



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **BLAIR COUNTY COMMISSIONERS**  
LEGAL ENTITY

To operate **BLAIR COUNTY CHILDREN, YOUTH & FAMILIES**  
NAME OF FACILITY OR AGENCY

Located at **423 ALLEGHENY ST., SUITE 132, HOLLIDAYSBURG, PA 16648**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **County Children & Youth Agencies**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **N/A**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 3130: Administration of County Children and Youth Services and Other Supplementary Program Regulations**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 10,** **2026** until **October 10,** **2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **315880**

*Janette Biderup*  
ISSUING OFFICER

*[Signature]*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania  
**Department of Human Services**  
Office of Children, Youth, and Families

**Certified Mailing Date: April 10, 2026**

[REDACTED]  
Blair County Children, Youth and Families  
423 Allegheny Street  
Hollidaysburg, Pennsylvania 16648

RE: Blair County Children, Youth and Families  
423 Allegheny Street  
Hollidaysburg, Pennsylvania 16648  
License #: 315880

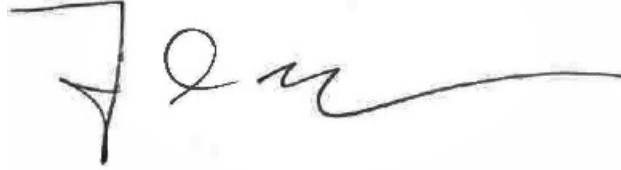
Dear [REDACTED]

The Department of Human Services (DHS) issued a Third Provisional Certificate of Compliance (Certificate # 315883) for the time period from November 23, 2025, through May 23, 2026, to operate the above-named 55 Pa. Code § 3130 County Children and Youth Services agency. The Third Provisional Certificate of Compliance was a result of regulatory violations with 55 Pa. Code § 3130 County Children and Youth Services and related regulations. A plan of correction was subsequently approved on October 30, 2025, to address the specified violations that were identified in the Licensing Inspection Summary (LIS).

DHS conducted a Third Provisional licensing inspection of the agency on March 16, 2026, and March 17, 2026. The enclosed LIS includes regulatory violations with 55 Pa. Code Chapter 3130 and related regulations. DHS determined that significant and continuous progress has been made in the implementation of your plan of correction that was approved on October 30, 2025, and with compliance with 55 Pa. Code Chapters 3130 and related regulations. Therefore, Blair County Children, Youth and Families is hereby issued a 6-month regular Certificate of Compliance effective April 10, 2026, through October 10, 2026.

DHS commends the agency for implementation of the plan of correction by demonstrating the agency's commitment to ensuring the health, safety and well-being of the children served. We look forward to our joint work in ensuring sustained change and promoting continuous quality improvement. If you have any questions, please contact your Regional Representative.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Laval Miller-Wilson', with a long horizontal flourish extending to the right.

Laval Miller-Wilson, JD  
Deputy Secretary  
Office of Children, Youth and Families

*Enclosures:*

- Complaint 7.23.25 and 10.3.25 POC verified
- Complaint 7.26.25 to 10.20.25 POC verified
- County CTF complaint 10.7.25 verified
- County September 2025 New LIS verified
- Complaint 1.16.26 POC verified
- Complaint 2.5.26 POC verified
- Complaint GPS late determination POC verified
- LIS Third Provisional Renewal Inspection 03.16.2026 – 03.17.2026
- Regular Certificate of Compliance

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth & Families			TELEPHONE: [REDACTED]	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS: 423 Allegheny St. Suite 132, Hollidaysburg, PA 16648			COUNTY: Blair	[REDACTED]	01/08/26
INSPECTED BY: [REDACTED]			INSPECTION DATE(S): 07/23/2025 -11/26/2025 & 10/03/2025-12/10/2025	[REDACTED]	
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	
		<b>X</b>			

