via emails that are sent to all parties of the case. OCOK will be provided with a point of contact in the Tarrant County Legal Unit to ensure all questions regarding legal settings are answered timely.

**Status Report**

- OCOK will have their required sections of the Status Review Report submitted to CPS worker 25 days from the date CPS took legal custody of the child.
- OCOK will be provided with the Emergency Order granting the removal of the child via email by the Tarrant County CPS Legal unit in order to calculate the days following CPS taking custody of the child.
- CPS worker will have all status review packets submitted to the legal unit no later than 30 days from the date CPS took legal custody of the child.

**Permanency Report**

**First Permanency Review**

- OCOK will have their required sections of the Permanency Review Report submitted to the CPS worker on the 1st day of the 5th month following the date CPS took legal custody of the child.
- CPS worker will have all permanency review packets submitted to the legal unit no later than the 10th day of the 5th month following the date CPS took legal custody of the child.

**Second Permanency Review**

- OCOK will have their required sections of the Permanency Review Report submitted to the CPS worker on the 1st day of the 9th month following the date CPS took legal custody of the child.
• CPS worker will have all permanency review packets submitted to the legal unit no later than the 10th day of the 9th month following the date CPS took legal custody of the child.

**Placement Review Report**

• The Tarrant County Legal unit will send out notice of the due date to OCOK and the CPS worker approximately 30 days before the due date.

• OCOK will have their required sections of the Placement Review Report submitted to the CPS worker 10 days prior to the due date received by the legal unit.

• CPS worker will have all placement review packets submitted to the legal unit no later than the due date provided in the initial notice.
**Single Source Continuum Contract (SSCC):** Contract for a full continuum of residential child-care services for children and for services to their families. Our Community Our Kids (OCOK), a division of ACH Child and Family Services, is the SSCC in Region 3b.

**Initial Coordination Meeting (ICM):** Convened by CPS and held within 7 days of referral to the SSCC for placement and/or services to a child or youth (Stages I-III) and/or family (Stages II-III). Purpose of ICM is to review child or youth/family history and identify service needs to be included in the child or youth and/or family plan(s) of service.

**Catchment Area:** Geographic area determined by CPS with input from the Public Private Partnership (PPP). The minimum number of new entries per year has been determined to be 500 to be a fiscally viable model.

**Blended Foster Care Rate:** Foster care rate paid to the SSCC for each day of service provided to a child or youth in paid foster care, equal to the weighted average rate paid across all placement types.

**Legacy System:** Current paid foster care system that utilizes the service level system as the method in which to pay for residential services for children and youth in CPS conservatorship or who voluntarily agree to remain in care. In addition, current purchase of service funding mechanisms to access Family services that are coordinated and authorized through CPS.

**Performance Based Contracting:** A system of contracting where providers are evaluated based on achievement of outcomes. There is less concern with how the providers achieve outcomes and more concern with what they accomplish.

**Child’s Placement Information:** CPS shares information about a child with Our Community Our Kids (OCOK) in order for OCOK to assess and make recommendations for the child’s placement in a paid foster care setting. Placement information may vary between CPS and SSCC initiated placement referrals, but, in general, the following placement information is shared with OCOK based on timeframes set within the Operations Manual:

- Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care information);
- Common Application (form 2087; excluding level of care information);
- Court orders/affidavit
- Visitation plans with siblings, parents, or other family member and fictive kin (if established);
- Birth verification/certificate;
- Social Security card or number (if available);
- Education portfolio;
- Medicaid/STAR Health card or qualifying information (if available);
- Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
- Signed Placement Authorization (2085fc);
- Signed Medical Consenter (2085b);
- Signed Education Decision-Maker (2085e);
- OCOK/Placement Authorization/Region 3b Placement Documentation;
Authorization to Furnish Information (1505).

**Standard Services:** Services that meet a child’s basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.

**Therapeutic Services:** In addition to standard services, a specialized type of child-care services designed to treat and/or support children:

- With Emotional Disorders, such as mood disorders, psychotic disorders, or dissociative disorders;
- With Intellectual Disabilities, who have an intellectual functioning of 70 or below and are characterized by prominent, significant deficits and pervasive impairment;
- With Pervasive Developmental Disorder, which is a category of disorders (e.g. Autistic Disorder or Rett’s Disorder) characterized by prominent, severe deficits and pervasive impairment;
- With Primary Medical Needs, who cannot live without mechanical supports or the services of others because of life-threatening conditions; and/or
- Determined to be a trafficking victim.

**Region 3b Subject Matter Experts:**

- Developmental Disability Specialist: Angi Penix
- Well Being Specialist: Terri Wynn
- Nurse Consultant: Sandra Galindo
- Diversion Bed Program: Kelley Logans-Ali

**Email Encryption:** All CPS staff must follow the DFPS email encryption policy when communicating electronically with Our Community Our Kids (OCOK). Learn more about [secure email](#).

**Email Types/Subject Line Headings**

"**CPS Emergency Placement-Child’s Placement Information**“ – Used when sending emergency placement referral information to OCOK via email.

"**CPS Emergency Placement-Medical Consenter/Education Decision-Maker**" – Used during emergency placement process when CPS needs to send the signed/approved medical consenter form (2085b) and education decision-maker form (2085e) to OCOK via email.

"**CPS Non-Emergency Placement-Child’s Placement Information**” – Used when sending a non-emergency placement referral information to OCOK via email.

"**CPS Non-Emergency Placement-Placement Change**“ – Used when sending non-emergency placement change referral information to OCOK via email.

"**Life Skills Assessment**“” – Used when OCOK is sending a youth and caregiver’s Casey Life Skills Assessment results to CPS via email."
“Life Skills Training” – Used when OCOK is sending a monthly report to CPS regarding the status and progress of a youth’s PAL training.

“NYTD Survey Participant” - Used when CPS informs OCOK of the youth who will participate in NYTD surveys via email.

“Court Hearing Notice” – Used when CPS notifies OCOK of scheduled court hearings via email.

“Court Alert” – Used when OCOK notifies CPS of any service of legal process (i.e. subpoena, summons, discovery notices) related to performance under contract.

“Court Documents” – Used when CPS is sending all available court-related documents to OCOK via email.

“Court Report Information” – Used when OCOK is sending CPS the completed Court Report Template prior to a scheduled hearing.

“Foster/Adoptive Inquiry” – Used when CPS is sending a completed Foster/Adoptive Parent Inquiry Form to OCOK via email.

“Adoption Referral” – Used when CPS is sending a completed Adoption Referral Form to OCOK via email.

“Approved Adoptive Home” - Used when CPS is sending approval of OCOK’s match recommendation via email.

“Adoptive Family Refusal” – Used when OCOK needs to inform CPS that the selected family elects to not accept a child for adoption.

“Denial of Adoptive Home” – Used when CPS is sending the denial of OCOK’s match recommendation via email.

“Dispute Resolution” - Used during dispute resolution when the escalating party sends an email with supporting documentation to the Community-Based Care Administrator and OCOK COO.

“Dispute Resolution Appeal Decision” – Used when the written decision about a dispute is emailed to the OCOK COO and distributed to the appropriate staff and management.

**Our Community Our Kids (OCOK) Contact Information**

**Mailing Address:** 3278 Wichita Street, Fort Worth, TX, 76119

**Referrals and Placement** (includes referrals, placement information, ICM notifications, pre-placement staffing notifications)
Intake phone number: 844-777-OCOK (6265)
Email address: intake@oc-ok.org
Service Planning, Court Reports, Coordination of Services
Email address: caremanagement@oc-ok.org

Quality Improvements and Contracts
Email address: qualityandcontracts@oc-ok.org

Adoption Department
Email address: adoption@oc-ok.org

Foster-Adopt and Kinship Inquiries
Email address: fosteradopt-inquiry@oc-ok.org

Complaints and Concerns
Email address: ombudsman@oc-ok.org

Serious Incident Reports
Email address: seriousincidents@oc-ok.org

Finance Department
Email address: finance@oc-ok.org

Daycare Requests
Email address: daycare@oc-ok.org

General Information
Email address: info@oc-ok.org

OCOK Website
www.oc-ok.org
This is an example of the Our Community Our Kids (OCOK) Initial Referral Information Form.

