

# Training Exception

## Rehire Specialists Different Program/Track or New Hire / Out of State Specialists

**Specialist Name:**

**County:**

Rehire Employee

Last Date of Duty with Oklahoma CWS

Previous Track/Program

Start & End Date

Other Previous Tracks/Programs with Start & End Dates

New Hire / Out of State Experience – No prior OKDHS / CWS Experience

Work Experience in other State

**Track/Program Now: (Select One)**

Child Protective Services

Comprehensive

Family Centered Services

Hotline

Permanency Planning

Post-Adoption

Resource Specialist

Other:

**If the Child Welfare Specialist is *not* in the same track/program as previously, OR the Child Welfare Specialist is an Out-of-State employee with *no prior* OKDHS CWS experience, please complete the following form and submit to the Child Welfare Training Folder: [ChildWelfareTraining@okdhs.org](mailto:ChildWelfareTraining@okdhs.org)**

The following four items ***are optional*** for the specialist to complete. ***If checked***, this indicates the supervisor ***is requiring*** the specialist to complete:

Module 3 (online and classroom) for this Child Welfare Specialist.

Module 6 (Child and Adult interviews, and AOCS certification) for this Child Welfare Specialist.

Enrollment in On the Job Training (OJT) - ***Supervisor can determine which activities specialist completes***

KIDS on line training course- enrollment request is this document

**At this time, the following are required:**

Post CORE Required Levels for this Child Welfare Specialist- enrollment into courses will be completed once this document is received

I have consulted with my FM/DD regarding my decision

**Training Exception Justification-Required to complete**

This Child Welfare Specialist is eligible for a full caseload assignment of 100%. The supervisor has the discretion to determine whether or not the specialist will receive that, or a caseload lower than 100%. Please see the Training Exception Justification narrative for the decision.

**I have observed at least one child interview and approve this specialist be fully certified.**

**I have observed at least one adult interview and approve this specialist be fully certified.**

I have communicated with KIDS via email [KIDSProblemReport@okdhs.org](mailto:KIDSProblemReport@okdhs.org) regarding the specialist's status and included **both** the Deputy Director **and** Assistant Child Welfare Director on the email communication.

Please submit this form to the training unit at: [ChildWelfareTraining@okdhs.org](mailto:ChildWelfareTraining@okdhs.org) for tracking purposes and assistance with enrolling the specialist into their required courses.

Specialist Typed Name

Specialist U Number

Date

Specialist Signature

Supervisor Typed Name

Supervisor U Number

Date

Supervisor Signature

District Director / Field Manager Typed Name

District Director / Field Manager U Number

Date

District Director / Field Manager Signature