During 2 complaint investigations the following areas of noncompliance were noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.232(d):	In two GPS Intake case records, the risk assessment did not include all household members that were needed to aid in the assessment. The first report was received on [REDACTED] and closed on [REDACTED]. The second report was received on [REDACTED] and closed on [REDACTED]. The risk assessments were dated [REDACTED] and did not accurately include the sibling children who reside in [REDACTED] home, nor was the [REDACTED] included in the assessment.	(d) The county agency shall use a State-approved risk assessment process for general protective services as required by § 3490.321 (relating to standards for risk assessment) to: (1) Aid in its assessment of whether to accept the family for services. (2) Ensure that its assessment is comprehensive. (3) Help determine the need for general protective services. (4) Assist in the development of the family service plan.  A plan should be developed to assure that this mandate is being met. The plan should	Agency is expected to come into compliance immediately and ongoing.	This risk assessment was completed on the home of origin for the identified children. Staff will be trained on how to complete a risk assessment correctly during their weekly staff support sessions. Ongoing risk assessment training is being conducted by the CWRC. Supervisors will be reminded at the leadership meeting on 12/23/2025 to review all work prior to signing off on the assessments. This will be monitored by the Director or designee pulling a random sample of cases to review. Further monitoring will occur from the CQI unit pulling a random selection of cases weekly.	[REDACTED]

		state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.		
3130.66(a)	In one placement case record, the child entered emergency placement on [REDACTED]. The initial FSP was created on [REDACTED] which exceeded the 30 days from the date the child entered emergency placement.	If a child has been placed in emergency placement and continued placement is necessary, the county agency shall prepare a family service plan under §§ 3130.61 and 3130.67(b) (relating to family service plans; and placement planning) no later than 30 days from the date the child enters emergency placement.  A plan should be developed to assure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.		Caseworkers and Supervisors are now using a spreadsheet to track due dates of FSP and CPPs. Staff will review dates of FSP and CPP at the ongoing support sessions that occur weekly. This will be completed by Jan 8 <sup>th</sup> , 2026. These spread sheets are monitored by the casework supervisor during regular supervisions and by the Ongoing manager who pulls a selection of cases to check for accuracy. Further monitoring is conducted by the CQI unit who pulls a random selection of agency cases weekly to review.

**THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5. SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN December 25, 2025.**

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

*12/23/25*

DATE

*02/03/2026*

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth & Families			TELEPHONE: [REDACTED]	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>	
ADDRESS: 423 Allegheny St. Suite 132, Hollidaysburg, PA 16648			COUNTY: Blair			[REDACTED]
INSPECTED BY: [REDACTED]			INSPECTION DATE(S): 07/26/2025-10/20/2025		[REDACTED]	
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	12/08/2025	
		<b>X</b>			[REDACTED]	

During a compliant investigation, the Department conducted a review of the Agency's file, and the following area of noncompliance were noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.234(a)	In one GPS report, the [REDACTED] was not verbally notified of the report and need to do an assessment. The report was received on [REDACTED]. There is no documentation that [REDACTED] was notified or interviewed.	The county agency shall notify the parents of the receipt of the report alleging the need for general protective services and that the county agency will do an assessment to determine the need for general protective services. The notification shall be made verbally at the time of the initial interview.  A plan should be developed to ensure this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy	Agency is expected to come into compliance immediately and ongoing.	This item has been addressed at all regular staff and unit meetings starting in Jan of 2025. It is on the checklists which case workers can use to assist them. This item has already been completed and implemented in March of 2025. A further reminder will be given to staff on December 16 <sup>th</sup> , 2025, at the monthly All staff meeting. This is being monitored by casework supervisors during 10day supervisions. Further monitoring has begun by the CQI unit which became fully operation in Oct 2025.	[REDACTED]

with staff. The plan should also include the date by when this plan will be implemented.

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AND RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN 12/31/25. ALL PAGES OF THIS DOCUMENT MUST BE SIGNED AND DATED.

SIGNATURE

[Redacted Signature]

TITLE

[Redacted Title]

DATE

12/5/25

TELEPHONE NUMBER

[Redacted Telephone Number]

[Redacted Block]

[Redacted Block]

02/03/2026

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children Youth and Family			TELEPHONE:	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS: 423 Allegheny Street, Suite 132 Hollidaysburg Pa 16648			COUNTY: Blair	[REDACTED]	11/14/25
INSPECTED BY: [REDACTED]			INSPECTION DATE(S): 10/7/25		11/19/2025
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	11/20/2025
		<b>X</b>			