OCOK Initial Referral Form

Date/Time Referral Was Initiated: 
Completed By: 
Date Initial Referral Form Was Completed: 
Primary CPS Staff: 
Secondary CPS Staff: 
Unit for CPS Referral: 

Client Information

Name: 
DOB: 
PID: 
Race and Ethnicity: 
Gender: 
Permanency Goal: 
Custody County/State: 
Home Location: 
Client Strengths (if known): 
Visitation Plan/Schedule: 

Placement Search Information

Date Placement Needed By: 
Approximate Length of Stay: 
Location Needed/Preferred: 
Reason for Placement/Move: 

Cannot Be Placed With: 
☐ Younger Males 
☐ Younger Females 
☐ Older Males 
☐ Older Females 
☐ Siblings 

Physical/Mental Health Information

Height: 
Weight: 
Allergies: 
Dietary Needs: 
Doctor: 
Medical Diagnosis: 
Dentist: 
Therapist: 
Psychiatrist: 
Mental Health Diagnosis: 
Mental Health Appointment Times: 

Medications (if any or known) 

Runaway Status

Does the child/youth have any documented running behavior? If yes, check all that apply.

☐ The running behavior occurred in the last 60 days.
☐ The child is a chronic runner (3 or more occurrences in the last 90 days).

Rev. 4-14 1
Mental Health Placement Status
Is the child/youth dangerous to self? If yes, check all that apply.
☐ The child/youth engages in self-mutilation or self-abusive behavior.
☐ The child/youth makes threats of suicide with no specific plan of action.
☐ The child/youth makes threats of suicide with specific plan of action.

Was the child/youth screened for acute or residential placement, but was diverted from inpatient placement in the last 30 days or is stepping down from acute care?
☐ Yes ☐ No

Is the child/youth currently seeing a therapist or psychiatrist?
☐ Yes ☐ No

Is the child/youth taking prescribed psychotropic/behavior medication?
☐ Yes ☐ No

Has the child/youth been diagnosed with ADHD?
☐ Yes ☐ No

Chemical Dependency Status
Does the child/youth have any substance abuse concerns documented? If yes, check all that apply.
☐ The child/youth is currently incapacitated or having black-outs.
☐ The child/youth was screened for inpatient but diverted in the last 24 hours.
☐ The child/youth is stepping down from a chemical dependency inpatient setting.
☐ The child/youth is receiving out-patient treatment.
☐ The child/youth is refusing services.
☐ The child/youth has participated in recreational use since last assessment.

Educational/Independent Living Status
Has the child/youth been out of school for suspension or expulsion in last 30 days?
☐ Yes ☐ No

Is the youth refusing to complete GED/ job training?
☐ Yes ☐ No

Does the child/youth have school attendance concerns? If yes, check all that apply.
☐ The child/youth is refusing to attend school.
☐ The child/youth has sporadic attendance/truancy issues.
☐ The child/youth displays chronic truancy.
OCOK Initial Referral Form

Does the child/youth receive homebound or alternative schooling?
☐ Yes  ☐ No

Is the child not of school age and requires specialized day care?
☐ Yes  ☐ No

Is the child/youth receiving specialized education services? If yes, check all that apply.
☐ The child/youth currently has an IEP.
☐ The child/youth currently has a 504 plan.

Physical Health Status
Does the child/youth have any of the following physical conditions/needs present? Check all that apply.
☐ Developmental Delays
☐ Developmental Disabilities (blindness, deafness, etc.)
☐ Diabetes
☐ Physical illness (asthma, etc.) requiring medication and/or on-going check-ups by healthcare professionals at least every 90 days
☐ Medically fragile
☐ Non-ambulatory
☐ Pregnant or parenting
☐ Enuresis/encopresis
☐ Eating disorder
☐ AIDS
☐ STDs

Aggression Toward Others
Does the child/youth display verbal aggression? If yes, check all that apply.
☐ Toward adults  ☐ Toward peers

Does the child/youth have a history of chronic lying?
☐ Yes  ☐ No

Is the child/youth involved with gangs?
☐ Yes  ☐ No
OCOK Initial Referral Form

Does the child/youth have a history of documented physically aggressive/assaultive behaviors toward others in the last 90 days? If yes, check all that apply.

☐ Adults  ☐ Siblings  ☐ Peers  ☐ Animals

☐ The child/youth has charges pending for physically aggressive/assaultive behaviors.

☐ The child/youth has made homicidal threats.

**Sexually Abused/Acting Out**

Does the child/youth have LEO/state sexual misconduct investigation/charges pending?

☐ Yes  ☐ No

Has the child/youth been substantiated as a sexual perpetrator?

☐ Yes  ☐ No

Does the child/youth have documented sexually acting out behavior within the last 90 days that is inconsistent with the child's/youth’s development?

☐ Yes  ☐ No

☐ With peers  ☐ With siblings  ☐ With animals

Does the child/youth engage in public masturbation?

☐ Yes  ☐ No

Has the child/youth been sexually abused?

☐ Yes  ☐ No

**Destruction of Property and Theft**

Does the child/youth have a history of fire starting behavior?

☐ Yes  ☐ No

Does the child/youth have documented fire starting behavior in the last 90 days? If yes, check all that apply.

☐ Yes  ☐ No

☐ The fire starting behavior put others in danger.

☐ The fire starting behavior is under investigation or charges are pending.
OCOK Initial Referral Form

Does the child/youth have documented destruction of property in the last 90 days? If yes, check all that apply.

☐ Yes  ☐ No

☐ The destruction of property is in excess of $100.

Does the child/youth have a history of documented theft in the last 90 days? If yes, check all that apply.

☐ Yes  ☐ No

☐ The theft was in excess of $100.

Additional Information
**Region 3b Removal Staffing Checklist**

*This is an example of the Region 3b Removal Staffing Checklist. Please use the forms available on the Smiley Forms webpage.*

**Purpose:** Use this form to ensure all tasks associated with an emergency or non-emergency removal are completed.

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>DAY 1 (within 24 hours)</th>
<th>Due Date: Click here to enter a date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td>1. Obtain supervisor/PD approval prior to the removal. Discuss with supervisor who will/will not be offered a visit within the first 3 days; for parents who will not be offered a visit, why the visit is not in the child’s best interest.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>2. Give the <strong>Notice of Emergency Removal</strong> and the booklet titled <strong>While Your Child is in Care</strong> to the parent/caretaker.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>3. Complete with parents/caretakers the <strong>Child Caregiver Resource Form</strong> (2625). Leave 1 copy with the parents/caretakers. Ask about American Indian heritage. If a child <strong>MAY</strong> be of Native American heritage, review and follow policy 2812.4 Person Race and Ethnicity. If a child <strong>IS</strong> of Native American heritage, review and follow policy 1225 Indian Child Welfare Act, Appendix 1226-A and 1226-B. Request information on absent parent. Attempt to get absent parents name, address, last address, relative/friends names, last known work place, etc. Attempt to contact absent parents to give a Notice of Removal (form 2231es) and a copy of <strong>While Your Child Is In Care</strong>. If the parents/caretakers do not complete the form at the time of removal, ask them to sign the blank form. Encourage parents/caretakers to complete the form and return as soon as possible. Leave 2 copies of the form with the parents/caretakers (1 for the parent/caretaker &amp; 1 for them to complete and return).</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>4. If the child is not a US citizen, follow policy 6700 and notify the appropriate consulate using <strong>Letter to Foreign Consulates</strong> (form 2650). Follow guidelines in <strong>Questions and Procedures for Working with Foreign Born Children in Foster Care</strong> (form 2013).</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>5. If a child will be placed with or remain in the home of a kinship caregiver (relative or fictive kin) at the time of removal, <strong>initiate the Preliminary Home Assessment</strong> (form 6587). The Preliminary Home Assessment must include a criminal history and IMPACT background check, and a visit to the home of the kinship caregiver to assess the home environment. Complete <strong>placement forms</strong> (2085’s) as appropriate.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>6. Schedule a visit between the parents and children to occur within 3 days of the Department being named Temporary Managing Conservator.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>7. Request from parent: <strong>Child’s Birth Certificate</strong> <strong>Social Security Card</strong> <strong>Educational Records</strong> <strong>Immunization Records</strong> <strong>Citizenship/Immigration Status</strong> <strong>Medicaid Card</strong> <strong>Records/Documents According to Regional Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>8. Obtain as much information about the child’s Medical/Developmental history as possible from the parent/caretaker in order to complete <strong>Medical/Dev. History Form</strong> in IMPACT.</td>
<td></td>
</tr>
</tbody>
</table>
9. **Child Medication(s) Documentation:**

   - Medication Name
   - Dosage
   - Frequency
   - Prescribing Physician
   - Time of Last Dose
   - Gather Medications/Medical Supplies (i.e. inhalers, breathing machine, leg braces, wheelchairs)
   - Gather Assistive Devices (i.e. eyeglasses, dental retainers)
   - Contact Regional Eligibility Specialist if Pharmacy refuses to refill any medications.