During a complaint review, the following areas of non-compliance were noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.322(a)	In 1 of 4 GPS intakes reviewed the Risk Assessment (RA) was not completed and submitted within the required timeframe. The incident was received on [REDACTED] and closed on [REDACTED]. The RA was completed [REDACTED] and reviewed and submitted [REDACTED]	Each county agency shall implement a State-approved risk assessment process in performance of its duties under sections 6362 and 6375 of the CPSL (relating to responsibilities of county agency for child protective services; and county agency requirements for general protective services) and this chapter. The supervisor must sign the risk assessment within 10 days of completion and by the date of determination of whether to close or accept a case for ongoing services.	The agency is expected to come into compliance immediately and ongoing.	Supervisors and staff will be reminded at the Nov unit meetings on Risk Assessment timelines. This will be completed by Dec 1 <sup>st</sup> . This is being monitored by supervisors using CAPS. Further supervision is being conducted by the Director who is monitors a random selection of cases in CAPS from the alert page and seeking follow up. The newly created CQI unit is pulling 10% of cases monthly and reviews for this regulation This process has already started and completion will be done by Dec1 , 2025	POC Approved 11/14/25 [REDACTED]

CPSL 6375(c)(1)	In 1 of 4 GPS intake files reviewed the investigation was not completed within the required time frame of 60 days. The incident was received on [REDACTED] and was due on [REDACTED]. The outcome was completed and submitted [REDACTED]	(c) Assessment for services. (1) Within 60 days of receipt of a report, an assessment shall be completed and a decision on whether to accept the family for service shall be made. The county agency shall provide or arrange for services necessary to protect the child during the assessment period.	The agency is expected to come into compliance immediately and ongoing.	Supervisors are using CAPS alerts to monitor for due dates. This is gone over with case workers during supervision time. Reminders are sent to caseworkers are supervisor by the Director who check the alert in Caps several times a week. Further monitoring will occur from the newly created CQI unit that randomly selects 10% of agency cases to review. This process has already been implemented.	POC Approved 11/14/25 [REDACTED]
3490.232(g)	In 1 of 4 GPS intakes reviewed, it is not documented that required interviews occurred. The incident was received on [REDACTED] and closed on [REDACTED]. Allegations contained concerns of [REDACTED]. There is no documentation of follow up or [REDACTED] being received to confirm the origin/cause of the condition.	The county agency shall interview the child, if age appropriate, and the parents or the primary person who is responsible for the care of the child. The county agency shall also conduct interviews with those persons who are known to have or may reasonably be expected to have information that would be helpful to the county agency in determining whether or not the child is in need of general protective services.	The agency is expected to come into compliance immediately and ongoing.	Caseworkers and Supervisors will be reminded at their respective unit meetings in Nov to continual gather information from collateral contacts. This is being monitored by supervisors during caseworker supervision and by the Director who reviews a random selection of cases. The newly created CQI unit randomly selects 10% of agency cases and provides feedback on the quality of the work. This process has already begun and will be completed by Dec 1, 2025	POC Approved 11/14/25 [REDACTED]

**THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN : 10/27/2025**

[REDACTED]	[REDACTED]
[REDACTED] ENTITY REPRESENTATIVE	[REDACTED] TITLE
10/24/25 DATE	[REDACTED] TELEPHONE NUMBER

Plan of Correction Verified. [REDACTED] 01/08/2026  
[REDACTED]

[REDACTED] 01/08/2026

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth & Families			TELEPHONE: [REDACTED]	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS: 423 Allegheny St. Suite 132, Hollidaysburg, PA 16648			COUNTY: Blair	[REDACTED]	01/15/2026
INSPECTED BY: [REDACTED]			INSPECTION DATE(S): 11/24/2025 to 11/28/2025	[REDACTED]	
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	[REDACTED]
				<b>X</b>	01/15/2026

From 11/24/2025 to 11/28/2025, the Central Region Office of Children, Youth and Families conducted a plan of correction verification review for the agency's licensing inspection that occurred from 09/16/2025-09/18/2025. During this review, the following areas of non-compliance that could not be verified were observed:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3130.21(b) Frequency and Tracking of Caseworker Visits of Ch in Fed Defined Foster Care 3490-08-05	<p>In 04 of 05 Placement records reviewed, the children were not seen monthly by a qualified caseworker.</p> <p>In the first Placement record, the child was seen on [REDACTED] then again on [REDACTED]</p> <p>In the second Placement record, the child was seen on [REDACTED]. There is no documentation that the child</p>	<p>The executive officers shall ensure that the agency is operated in conformity with applicable Federal, State and local statutes, ordinances and regulations. Face-to-face contact should occur as often as necessary, but no less often once per month.</p> <p>The agency will develop or revise a policy to ensure that children in placement are seen at least once every 30 days by a qualified caseworker. The plan shall</p>	Agency is expected to come into compliance immediately and ongoing.	Provider visits did occur in the month of November, which count as qualified visits, however CYF did not receive the reports prior to the cases being reviewed. The Ongoing Manager has already addressed this issue with staff in support session by having the staff document when the visit occurred in the contacts prior to the final report's arrival and will have staff reach out for documentation if not received after the visit has been completed. Supervisor will be	Accepted. [REDACTED] 01/15/2026