10. Obtain a list of all known:

   - Schools Child has Attended
   - Doctors/Clinics Child has been seen at
   - Location of Child’s Birth (city, hospital).

**Click here to enter a date.**

11. **For Kinship Placements ONLY**

   - Complete Placement Summary Form (2279) with as much information on each child as possible.
   - A copy of Form 2279 is given to each child’s kinship caregiver at placement or within 72 hours of placement.
   - The caseworker must share all known information about each child’s immediate and special needs at the time of placement. This section must be initialed and dated at the time of placement.
   - Signatures of the child (if appropriate), the caregiver, and caseworker on the last page signify that all known information about the child was given to the caregiver at placement.
   - Request daycare for the kinship placement, as needed.

**Click here to enter a date.**

12. **Complete conservatorship/removal in IMPACT:**

   - Update INV/FBSS stage prior to completing Conservatorship Removal in IMPACT (see page 3, item #10);
   - Open Subcare/Family Subcare Stages (see page 4, item #12)

**Click here to enter a date.**

**If paid foster care placement is needed**, contact Our Community Our Kids (OCOK) Intake Unit ([intake@oc-ok.org/#844-777-OCOK](mailto:intake@oc-ok.org/#844-777-OCOK)) to request a placement for the child. Official request for placement can be made verbally (note the date & time of referral). **At a minimum**, provide OCOK with the following information about the child:

   - CPS worker contact information
   - CPS worker back-up contact information (i.e. supervisor)
   - OCOK Initial Referral Information (Verbally/Email)
   - Identify OCOK worker to assign as secondary in IMPACT
   - Additional child’s placement info (must be sent via email)
     - Common Application (form 2087; excluding level of care information), or
     - Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care) and
     - Authorization to Furnish Information (form 1505).

   *Form 2087ex must be reviewed by the CPS Supervisor and then emailed to OCOK ([intake@oc-ok.org](mailto:intake@oc-ok.org)) within 2 hours of referral; email subject title, “DFPS Emergency Placement-Child Placement Information.”

**Click here to enter a date.**

*If the emergency placement is handled by another CPS unit (i.e. night response), then notification of the SSCC placement to the on-going CPS removal worker must occur immediately upon transfer of the case. The on-going CPS worker must notify the SSCC of the CPS worker and supervisor assigned to the case by email.

*Within 4 hours of initial contact with OCOK (referral):

   - Complete conservatorship/removal in IMPACT (see #12 above);
   - Enter placement referral information in IMPACT;
13. Evaluate and approve OCOK’s recommended placement option and medical consenter within 1 hour of receipt of notification from OCOK in IMPACT (approval can be verbal).

*If verbal approval of the placement option and medical consenter is given to OCOK, then:
- Approval of the placement option and medical consenter must be documented in IMPACT by 5:00 pm the next calendar day; and
- Approved [medical consenter form](2085b), [education decision-maker form](2085e), and [Region 3b Placement Documentation Form] must be sent to OCOK by 5:00 pm the next calendar day. The subject line of the email titled “DFPS Emergency Placement-Medical Consenter/Education Decision-Maker.”

**Ensure the medical consenter has his or her correct IMPACT PID in order to verify that s/he is the medical consenter when contacting STAR Health and to register for the Health Passport.

14. **Generate [Form 2096](2096) from IMPACT within 5 business days to notify court of medical consenter designation.

Follow regional procedures to notify:
- Family Group Conference staff
- Conservatorship staff
- Investigation staff
- Eligibility staff
- Legal
- Disability Specialist & Educational Specialist (if needed)

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>DAY AFTER REMOVAL</th>
<th>Due Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td>1. Contact District Attorney/County Attorney to inform them of removal. Complete legal paperwork as required for each county.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>2. Complete Affidavit for removal.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>3. File legal documentation as required by each county. (Remember all legal work needs to be filed within 24 hours of the removal or the first working day following a weekend or a court holiday).</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>4. Participate in Ex-Parte hearing as appropriate for each county.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>5. Update the IMPACT Medical Consenter Detail to reflect the court authorization of medical consenter the same day or no later than 7pm on the next day. If the medical consenter changed after the court hearing, issue new forms 2085b and/or 2085c as appropriate, and generate form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue new Forms 2085 B and/or C or notify the court.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>6. Obtain copies of all legal paperwork.</td>
<td></td>
</tr>
</tbody>
</table>
7. **For paid foster care placement:** All child placement information must be sent to OCOK by 5:00 p.m. the next business day. Complete child placement information will be attached to an email titled *"DFPS Emergency Placement-Child’s Placement Information."*  
   - Email must include date and time of the Initial Coordination Meeting (ICM)  
   - Copy all appropriate CPS staff on ICM date/time notification  

   **Child placement information includes:**  
   - Court orders/affidavit  
   - Visitation plans with siblings, parents, or other family member and fictive kin (if established);  
   - Birth verification/certificate;  
   - Social Security card or number (if available);  
   - Education portfolio (started);  
   - Medicaid/Star Health card or qualifying information (if available);  
   - Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;  
   - Signed Placement Authorization (2085fc). OCOK will always be the placement;  
   - Signed Medical Consenter (2085b);  
   - Signed Education Decision-Maker (2085e);  
   - Region 3b Placement Documentation Form; and  
   - Authorization to Furnish Information (form 1505).  

  *Any external forms and written placement information not available in IMPACT should be emailed to OCOK (intake@oc-ok.org) with subject line, *"CPS Emergency Placement."*  

8. If Child Caregiver Resource form is completed at the time of the removal, initiate the home assessment process (see policy 4520 Placing a Child with an Unverified Kinship Caregiver).  

9. Exercise due diligence to identify and notify in writing all adult grandparents and other adult relatives of the child by providing them with Notification to Relatives About a Child’s Removal Form (2624). The search for relatives should be ongoing but is required to take place within the first 30 days after the removal of the child. For more details see 2540 Notification to Relatives Following a Removal.  

10. Update the following information in INV/FBSS stage prior to completing Conservatorship Removal in IMPACT:  
   - Ensure all parties are listed on Maintain person. This includes all persons in home not previously listed, relative resources, collaterals, etc.  
   - Enter person characteristics for each principal. Make sure no person characteristics apply before marking N/A  
   - Update address/phone number for each person on the Maintain person list. Be sure to add Medicaid address for each child removed from the home. (This should be marked as the primary address for the child. Do NOT “invalidate” the previous removal address for the child.)  
   - Complete person detail for each principal.  
   - Update Person ID’s – social security number, driver’s license, etc. for each principal.  
   - Enter Income and Resource for each principal.  
   - Update education log for each child  
   - Complete criminal history and IMPACT check for each principal, including potential relative placements.  
   - Complete Person Detail CVS/FA home – be sure to add in citizenship and mother’s marital status at time of birth.  

11. Complete the Family Tree in IMPACT.  
   
   See 2537 Establish Relationships in Family Tree in IMPACT When Children Are Removed.
12. **Open Subcare/Family Subcare Stages**
   - From Assigned Workload, highlight case and click on the Tasks push button.
   - From the Tasks list window, highlight Conservatorship/Removal task and click on the Add push button. This will take you back to the Person List.
   - Highlight the child's name to be removed.
   - Click on the Continue button. The Conservatorship/Removal window displays.
   - Fill in the removal date (actual date of removal) and reason for removal. If person characteristics have not been updated for parent/caretaker, mark those that are appropriate.
   - On the same window, click on Persons in the Home and click on all persons living in the home at the time of the removal.
   - Click on the Save button.
   - For additional children, click on the Add push button.
   - Follow the above steps for each child.

13. Ensure Placement is in IMPACT in each child’s SUB stage. Ensure that the placement is an actual placement instead of a planned placement. This will be done by OCOK, however, worker is responsible to confirm.

14. Notify the eligibility worker that child has been removed and placed in foster care.

15. Enter Legal Actions in each child's SUB stage (Be sure to identify the Medical Consenter). See 5240 Documenting Legal Status and Legal Action.

16. Enter Legal Status (be sure to enter as Temporary Managing Conservatorship) in each child's SUB stage. **Make sure the Legal County of removal is correct.**

17. Maintain role of the child to “self” and any principal to their appropriate role.

18. Maintain role for each principal in the FSU stage.

19. Inform youth 16 or older of their right to request a court determination of their ability to consent to some or all of their own medical care. Review **Notice of Your Right to Request the Court to Consent to Your Own Medical Care** (Form 2092) with youth.

### Date Completed

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>WITHIN 5 DAYS OF REMOVAL</th>
<th>Due Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td>1. Complete <strong>Foster Care Eligibility</strong> for each child (in IMPACT), or provide documentation to Eligibility Specialist, per regional protocol.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>2. Ensure placement has scheduled TX Health Steps medical and dental check-ups, and any other appropriate appointments for each child.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>3. Start the Education Portfolio and ensure either Our Community Our Kids (OCOK) or kinship caregiver receives it within 5 days of initial placement. See 15381 Creating the Education Portfolio.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>4. Ensure the child has been referred to <strong>ECI</strong> (ECI Screening Referral Form 0789) within 2 business days of the need being identified, if the child is under 3 and suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up.</td>
<td></td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>5. <strong>OCOK will issue the ECI referral within 3 days of placement if the child is in paid foster care.</strong></td>
<td></td>
</tr>
<tr>
<td>Date Completed</td>
<td>WITHIN 10 DAYS OF REMOVAL PRIOR TO 14 DAY ADVERSARY HEARING</td>
<td>Due Date: Click here to enter a date.</td>
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<tr>
<td>----------------</td>
<td>--------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>1. Follow up with the regional FGDM Specialist to identify whether a Family Group Conference or Service Planning Meeting will be held with the family.</td>
<td></td>
</tr>
</tbody>
</table>
| Click here to enter a date. | 2. Complete Page 1 ONLY of ICM/Post-Removal Staffing Form  
- Attach a copy of the removal affidavit.  
- Remainder of the form will be completed during the ICM/Post-Removal Staffing. |  |
| Click here to enter a date. | 3. Attend ICM/Post-Removal Staffing and ensure the ICM form is completed at the staffing. |  |
| Click here to enter a date. | 4. Within 24 hours after the ICM (children/youth placed with SSCC), assign CVS worker secondary to the SUB and FSU stages in IMPACT. |  |
| Click here to enter a date. | 5. Develop a temporary visitation schedule with each parent, and complete the Temporary Visitation Schedule Form K-908-2640 with each parent.  
*Prepare to present the temporary visitation schedule with the court at the Show Cause/Adversary Hearing. See PSA 14-013. |  |
| Click here to enter a date. | 6. Complete the Risk Assessment in IMPACT. This must be completed in order for the CVS unit to initiate the Family Service Plan. |  |
| Click here to enter a date. | 7. If the whereabouts of any parent is unknown, complete the following steps:  
- Request a Certificate of Service or Non-Service from the U.S. Military’s data center, and attach Form 2068 (6417 Working with Military Families)  
- Complete Form 2068 (Affidavit Regarding Military Service), and submit it to the Court.  
- Immediately notify the attorney representing DFPS of any active military status of the parent. |  |
| Click here to enter a date. | 8. Complete court report for Show Cause/Adversary Hearing, if required. Seek information for the court report from PSC as needed. |  |
| Click here to enter a date. | 9. Contact Ad Litem for child to discuss case. Provide copy of court report, if required. |  |

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>WITHIN 14 DAYS OF REMOVAL</th>
<th>Due Date: Click here to enter a date.</th>
</tr>
</thead>
</table>
| Click here to enter a date. | 1. If not previously completed:  
- Designate an appropriate person to be identified as the Education Decision-Maker:  
- Complete Designation of Education Decision-Maker (form 2085e).  
- File the most current and correct copy of form 2085e with the court.  
Ensure a copy of the completed form 2085e is provided to the child’s school, caregiver or facility director, parents, managing conservator, attorney ad-litem, guardian ad-litem, and any other person named by the court to have an interest in the child’s welfare. |  |
<p>| Click here to enter a date. | 2. If not previously completed, complete the Temporary Visitation Schedule with each parent and present to the Court at the Show Cause/Adversary Hearing. |  |
| Click here to enter a date. | 3. Attend Show Cause/Adversary Hearing. Ensure conservatorship caseworker is aware of the court orders from this hearing. |  |
| Click here to enter a date. | 4. Complete the Communication Plan with the Attorney Ad Litem and/or Guardian Ad Litem (form 2071) if one has been appointed. (Obtain input from the conservatorship caseworker regarding communication with the AAL and/or GAL). |  |</p>
<table>
<thead>
<tr>
<th>Date Entered</th>
<th>5. Update Legal Actions in each child’s SUB stage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Entered</td>
<td>6. If not authorized during the Ex Parte Hearing, update the IMPACT Medical ConsenterDetail to reflect the court authorization of medical consenter the same day or no later than 7pm the next day. If the medical consenter changed after the court hearing, issue new forms 2085b and/or 2085c as appropriate and generate form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue new Forms 2085b and/or 2085c or notify the court.</td>
</tr>
<tr>
<td>Date Entered</td>
<td>7. If the education decision-maker changes as a result of the Show Cause/Adversary Hearing, or prior to case transfer, update the Designation of Education Decision-Maker (form 2085e) and distribute to all required parties within 5 days of the change.</td>
</tr>
<tr>
<td>Date Entered</td>
<td>8. Complete transfer summary in IMPACT.</td>
</tr>
<tr>
<td>Date Entered</td>
<td>9. Complete Request for Diligent Search (form 2277), if there are absent parents with unknown locations. Check the boxes for &quot;Court of Continuing Jurisdiction&quot; and &quot;Paternity Registry&quot; when using this Form. This Form is sent to: <a href="mailto:FINDRS@dfps.state.tx.us">FINDRS@dfps.state.tx.us</a></td>
</tr>
<tr>
<td>Date Entered</td>
<td>10. If all parents locations are known: □ Submit Bureau of Vital Statistics Form VS 168 “Inquiry on Court of Continuing Jurisdiction for a Child” □ Submit this form to the Bureau of Vital Statistics – Texas Department of State Health Services</td>
</tr>
<tr>
<td>Date Entered</td>
<td>11. If Paternity has not been established: □ Submit Bureau of Vital Statistics Form VS 134 “Paternity Registry Inquiry Request” □ Submit this form to the Bureau of Vital Statistics – Texas Department of State Health Services</td>
</tr>
<tr>
<td>Date Entered</td>
<td>12. Organize case file.</td>
</tr>
<tr>
<td>Date Entered</td>
<td>13. If the investigation can be completed by the time of case transfer, it should be included in the case file documentation.</td>
</tr>
<tr>
<td>Date Entered</td>
<td>14. Plan to attend the Family Group Conference or Service Planning Meeting.</td>
</tr>
</tbody>
</table>

CPS Handbook 6138 External Documentation – Substitute care documentation requirements state the following forms must be included in the paper case record. This list is not all-inclusive. Your region or county may have additional requirements for documentation that must be included in the case file. The removal caseworker needs to ensure that any of below that has been obtained, are in the case record, either in IMPACT or the paper file, with copies of certain documents filed in the child’s Education Portfolio.

- Birth/citizenship records
- Health records, including a copy of a recent medical exam
- School records
- A copy of the signed foster care assistance application
- Copies of signed court orders, affidavits, and other court documents
- The court’s determination that CPS made reasonable efforts to prevent removal, reunify the family or seek other permanency goals for a child
CPS notice to caretaker of court hearings, PPMs/administrative review. Caretakers include relatives, foster parents, and pre-consummated adoptive parents

Placement and medical authorizations including medical consenter forms

Designation of education decision-maker

Temporary Visitation Schedule

Correspondence

Other possible documents, such as photographs, authorizations, and letters
**Region 3b Placement Documentation Form**

*This is an example of the Region 3b Placement Documentation Form. Please use the forms available on the [Smiley Forms webpage](#).*