	<p>was seen in [REDACTED] of [REDACTED]</p> <p>In the third Placement record, the child was seen on [REDACTED] and [REDACTED] which is beyond 30 days.</p> <p>In the fourth Placement record, there are no visits documented in [REDACTED]. Visits were documented on [REDACTED] and [REDACTED].</p>	<p>include the staff position responsible to monitor and ensure regulatory compliance and the date the plan will be implemented.</p>		<p>monitoring for this using their spreadsheet and the CQI unit will also monitor by reviewing the contract with providers for compliance and possible changes that need to be made to ensure regulatory compliance. This will be completed by February 1<sup>st</sup> 2026</p>	
<p>3130.21(b) Safety Assessment and Management Process</p>	<p>In 01 of 05 GPS Intake records, a Safety Assessment Worksheet (SAW) was not completed within 3 business days of the agency's first face-to-face contact.</p> <p>In one GPS Intake record, the children were seen on [REDACTED] and SAW completed [REDACTED]</p>	<p>The executive officers shall ensure that the agency operates in conformity with applicable Federal, State and local statutes, ordinances and regulations.</p> <p>As prescribed in §3490.55 and §3490.232 of the Protective Services Regulations. Documentation of safety related information shall be completed using the In-Home Safety Assessment Worksheet, as per the intervals below...</p> <p>- During the Assessment/Investigation: Within 3 business days of the agency's first face-to-face contact with the identified child and/or caregivers of origin.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review</p>	<p>The agency is expected to come into compliance immediately and ongoing.</p>	<p>This will be reviewed in the Assessment support sessions. A quiz was developed to ensure caseworkers are understanding the material and if they are not the supervisor can see the percentage of incorrect response so a tailored approach can be given. This is being monitored by supervisors with additional support and review from the CQI unit weekly. Monthly results are distributed to leadership from the CQI unit for all to analyze patterns and trends. The first support session was conducted on 12-31-2025 and will be fully implemented by 1/10/26.</p>	<p>Accepted. [REDACTED] 01/15/2026</p>

		and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.			
3130.21 (b) Safety Assessment and Management Process	<p>In 02 of 05 GPS Intake records, the SAW completed did not include the required individuals (children and caregivers) on the assessment.</p> <p>In the first GPS record, the [REDACTED] reports [REDACTED] other children living in [REDACTED] home who were not included on the SAW dated [REDACTED].</p> <p>In the second GPS Intake record, at the initial home visit dated [REDACTED], the [REDACTED] reports having [REDACTED] other children who were not included on the SAW completed [REDACTED].</p>	<p>The executive officers shall ensure that the agency is operated in conformity with applicable Federal, State and local statutes, ordinances and regulations.</p> <p>To completely assess a child's living situation, it is important to consider the positive and negative aspects of the caregivers, household members and environment. When assessing child safety, it is important to consider the impact of the child's current living arrangements.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>	The agency is expected to come into compliance immediately and ongoing.	This will be reviewed in the Assessment support sessions. A quiz was developed to ensure caseworkers understand the material and if they are not the supervisor can see the percentage of incorrect response so a tailored approach can be given. This is being monitored by supervisors with additional support and review from the CQI unit weekly. Monthly results are distributed to leadership from the CQI unit for all to analyze patterns and trends. The first support session was conducted on 12-31-2025 and will be fully implemented by 1/10/26.	Accepted. [REDACTED] 01/15/2026
3130.43(c)(10)	<p>In 01 of 05 Placement records, the case record should include education reports and records for each child in placement.</p> <p>In the first Placement record, the child entered care on [REDACTED].</p>	<p>(c) A section of the family case record that includes the following shall be established for each child in placement:</p> <p>(10) Educational reports and records.</p>	Agency is expected to come into compliance immediately and ongoing.	Caseworkers will be reminded at their Ongoing support session to request information from the school including grades, attendance records and any applicable IEP or 504 plans. This will be monitored by the ongoing supervisors while reviewing the CPPs for compliance with oversight from [REDACTED].	Accepted. [REDACTED] 01/15/2026