**Purpose:** Use this form when placing a child from Region 3b with Our Community Our Kids

<table>
<thead>
<tr>
<th>CHILD'S INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Full Name</td>
<td>Child’s Date of Birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT OR MANAGING CONSERVATOR INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or Managing Conservator’s Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLACEMENT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby acknowledge that at time of placement the following information was reviewed with me. Materials received outline policies that will be presented to the client who is five years or older during orientation according to Minimum Standards 748.1209 &amp; 749.1111.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Privacy Practices</td>
<td>748.1211(a), 749.1113(a)</td>
</tr>
<tr>
<td>Consent for Services and Treatment</td>
<td>748.1211(a), 749.1113(a)</td>
</tr>
<tr>
<td>Use of Volunteers or Sponsoring Families</td>
<td>748.1211(b)(2)(A), 749.1113(b)(2)(A)</td>
</tr>
<tr>
<td>Notification to Parents</td>
<td>748.1211(b)(2)(B), 749.1113(b)(2)(B)</td>
</tr>
<tr>
<td>Publicity and Fundraising Participation</td>
<td>748.1211(b)(2)(C), 748.1211(b)(3)(B), 749.1113(b)(2)(C), 749.1113(b)(3)(B)</td>
</tr>
<tr>
<td>Research Program/Participation</td>
<td>748.1211(b)(3)(A), 749.1113(b)(3)(A)</td>
</tr>
<tr>
<td>Visitation (family and overnight)</td>
<td>748.1209(b)(1), 749.1111(b)(1)</td>
</tr>
<tr>
<td>Mail and Telephone Calls</td>
<td>748.1209(b)(2)(3), 749.1111(b)(2)(3)</td>
</tr>
<tr>
<td>Gifts Policy</td>
<td>748.1209(b)(4), 749.1111(b)(4)</td>
</tr>
<tr>
<td>Clothing and Personal Possessions</td>
<td>748.1209(b)(5), 749.1111(b)(5)</td>
</tr>
<tr>
<td>Discipline Practices and/or Emergency Behavior Intervention Policy</td>
<td>748.1209(b)(6)(7), 749.1111(b)(6) &amp; (7)</td>
</tr>
<tr>
<td>Religious and Cultural Experience</td>
<td>748.1209(b)(8), 749.1111(b)(8)</td>
</tr>
<tr>
<td>Educational Program</td>
<td>748.1209(b)(9), 749.1111(b)(9)</td>
</tr>
<tr>
<td>Trips Away from Home</td>
<td>748.1209(b)(10), 749.1111(b)(10)</td>
</tr>
<tr>
<td>Program’s Information – Expectations, Rules, Routines</td>
<td>748.1209(b)(11) (12), 749.1111(b)(11)</td>
</tr>
<tr>
<td>Grievance Procedures</td>
<td>748.1209(b)(13), 749.1111(b)(12)</td>
</tr>
<tr>
<td>Client’s Rights and Responsibilities – Rights of Children and Youth in Foster Care – DFPS Form 2530</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURES**

<table>
<thead>
<tr>
<th>Child’s Parent or Managing Conservator:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Representative:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Authorization to Furnish Information Form

This is an example of the Authorization to Furnish Information Form. Please use the forms available on the Smiley Forms webpage.

<table>
<thead>
<tr>
<th>AUTHORIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I authorize any persons or organizations, having information or records concerning (name of person(s)) living at (address) to furnish such information to a representative of the Single Source Continuum Contractor (SSCC): (name of the SSCC) who, as an agent of the Texas Department of Family and Protective Services (DFPS), is responsible for ensuring the full continuum of paid foster care services of the person named on this form while he or she is in DFPS legal conservatorship. As an agent of the Texas Department of Family and Protective Services, I grant permission for the Single Source Continuum Contractor to obtain information regarding the circumstances of the person named above.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF DFPS REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RETURN TO SINGLE SOURCE CONTINUUM CONTRACTOR (SSCC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of SSCC:</td>
</tr>
</tbody>
</table>
**Initial Coordination Meeting (ICM) Form**

*This is an example of the Initial Coordination Meeting (ICM) Form. Please use the forms available on the Smiley Forms webpage.*

**Purpose:** This form is to document communication between the SSCC and CPS during the Initial Coordination Meeting (ICM). The ICM is convened by CPS and held within 7 days of referral to the SSCC for placement and/or services to a child/youth (Stage I-III) and/or family (Stages II-III). The ICM is to review child/youth/family history and identify service needs to be included on the child/youth and/or family plan(s) of service.

**Directions:** Prior to the ICM, the removal worker completes beginning sections of the form and stops at the “Discussion Points” section. The removal worker brings this form to the ICM along with the Child Caregiver Resources Form (Form 2625), Affidavit for Removal and Temporary Visitation Schedule (if complete). After the ICM, the worker will file the completed form under the Family Services tab of the conservatorship case file and email a copy to the SSCC. (Please Note: process is subject to change. Please refer to specific SSCC’s Operations Manual for additional guidance.)

<table>
<thead>
<tr>
<th>STAFFING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Case Name:</td>
</tr>
<tr>
<td>Removal Worker:</td>
</tr>
<tr>
<td>Court/County:</td>
</tr>
<tr>
<td>Removal Date:</td>
</tr>
<tr>
<td>Cause Number:</td>
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<tr>
<td>Date due to CVS:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STAFFING PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship to Child:</td>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>CHILD’S INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Current Placement:</td>
</tr>
<tr>
<td>-Caregiver Name</td>
</tr>
<tr>
<td>-Agency name (if appropriate)</td>
</tr>
<tr>
<td>Placement Type:</td>
</tr>
<tr>
<td>Placement Date:</td>
</tr>
<tr>
<td>Current Photo in IMPACT:</td>
</tr>
<tr>
<td>Day Care Requested:</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

Community-Based Care Region 3b Operations Manual
February 2019
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### PARENT or GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relation:</th>
<th>Address/Phone:</th>
<th>Native American or Alaska Native:</th>
<th>Parent Served:</th>
<th>Referral for Paternity Test Completed?</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

### RELATIVES and SIGNIFICANT OTHERS (INCLUDING SIBLINGS NOT IN CARE)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Address:</th>
<th>Phone:</th>
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<tbody>
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### LEGAL PARTIES

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<thead>
<tr>
<th>Legal Party:</th>
<th>Name:</th>
<th>Phone:</th>
<th>Email:</th>
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<tbody>
<tr>
<td>Attorney for CPS:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attorney for Mother:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attorney for Father:</td>
<td></td>
<td></td>
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<tr>
<td>Attorney Ad Litem:</td>
<td></td>
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<td></td>
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<tr>
<td>Guardian Ad Litem/CASA:</td>
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<td>Other:</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>
FAMILY INFORMATION

Primary language of the children and family:
Will any translation service(s) be needed? □ Yes □ No
If yes, what service(s) will be needed? who will receive the service?

Has a home assessment been requested:   Yes  No  N/A  If yes, on whom?
Has an ICPC home assessment been requested: □ Yes □ No □ N/A  If yes, on whom?
Does a home assessment need to be requested: □ Yes □ No □ N/A
If yes, provide information on family to be assessed:

Has a kinship referral been made: □ Yes □ No □ N/A
Has a Permanency Plan Meeting been scheduled: □ Yes □ No
If yes, date scheduled:          If no, who will schedule:
Type of meeting: Family Group Conference □ Family Team Meeting □ Circle of Support □ Single Child
Plan of Service Meeting □ Other:

Have all the caregivers been notified of the 3 in 30 requirements: □ Yes □ No  If no, who will:
Was any child born outside of the United States: □ Yes □ No  If yes, Who/Where:
If yes, has the case been assigned as secondary to the Immigration Specialist: □ Yes □ No

Does any child have any medical or complex behavioral healthcare needs: □ Yes □ No
If yes, has a consultation been held with the Well-Being Specialist: □ Yes □ No

Does the case need additional referral(s): □ Yes □ No
If yes, what type: subject matter experts □ local permanency specialist □ courtesy worker for child □
Courtesy worker parent □ Other □
If any checked: Person the referral is for: Who is responsible for the referral(s)?

DISCUSSION POINTS

Facilitator will ensure discussion is held regarding each of the sections below at the time of the ICM staffing and all information is documented on this form.

Reason(s) for Removal. What SDM danger indicator(s) is present:
Parent: Danger Indicator(s):
Parent: Danger Indicator(s):

What parental behavior changes are necessary to achieve reunification:
Parent: Behavior Change(s) Needed:
Parent: Behavior Change(s) Needed:

Prior CPS history:
Name/Relation: CPS History:
Name/Relation: CPS History:

Criminal history of family members:
Name/Relation: Criminal History:
Name/Relation: Criminal History:

Weekly Visitation Schedule for Parent(s) and Sibling(s)* Unless Otherwise Ordered by the Court:
*Siblings are defined as any child currently in conservatorship and not placed with child
Visitor Name/Relationship: Child/ren to Visit: Days/Time of Visit: (E.g., Mon, Wed/5p-7p) Location of Visit: Type of Visitation:
## Services for Parent:

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Recommended Services</th>
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| Name/Relationship | Recommended Services |

## Permanency Plan:

- Family Service Plan Complete: [ ] Yes [ ] No

## Legal Issues for Case:

<table>
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<tr>
<th>Notes/Other</th>
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## CHILD’S NEEDS

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Needs/Concerns: -E.g., TB test, educational, medical, mental, behavioral, therapeutic, developmental, dental, vision, hearing needs</th>
<th>Services Received or Needed: -E.g., ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs, include progress/barriers</th>
<th>Child Sexual Aggressive Sexual Behavior Problem:</th>
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<tbody>
<tr>
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<td>[ ] Yes [ ] No</td>
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## ASSESSMENT SERVICES TO BE OBTAINED