	<p>██████████ There are no educational records in the file.</p>	<p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented</p>		<p>the Ongoing Manger. Further monitoring will be completed by the CQI unit which reviews a random selection of cases weekly. This will be completed by January 15<sup>th</sup> 2026</p>	
<p>3130.61 (c)(d)(e)</p>	<p>In 01 of 05 Placement records reviewed, the agency did not provide an opportunity for all parties to participate in the family service plan development, and the agency did not document the family was given opportunity to sign the plan.</p> <p>In the first Placement record, the family was accepted for services ██████████. The FSP was created ██████████. There is no documentation that the ██████████ was given the opportunity to participate or sign the plan.</p>	<p>(c) The service plan shall be signed by the county agency staff person responsible for management of the case. The parent or legal guardian and the child, if 14 years of age or older, shall be given the opportunity to sign the service plan. The county agency shall inform the parent or guardian that signing the plan constitutes agreement with the service plan.</p> <p>(d) The county agency shall provide family members, including the child, their representatives and service providers, the opportunity to participate in the development and amendment of the service plan if the opportunity does not jeopardize the child's safety. The method by which these opportunities are provided shall be recorded in the plan.</p>	<p>Agency is expected to come into compliance immediately and ongoing.</p>	<p>In this case the agency was unable to locate the ██████████ using various methods including send mail to a last know address and using Accurant searches.</p> <p>The agency uses a service provider to create FSP and CPPs through Family Group Decision Making. The agency will be asking the service providers to send letters to the last known addresses of missing parents and to review this in the meeting to determine if additional contact information can be obtained for the missing parent or their side of the family.</p> <p>This will be monitored by supervisors and the Ongoing manager by reviewing FSP / CPP documentation and provider reports. Caseworkers will provide the most current information on a missing parent's location to the provider. This will be completed by Feb 1<sup>st</sup> 2026.</p>	<p>Accepted. ██████████ 01/15/2026</p>

		<p>(e) The county agency shall provide family members, their legal counsel, other representatives and agencies or facilities providing services to the child and family with a copy of the service plan, including service plan amendments and results of reviews when the amendments or reviews change the previously agreed upon plan.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>			
3130.62(a)(1-2)	<p>In 01 of 05 Placement records, there is no documentation that parents were provided with a copy of the service plan. The case was accepted for service [REDACTED]. The FSP was created on [REDACTED]. There is no documentation that the plan was given to the [REDACTED].</p>	<p>(a) The county agency shall provide to the parents, along with a copy of the family service plan and, if applicable, placement amendment, a written notice of their right to appeal the following to the Department's Office of Hearings and Appeals:</p> <p>(1) A determination which results in a denial, reduction, discontinuance, suspension or termination of service.</p> <p>(2) The county agency's failure to act upon a request for service with reasonable</p>	<p>Agency is expected to come into compliance immediately and ongoing.</p>	<p>In this case the agency was unable to locate the [REDACTED] using various methods including send mail to a last known address and using Accurint searches.</p> <p>The agency uses a service provider to create FSP and CPPs through Family Group Decision Making. The agency will be asking the service providers to send letters to the last known addresses of missing parents and to review this in the meeting to determine if additional contact information can be obtained for the</p>	<p>Accepted. [REDACTED] 01/15/2026</p>

		<p>promptness.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>		<p>missing parent or their side of the family.</p> <p>This will be monitored by supervisors and the Ongoing manager by reviewing FSP / CPP documentation and provider reports. Caseworkers will provide the most current information on a missing parent's location to the provider. This will be completed by Feb 1<sup>st</sup> 2026.</p>	
3130.68(g)(1)(2) (i-ii)	<p>In 01 of 05 Placement records reviewed, the agency did not notify the parents of the child's placement location within 15 days.</p> <p>In the first Placement record, the child entered care on [REDACTED] and changed placements on [REDACTED]. There is no documentation that the parents were notified within 15 days of placement and the subsequent placement change.</p>	<p>(g) The county agency shall, within 15 calendar days of placing a child, provide the parents with the following:</p> <p>(1) The address of the physical location of the child.  (2) The name of the person, agency, or facility responsible for the child's care</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>	Agency is expected to come into compliance immediately and ongoing.	<p>Staff will be reminded at the Ongoing Support Session to send out a Change of Placement letter when the child is moved. This will be supervised by the ongoing supervisors who review the move within placement packet and the CQI unit who pull a random selection of cases weekly. This will be completed by Feb 1<sup>st</sup> 2026</p>	Accepted. [REDACTED] 01/15/2026
3490.232 (c)	<p>In 02 of 05 GPS Intake records, the children were not seen within the required response time.</p> <p>In the first GPS Intake record, the report was received on [REDACTED] and assigned a 24-hour response time. The initial contact with one child is</p>	<p>The executive officers shall ensure that the agency is operated in conformity with applicable Federal, State and local statutes, ordinances and regulations</p> <p>The county agency shall see the child immediately if</p>	Agency is expected to come into compliance immediately and ongoing.	<p>This was addressed at the 12-31-25 Support session. Full implementation and review of the material will be completed by January 10<sup>th</sup>, 2026. It was discussed who need to be seen for it to be considered as response time met and steps to take if family is not cooperative or could not be located. This is being monitored by</p>	Accepted. [REDACTED] 01/15/2026

	<p>dated [REDACTED]. There were [REDACTED] additional children in the home that were not seen/assessed.</p> <p>In the second GPS Intake report, the case was received on [REDACTED] and assigned a 24-hour response time. The one child was seen on [REDACTED]. There were [REDACTED] other children in the home that were not seen/assessed.</p>	<p>emergency protective custody has been taken, is needed, or if it cannot be determined from the report whether or not emergency protective custody is needed. Otherwise, the county agency shall prioritize the response time for an assessment to assure that children who are most at risk receive an assessment first.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>		<p>Supervisor during the supervision with the caseworkers. Further oversight and monitoring is being conducted weekly by the CQI unit</p>	
3490.232 (f)	<p>In 02 of 05 GPS Intake records reviewed, the agency did not complete a home visit during the assessment.</p> <p>In the first GPS Intake record, the report was received [REDACTED]. There is no documentation that a visit to the [REDACTED] home, where [REDACTED] of the identified children reside, was completed during the assessment.</p> <p>In the second GPS intake record, the report was received on [REDACTED]. At the time of this review, there was no documented home visit in the structured case notes.</p>	<p>The county agency shall see the child and visit the child's home during the assessment period. Home visits shall occur as often as necessary to complete the assessment and ensure the safety of the child. There shall be at least one home visit.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>	<p>Agency is expected to come into compliance immediately and ongoing.</p>	<p>The agency will review this statute at the Assessment support sessions, and this will be completed by Feb 1st 2026. This will be monitored by supervisors prior to closing a case and sending the outcome. Further monitoring will be conducted by the CQI unit which reviews a random selection of cases weekly.</p> <p>The agency will also review how to have cases re-evaluated to supplementals through Childline to end duplicative work. This was completed on Jan 6<sup>th</sup> 2026. This is being monitored by the Director and Ongoing manager during the morning case review meetings.</p>	<p>Accepted. [REDACTED] 01/15/2026</p>

3490.232(i)	<p>In 03 of 05 GPS intake records, the agency did not obtain information to appropriately assess for service intervention.</p> <p>In the first GPS Intake record, the report was received [REDACTED]. The case file did not contain collateral contacts or records from school or provider for alleged offending child.</p> <p>In the second GPS Intake record, the report was received [REDACTED]. The record did not contain documented collateral contacts including [REDACTED] or [REDACTED] noted with [REDACTED] to gather information to determine service needs.</p> <p>In the third GPS Intake record, the report was received on [REDACTED]. The record did not contain collateral information including an attempt to speak with [REDACTED] to verify child is attending required appointments. There is no documented effort to see and assess the [REDACTED] sibling children.</p>	<p>The county agency shall provide or arrange appropriate services to assure the safety of the child during the assessment period.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented</p>	Agency is expected to come into compliance immediately and ongoing.	The agency recognizes this issue and is now holding weekly Assessment support sessions to review persistent topics, including obtaining releases of information to follow up with providers and not assuming that information disclosed during interviews is accurate. In addition, Supervisors are monitoring during weekly supervision to ensure caseworkers have completed the required follow up prior to signing the documentation. Further monitoring is being completed weekly by the CQI unit which reviews a random selection of cases weekly. This has already been implemented.	Accepted. [REDACTED] 01/16/2026