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<tr>
<th>Child:</th>
<th>3-Day Exam:</th>
<th>CANS:</th>
<th>Texas Health Steps Medical Checkup:</th>
<th>Psychological Evaluation:</th>
<th>Psychiatric Evaluation:</th>
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<tr>
<th>Instruction/Time Frame:</th>
<th>Within 3 Business Days of Removal</th>
<th>Ages 3-17 Within 30 Days of Removal</th>
<th>Within 30 Days of Removal</th>
<th>If Needed</th>
<th>If Needed</th>
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<table>
<thead>
<tr>
<th>Provider:</th>
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<tr>
<th>Date Scheduled:</th>
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<th>Date Completed:</th>
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<table>
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<th>Responsible for Completion:</th>
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<tbody>
<tr>
<td>Child</td>
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<tr>
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</tr>
<tr>
<td>Child 2</td>
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<tr>
<td>Provider:</td>
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<td>Date Scheduled:</td>
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<td>Date Completed:</td>
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<tr>
<td>Responsible for Completion:</td>
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<tr>
<td>Child 3</td>
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<tr>
<td>Provider:</td>
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<tr>
<td>Date Scheduled:</td>
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<tr>
<td>Responsible for Completion:</td>
</tr>
<tr>
<td>Child 4</td>
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<tr>
<td>Provider:</td>
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<tr>
<td>Date Scheduled:</td>
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<tr>
<td>Date Completed:</td>
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<tr>
<td>Responsible for Completion:</td>
</tr>
<tr>
<td>Child 5</td>
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<tr>
<td>Date Completed:</td>
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<td>Responsible for Completion:</td>
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### NEXT STEPS

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<tr>
<th>Date of Initial Service Planning Meeting:</th>
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<tbody>
<tr>
<td>Next Steps:</td>
<td>Who is Responsible:</td>
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<td>Other:</td>
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### DOCUMENT VERIFICATION

<table>
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<tr>
<th>Documents To Be Completed:</th>
<th>Completed:</th>
<th>Party Responsible:</th>
<th>Comments:</th>
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</thead>
<tbody>
<tr>
<td>Placement Authorization (Form 2085)</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designation of Medical Consenter &amp; Education Decision-Maker Forms Completed with Signatures. (Form 2085b)</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copies of Signed Designation of Education Decision-Maker Form (K-908-2085-E) Provided to the: E.g., School, Caregiver/Facility, Parents, Managing Conservator, attorneys, any other person named by the court to have an interest in the child’s welfare</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Portfolio Started and Provided</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy of Rights of Children (form K-908-2530) given to child, caregiver, and parent.</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of Child/youth age 5 and older on CPS Rights of Children (form 2350)</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Visitation Schedule (form K-908-2640) developed with parents</td>
<td>Yes/No</td>
<td></td>
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</tr>
<tr>
<td>While Your Child Is In Care Pamphlet Given</td>
<td>Yes/No</td>
<td></td>
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</tr>
<tr>
<td>Placements Entered &amp; Approved</td>
<td>Yes/No</td>
<td></td>
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</tr>
<tr>
<td>Medical Consenter Entered</td>
<td>Yes/No</td>
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</tr>
<tr>
<td>Foster Care Application Completed</td>
<td>Yes/No</td>
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<tr>
<td>Birth Certificate</td>
<td>Yes/No</td>
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<tr>
<td>Birth Verification from DHS</td>
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</tr>
<tr>
<td>Social Security Card</td>
<td>Yes/No</td>
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<tr>
<td>Shot Records</td>
<td>Yes/No</td>
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</tr>
<tr>
<td>Common Application (Form 2087) completed within 30 days of paid placement referral</td>
<td>Yes/No</td>
<td></td>
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</tbody>
</table>
**Pre-Placement Staffing Form**

*This is an example of the Pre-Placement Staffing Form. Please use the forms available on the Smiley Forms webpage.*

**Purpose:** Use this form to record the discussion during a pre-placement staffing.

**Date:** ________________

<table>
<thead>
<tr>
<th>Participants Name:</th>
<th>Relationship to the Child/Youth</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
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<th>Case Name:</th>
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<thead>
<tr>
<th>Adversary Hearing:</th>
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<thead>
<tr>
<th>Date Placement Needed:</th>
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</table>

<table>
<thead>
<tr>
<th>Parents/Caretakers Name:</th>
<th>Relationship:</th>
<th>Address/Phone:</th>
<th>Race/Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Child(ren) Name:</th>
<th>Current Placement Type:</th>
<th>Date Placed:</th>
<th>Age:</th>
<th>Race/Ethnicity:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Choose an item</td>
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</table>

<table>
<thead>
<tr>
<th>Relatives/Others Name:</th>
<th>Relationship:</th>
<th>Address/Phone:</th>
<th>Race/Ethnicity:</th>
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</table>

**Primary language of children and family:**
<table>
<thead>
<tr>
<th>Child</th>
<th>Permanency Goal</th>
<th>Concurrent Permanency Goal</th>
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<tbody>
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**CHILD:**

Needs & concerns:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Services received or needed** (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**CHILD:**

Needs & concerns:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Services received or needed** (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**CHILD:**

Needs & concerns:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Services received or needed** (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Services received or needed (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):

---

Does any child need daycare or afterschool care? Yes ☐ No ☐
If yes, please explain:

---

Describe any placement needs the child(ren) may have:

---

Describe current visitation with the parents or other family members/kin:

---

**Relative/Fictive Kin Information:**

Discussion of possible relative or fictive kin resources (include resources for possible placement, visitation, or other support; efforts to locate and engage relatives/fictive kin):

---

Does a Home Assessment need to be requested? Yes ☐ No ☐

---

### Placement Options

<table>
<thead>
<tr>
<th>Name</th>
<th>Placement Type</th>
<th>Address/Phone</th>
<th>Race/Ethnicity</th>
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</thead>
<tbody>
<tr>
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<td>Choose an item</td>
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</tbody>
</table>

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Does a pre-placement visit need to be set up? Yes ☐ No ☐

---

Does an ISY worker need to be requested for any child? Yes ☐ No ☐
If yes, please explain:

---

### Action Items:

<table>
<thead>
<tr>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
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<tr>
<td>WHAT</td>
</tr>
<tr>
<td>WHEN</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Date of service planning meeting:</th>
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</table>


Child Service Plan Matrix

<table>
<thead>
<tr>
<th>Child Plan Guide Topics</th>
<th>Adoption Plan</th>
<th>Initial Plan with PAL Asmt and Ther. Asmt</th>
<th>Review with PAL Asmt and Ther. Asmt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Child History</td>
<td>DFPS</td>
<td>DFPS</td>
<td>DFPS</td>
</tr>
<tr>
<td>Initial Family/Genetic History</td>
<td>DFPS</td>
<td>DFPS</td>
<td>DFPS</td>
</tr>
<tr>
<td>Permanency Efforts</td>
<td>DFPS</td>
<td>DFPS</td>
<td>DFPS</td>
</tr>
<tr>
<td>Visitation /Contact</td>
<td>DFPS</td>
<td>DFPS</td>
<td>DFPS</td>
</tr>
<tr>
<td>Child’s Cultural Heritage</td>
<td>DFPS</td>
<td>DFPS</td>
<td>DFPS</td>
</tr>
<tr>
<td>Interests, Behavior and Personality</td>
<td></td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Recreation, Community Interaction, Religious Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Social and Emotional Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Relationship Issues (for 13 yr olds and older)</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Psychological/Intellectual/Mental Health Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Educational Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Developmental Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Medical and Dental Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Special Physical Needs</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Appropriateness &amp; Safety of Placement / Expected Outcomes</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Behavior Management</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>High Risk Behaviors</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Supervision / Special Actions</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Travel</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Support Services to Caregiver</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Discharge Planning (from Placement)</td>
<td>SSCC</td>
<td>SSCC</td>
<td>SSCC</td>
</tr>
<tr>
<td>Social and Emotional Needs (ADO)</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental/Educational Needs (ADO)</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Role</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition Plan Needs for Adult Living</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition Plan Goals for Adult Living /PAL Post Care Objectives</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Objectives</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Services: Waking Hours</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Services: Addition for Mental Retardation Services</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Plan Participation</td>
<td>SSCC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DFPS indicates section is included in this plan type and is assigned to CPS.
SSCC indicates that the section is assigned to the SSCC when there is an active SSCC Placement referral and the Plan Type Indicated is selected.
OCOK Residential Child Care Discharge Form

This is an example of the OCOK Residential Child Care Discharge Form.