3490.235(e)	<p>In 03 of 05 GPS Intake records, supervisory reviews were not held at 10-day intervals.</p> <p>In the first GPS Intake record, the outcome was submitted on [REDACTED], The last 10-day supervision documented was [REDACTED]</p> <p>In the second GPS Intake record, the referral was received [REDACTED]. The documented supervisory reviews were on: [REDACTED]</p> <p>In the third GPS Intake record, the case was opened on [REDACTED] and closed on [REDACTED]. There were no supervisory reviews documented in the record.</p>	<p>The county agency supervisor shall review each report alleging a need for general protective services which is being assessed on a regular and ongoing basis to assure that the level of services is consistent with the level of risk to the child, to determine the safety of the child and the progress made toward reaching a determination on the need for protective services. The supervisor shall maintain a log of these reviews which at a minimum shall include an entry at 10-calendar day intervals during the assessment period.</p> <p>The agency will develop or revise a policy to ensure that supervisory reviews occur at least once every 10 days while a case is being investigated. The plan shall include the staff position responsible to monitor and ensure regulatory compliance and the date the plan will be implemented.</p>	Agency is expected to come into compliance immediately and ongoing.	The agency has frequent supervisions with case workers. If one is missed, supervisors are instructed to document why it was missing and to reschedule as soon as possible. Supervisor has now been instructed to document that supervisors reviewed the case if the caseworker is out to ensure through casework completed. If the supervisions are handwritten supervisor are instructed to add these to the case notes. This is being monitored by supervisors scheduling time with the workers and by the CQI unit who pulls a random selection of cases weekly. This will be completed by February 1 <sup>st</sup> 2026.	Accepted. [REDACTED] 01/15/2026
3490.321(h)	<p>In 01 of 05 GPS Intake records reviewed, the risk assessment was not completed within the required timeframe. The agency submitted the outcome on [REDACTED]. The risk assessment was completed on [REDACTED] after the investigation was completed.</p>	<p>A periodic assessment of the risk of harm to the child shall be conducted as required by the State-approved risk assessment process.</p> <p>(h) Periodic assessments of risk shall be completed by the county agency as follows: (1) At the conclusion of the intake investigation which</p>	Agency is expected to come into compliance immediately and ongoing.	The agency is committed to completing Risk assessment prior to submitting the outcome. Supervisors will be reminded during the January 6 <sup>th</sup> Leadership meeting to not sign off on a case if the risk assessment is missing or completed incorrectly. This will be monitored by the director selecting cases to review monthly. Further monitoring will be completed	Accepted. [REDACTED] 01/15/2026

		<p>may not exceed 60-calendar days.</p> <p>(2) Every 6 months in conjunction with the family service plan or judicial review unless one of the following applies:</p> <p>(i) The risk to the child remains low or no risk.</p> <p>(ii) The child has been placed out of the home for more than 6 months and there are no other children in the home.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>		by the CQI unit which reviews a random selection of cases weekly	
3700.51(d)	In 01 of 05 Placement records, the child is required to have an updated dental examination within 60 days of placement. The child entered care on [REDACTED] and there is no dental exam in the case record.	<p>(d) The FFCA shall ensure that a child, 3 years of age or older, receives a dental appraisal by a licensed dentist within 60 days of admission, unless the child has had an appraisal within the previous 6 months and the results of the appraisals are available. The appraisal shall include:</p> <p>(1) Taking or reviewing the child's dental history.</p> <p>(2) Examination of the hard and soft tissue of the oral cavity.</p> <p>(3) X-rays for diagnostic purposes, if deemed necessary by the dentist.</p>	Agency is expected to come into compliance immediately and ongoing.	This has been addressed with providers in Dec 2025 that if a dental is unable to be obtained the provider needs to document the attempts to obtain the dental and the reasons it could not be obtained timely so the agency can proceed according to the circumstance and address the barriers. Service providers will be providing updates at monthly meetings and to the caseworker assigned to the case. Supervisors and the Ongoing manager will be monitoring this by documentation of the monthly provider meetings	Accepted. [REDACTED] 01/15/2026

		A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented			
--	--	--	--	--	--

<b>THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN : January 15, 2026</b>					
[Redacted]		[Redacted]		[Redacted]	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE			TITLE		
1-13-26		[Redacted]		[Redacted]	
DATE				E NUMBER	