Residential Child Care Discharge Notice Form

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Person ID</th>
<th>Person Completing Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB</td>
<td>County of Removal</td>
<td>Child Placing Agency</td>
</tr>
<tr>
<td>OCOK Care Coordinator</td>
<td>CPS Supervisor</td>
<td>CPS Worker</td>
</tr>
</tbody>
</table>

Instructions: CPA shall submit this Discharge Notice Form to the OCOK Discharge Box at discharge@oc-ok.org within the following timeframes:

- For an emergency discharge, submit this Discharge Notice Form within 12 hours of deciding to discharge a child;
- For non-emergency discharge, upon deciding to discharge the child.

The CPA shall submit this form for any placement change for children within Region 3b (Tarrant, Johnson, Hood, Somervell, Erath, Parker or Palo Pinto counties) after the child’s initial placement.

Check the appropriate box to indicate reason for discharge under the applicable type of discharge:

24 hour discharge notice (Emergency):

☐ The child poses a danger to self or others to facilitate admission to a psychiatric hospital; or
☐ The child is placed in jail or juvenile detention facility and the CPA or Foster Home is not willing to accept return of the child upon release from jail or juvenile detention

10 day discharge notice (GRO’s providing emergency care services):

☐ It is no longer in the child’s best interest to remain at the facility or the facility cannot meet the needs of the child.

14 day discharge notice (Non-Emergency):

☐ A psychiatrist, licensed Psychologist, physician, LCSW or LPC has provided documentation showing that the child consistently exhibits behavior that cannot be managed within licensed programmatic services.

30 day discharge notice (Non-Emergency):

☐ It is no longer in the child’s best interest to remain in the current foster home or the CPA cannot meet the needs of the child.

Request for Less Restrictive Placement (Non-Emergency, RTC/GRO/Shelter)

☐ The child has accomplished the goals of the program and is ready for a step down to a lesser restrictive placement such as a family foster home or other less restrictive placement. No specific discharge date is assigned so that a placement search can be accomplished and a planned transition can occur.
Please respond to the information below for any discharge notice:

- Provide explanation of why contractor is requesting the discharge notice:

- Describe attempts and specific strategies used to prevent placement disruption:

- Provide recommendations for future placement:

______________________________

Signature Authority

Printed Name:__________________

Printed Title:__________________
**Foster/Adopt Parent Inquiry Form**

*This is an example of the Foster/Adopt Parent Inquiry Form. Please use the forms available on the Smiley Forms webpage.*

**Purpose:** Use this form to record the discussion with a person who is inquiring about becoming a foster or adoptive parent.

<table>
<thead>
<tr>
<th>FOSTER/ADOPT PARENT INQUIRY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>DFPS Caseworker</td>
</tr>
<tr>
<td>Comments</td>
</tr>
</tbody>
</table>

Community-Based Care Region 3b Operations Manual
February 2019
Adoption Referral Form

This is an example of the Adoption Referral Form. Please use the forms available on the Smiley Forms webpage.

**Purpose:** Use this form to submit an adoption referral to the Single Source Continuum Contractor (SSCC).

### BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a private agency home referral for adoption (in other words, a private agency adoption outside of SSCC)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is this a DFPS request for a home study (meaning did DFPS receive an inquiry from a recruitment venue such as TARE or AdoptUsKids which resulted in this request)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did you attach a home study(s) for consideration for a specific child?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Names of families submitted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names of child(ren):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names of CURRENT placement:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Apt. No.</td>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>State</td>
<td>Zip Code</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child already placed in the home as a foster or kinship placement?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DFPS Caseworker</th>
<th>Phone Number</th>
<th>Additional Information</th>
</tr>
</thead>
</table>

### PRIVATE AGENCY REFERRAL FOR ADOPTION

<table>
<thead>
<tr>
<th>Field</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
<td>Case Manager</td>
<td>Phone Number</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the private agency providing adoptive placement and post-placement supervision?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

| As requested by SSCC, DFPS caseworker completes 2054 to SSCC for the specified service. |

### REQUEST FOR ADOPTION HOME STUDY

<table>
<thead>
<tr>
<th>Field</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt. No.</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>----------</td>
</tr>
</tbody>
</table>

**ATTACHMENTS TO INCLUDE**

Please include the following attachments with this completed form. Place an "X" to ensure each attachment is included.

- [ ] CRIMINAL CHECK
- [ ] IMPACT CHECK/PERSON SEARCH
- [ ] KINSHIP ASSESSMENT or HOMESTUDY
**OCOK Adoption Broadcast Request Form**

*This is an example of the OCOK Adoption Broadcast Request Form.*

<table>
<thead>
<tr>
<th>DATE OF REQUEST:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS WORKER:</td>
<td></td>
</tr>
<tr>
<td>CARE COORDINATOR:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEGAL STATUS: Check One</th>
<th>PMC- Rights Terminated (Legally Free)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMC- Rights Terminated- in Appeal Period (Legal-Risk)</td>
</tr>
<tr>
<td></td>
<td>PMC- Rights Not Terminated (Legal-Risk)</td>
</tr>
<tr>
<td></td>
<td>PMC- Judge-Ordered Adoption Recruitment (Legal-Risk)</td>
</tr>
</tbody>
</table>

*“If Rights are NOT Terminated- Termination must be scheduled within 45 days of Broadcast Request. *If Legally Free for Adoption, please include good quality picture of complete sibling group!*

**Child Name/Age:**

Please provide Child Specific Information, including Age, Interests, Personality, Strengths and Challenges, Educational Progress, Social Skills, Medical Needs, Activities they would like to participate in, Behaviors, etc.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Desired Family:**

Please describe the ideal family for this child or sibling group. Example: This child will do well in a two parent home, with a Strong Male Role-Model. He will do best if he is the youngest child where he can model other children. He needs parents that are structured and will maintain a good daily routine. They should be patient and provide him with praise when he does something well, and consistent re-direction when he breaks a rule. He would love to have a family that is active, and will encourage him to participate in activities that will improve his self-esteem and social skills.

**Description:**

| | |
Adoption Checklist

This is an example of the Region 3b Adoption Checklist. Please use the forms available on the [Smiley Forms webpage](#).

**Purpose:** Use this form to ensure all tasks associated with a child's adoption (pre- and post-termination of parental rights) are completed.

This checklist reflects Region 3b contractual protocols between Our Community Our Kids (OCOK) and CPS as per Community-Based Care:

<table>
<thead>
<tr>
<th>Case Name: Click here to enter text.</th>
<th>Date of Removal: Click here to enter a date.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRE-TERMINATION</strong></td>
<td><strong>DATE(S) COMPLETED</strong></td>
</tr>
<tr>
<td>CPS will change child plan of service permanency plan to Adoption. <em>Texas Administration Code (TAC) 700.1205.</em></td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>CPS will indicate in IMPACT whether or not child is in intended to be permanent placement in the placement detail window.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>
| OCOK will ensure:  
  - Life book preparation  
  - Obtain pictures of birth family  
  - Ensure caregiver has a Lifebook | Click here to enter a date. |
| OCOK and CPS will jointly discuss adoption with current placement family. | Click here to enter a date. |
| CPS will:  
  - Document the family's desire to adopt or not adopt in IMPACT.  
  - If child not in intended to be permanent placement, ensure all possible relatives, kinship, or homes with siblings adopted previously have been evaluated.  
  - Request possible Legal Risk Placement, if applicable. | Click here to enter a date. |
| If child is in relative/kinship home, refer the home to OCOK to begin the adoption process. | Click here to enter a date. |
| CPS will update/complete Medical & Developmental History in IMPACT. | Click here to enter a date. |
| CPS will confirm all birth (hospital), medical and school records are in the case file. *Family Code (FC) 162.005* | Click here to enter a date. |
| CPS will confirm compliance with Indian Child Welfare Act ICWA P.L 95-608; Indicate in person detail. | Click here to enter a date. |
| Other Regional Protocols: | Click here to enter a date. |

**POST-TERMINATION**

*TPR (Termination of Parental Rights)*

<table>
<thead>
<tr>
<th><strong>DATE(S) COMPLETED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS and OCOK will ensure a discussion is held with the child about the termination of his/her parent's rights. Involve the therapist to ensure processing of grief and loss for the child.</td>
</tr>
</tbody>
</table>
CPS, with assistance from OCOK, will conduct a goodbye visit with the child and his/her birth parents.  

CPS will request certified copy of birth certificate
*CPS Handbook Policy 1541.5*

CPS will ensure current compliance with IMPACT narratives, service plans, and medical/dental information.

CPS will complete the HSEGH/ARS. (when available, make contract request)

OCOK will ensure a minimum of 3 adoption preparation visits take place with the child/youth (at least 1 visit for child 0-18 months).  

Meaningful discussion must occur during visits per guidelines/standards. Lifebook work is included in visits.

*TAC 749.3341, 749.3343, 749.3345*

CPS will check the court records to ensure an appeal did not occur. If an appeal did occur, the region will decide if the case remains with prep or is transferred back to CVS.

Other Specific Regional Protocols:

<table>
<thead>
<tr>
<th>CHILD NOT INTENDED TO BE PERMANENT PLACEMENT</th>
<th>DATE(S) COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCOK will register the child on TARE - if no family identified.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

| OCOK and CPS will conduct other match efforts: Heart Gallery, match parties, filmings (Wednesday's child, Forever Families, etc). | Click here to enter a date. |

<table>
<thead>
<tr>
<th>SELECTION PROCESS</th>
<th>DATE(S) COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS will update/supplement HSEGH/ARS: annually and within 3 months before adoptive placement.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

| OCOK will:  
- Receive and review screenings;  
- Select top picks;  
- Discuss with child regarding desired family and wishes. | Click here to enter a date. |

| OCOK will ensure home is approved:  
- Adoption only Home screening- current within 1 year  
- Foster/adoptive homes- no update required | Click here to enter a date. |

| OCOK will review of studies from TARE. | Click here to enter a date. |

| OCOK will schedule and conduct selection staffing & invite parties. | Click here to enter a date. |

| OCOK will allow selected adoptive family to review documents: edited HSEGH, psychological evaluations, etc. | Click here to enter a date. |

| CPS will provide the redacted record to OCOK.  
OCOK will ensure the family is provided the opportunity to review the redacted case record in a supervised setting. | Click here to enter a date. |
<table>
<thead>
<tr>
<th>Date(s) Completed</th>
<th>PRESENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td>CPS will initiate ICPC process if family lives out of state: complete ICPC Placement Request Packet per <a href="#">CPS policy 9311 and 9314</a>.</td>
</tr>
<tr>
<td>Click here to enter a date.</td>
<td>Other Specific Regional Protocols:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) Completed</th>
<th>PRESENTATION</th>
</tr>
</thead>
</table>
| Click here to enter a date. | OCOK will schedule and conduct presentation staffing:  
  - Discussion with prospective adoptive family information regarding the child, the case record and to answer any questions. Allow family to speak to the therapist and foster parents.  
  *TAC 749.3395* |
| Click here to enter a date. | OCOK and CPS will develop transition plan.  
  *TAC 749.3371* |
| Click here to enter a date. | CPS will:  
  - Discuss Adoption Assistance with the family; and  
  - Provide family with information about Post Adoption Services.  
  *TAC 749.3461* |
| Click here to enter a date. | CPS will complete [Inter-Regional Child Placement Agreement - Child Placed Across Regional Lines - Adoption](#) (form 2076) for supervision of the child ONLY if a child is placed out of region 3b. |
| Click here to enter a date. | OCOK will ensure child has Psychological or Developmental Evaluation:  
  - 0-18 months: within 30 days of ado placement  
  - 18 months - 4 yrs old: within 3 months of ado. Placement (ECI)  
  - Age 5 and older: within 6 months  
  *TAC 749.3349* |
| Click here to enter a date. | CPS and OCOK will ensure a discussion with the child(ren) is held about prospective family for their input, thoughts, feelings. |

<table>
<thead>
<tr>
<th>Date(s) Completed</th>
<th>PRE-ADOPTIVE PLACEMENT</th>
</tr>
</thead>
</table>
| Click here to enter a date. | 3 weeks prior to submitting adoption assistance packet to adoption assistance eligibility unit, CPS will:  
  - Obtain necessary documentation from OCOK to complete Level of Care (LOC) review; and  
  - Complete LOC review. |
| Click here to enter a date. | CPS will ensure that the entire adoption assistance packet is complete and provided to the adoption assistance eligibility unit per CPS handbook 1560 and regional protocol. Obtain necessary documentation from OCOK to complete the adoption assistance packet.  
  *TAC Chapter 700, Subchapter H* |
| Click here to enter a date. | OCOK will ensure the adoptive family is registered in CLASS in order to establish a VIN for the family in IMPACT. |
| Click here to enter a date. | CPS will create 2054 to OCOK and provide a copy of the 2054 to OCOK (see CBC Adoption Placement & Service Authorization Process). |
| Click here to enter a date. | Other Specific Regional Protocols: |
### POST-PLACEMENT

<table>
<thead>
<tr>
<th>Task</th>
<th>Date(S) Completed</th>
</tr>
</thead>
</table>
| CPS will provide OCOK with an adoption placement packet with all applicable signed forms, including:  
  - Adoptive Placement Agreement (Form 2226)  
  - Adoptive Assistance Agreement (form 2253c)  
  - Medical Consenter (form 2085b);  
  - Child's medical & educational records. | Click here to enter a date. |
| OCOK will discuss and provide copies of the placement packet to the adoptive family. | Click here to enter a date. |
| CPS will notify eligibility specialist that the adoptive placement is complete & the foster care eligibility needs to end. | Click here to enter a date. |
| OCOK will send notification to FCR3bDayCare@dfps.state.tx.us to end daycare. | Click here to enter a date. |
| CPS will enter adoptive placement in IMPACT. | Click here to enter a date. |
| OCOK will ensure monthly home visits with child/youth and adoptive family. | Click here to enter a date. |
| CPS will conduct quarterly home visits with the child in the adoptive home. | Click here to enter a date. |
| OCOK will provide support to adoptive family: therapy/specialist referrals, referrals to local adoptive parent support groups, etc. | Click here to enter a date. |
| Other Specific Regional Protocols: | Click here to enter a date. |

### CONSUMMATION

<table>
<thead>
<tr>
<th>Task</th>
<th>Date(S) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCOK will ensure the family is advised to retain an attorney for the consummation.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>OCOK will ensure the Petition for Adoption is requested from the family's attorney and provided to CPS.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>OCOK will ensure the family is provided with information about Post Adoption Services.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>OCOK will ensure the Adoption Court Report is completed.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>
| CPS will send the family's attorney/ensure family’s attorney has:  
  - Termination order  
  - Family’s home screening(s)  
  - child’s birth certificate  
  - HSEGH,  
  - Court Report,  
  - Waiver of Consent  
  - Affidavit Concerning Interstate Compact | Click here to enter a date. |
<p>| CPS and OCOK will attend Consummation hearing. | Click here to enter a date. |</p>
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date Entry Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS will enter legal status, legal action and narratives in IMPACT.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>CPS will discharge OCOK from placement &amp; services in IMPACT.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>CPS will close case.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>
CBC Adoption Placement & Service Authorization Process

Is the child in a foster-to-adopt placement (relatives & non-relatives who is ready to adopt the child?)
*Includes homes with CPA who is not licensed for adoption.

Yes

Prior to entering the child’s placement in the ADO stage, CPS supervisor will open the ADO stage in IMPACT in order to get subsidy paperwork ready.

At the time of placement in the adoptive home, CPS worker completes a 2054 service authorization in the ADO stage for post-placement supervision (pays for costs associated with seeing the family through consummation.)

Once the adoption placement is completed, the CPS worker ends the placement in the child’s SUB stage and enters the child’s placement in the ADO stage in IMPACT. Both placement actions occur on the same day. *Leave SUB stage open.

No

Is the child in an approved kinship-to-adopt placement who is ready to adopt the child?

Yes

Prior to entering the child’s placement in the ADO stage, CPS supervisor will open the ADO stage in IMPACT in order to get subsidy paperwork ready.

At the time of placement in the adoptive home, CPS worker completes a 2054 service authorization in the ADO stage for adoptive placement services.

Once the adoption placement is completed, the CPS worker ends the placement in the child’s SUB stage and enters the child’s placement in the ADO stage in IMPACT. Both placement actions occur on the same day. *Leave SUB stage open.

No

Is the child in a foster placement & ready to be placed in a new adoptive placement?

Yes

Prior to the child’s physical placement in the new adoptive home, CPS supervisor opens the ADO stage in IMPACT in order to get subsidy paperwork ready.

At the time of placement in the adoptive home, CPS worker completes a 2054 service authorization in the ADO stage for:
- Adoptive placement services; and
- Post-placement supervision.

Once the child is physically placed in the new adoptive home, CPS worker ends the placement in the child’s SUB stage and enters child’s new placement in the ADO stage in IMPACT. Both placement actions occur on the same day. *Leave SUB stage open.