[Redacted]

[Redacted]

[Redacted]

[Redacted] 03/02/2026

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth and Families			TELEPHONE: [REDACTED]		<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS: 423 Allegheny Street, Suite 132 Hollidaysburg Pa 16648			COUNTY: Blair			
INSPECTED BY: [REDACTED]			INSPECTION DATE(S): 1/12/26 to 1/16/26		[REDACTED]	[REDACTED]
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	02/04/2026	
		<b>X</b>				

During a complaint review the following area of non-compliance was noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.91 (a)	In 1 of 1 Placement files reviewed it was found that confidentiality was violated. Information regarding the referral sources for reports received by the county was shared with individuals who are not privy to this information	(a) Reports, report summaries and other accompanying information obtained under the CPSL and this chapter in the possession of the Department and a county agency are confidential. Except for the subject of a report, persons who receive information under this section shall be advised that they are subject to the confidentiality provisions of the CPSL and this chapter, that they are required to insure the confidentiality and security of the information and that they are liable for civil and criminal	Immediately and ongoing.	In this situation involving a placement case the information was shared with an officer of the court. A direct conversation was had with the employee on [REDACTED] that the person shared information with was not covered in the regulatory statute. A review of confidentiality will be reviewed at the All-Staff meeting in February 2026. Monitoring of this will continue through the direct supervisors reviewing documentation during casework supervision, the CQI unit. The Director will provide the review of confidentiality.	[REDACTED]

		<p>penalties for releasing information to persons who are not permitted access to this information. This material shall only be released under the CPSL and this chapter.</p> <p>The plan of correction shall address how the agency will achieve compliance. The agency should identify the person/staff position that will be responsible for ensuring and monitoring this provision.</p>			

**SEE COLUMN 5. SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT TO YOUR REGIONAL OFFICE NO LATER THAN**

[Redacted Signature Area]

[Redacted Title Area]

DATE *1/29/26*

[Redacted Signature Area]

[Redacted Signature Area]

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth, and Families		TELEPHONE: [REDACTED]		<b>OCYF REGIONAL STAFF APPROVAL</b>		<b>DATE</b>	
ADDRESS: 423 Allegheny Street, Suite 132 Hollidaysburg Pa 16648		COUNTY: Blair		[REDACTED]			
INSPECTED BY: [REDACTED]		INSPECTION DATE(S): 2/5/26					
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		02/26/2026	
		<b>X</b>					

During a complaint review, the following areas of non-compliance were noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.235(g)	<p>In 1 of 1 In-home GPS file reviewed it was found that the child was not seen every 30 days as required.</p> <p>The incident was received on [REDACTED] and accepted for services on [REDACTED] there is a documented visit on [REDACTED] and [REDACTED] Child was seen again [REDACTED]</p>	<p>(g) When a case has been accepted for services, the county agency shall monitor the safety of the child and assure that contacts are made with the child, parents and service providers. The contacts may occur either directly by a county agency worker or through the purchase of services, by phone or in person but face-to-face contacts with the parent and the child shall occur as often as necessary for the protection of the child but at least as often as:</p> <p>(1) Once a week until the</p>	<p>The agency is expected to come into compliance immediately and ongoing</p>	<p>This is being corrected by the use of a home visit tracking spreadsheet. The supervisors are monitoring the spreadsheet to ensure home visits are completed or if home visits are being conducted by qualified visitors that the reports are being received timely and uploaded into the case. Further monitoring is being conducted by the CQI unit which pulls a random selection of cases weekly for review. This has already been implemented.</p>	[REDACTED]

case is no longer designated as high risk by the county agency, if the child remains in or returns to the home in which the need for general protective services was established and the county agency has determined a high level of risk exists for the case.

(2) Once a month for 6 months or case closure when the child is either: (i) Placed out of the home or setting in which the need for general protective services was established.

A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. THIS DOCUMENT MUST BE COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN 2/22/26

TITLE

DATE

Verified. 03/25/2026

03/25/2026

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth and Families		TELEPHONE: [REDACTED]		<b>OCYF REGIONAL STAFF APPROVAL</b>		<b>DATE</b>	
ADDRESS: 423 Allegheny St. Suite 132, Hollidaysburg, PA 16648		COUNTY: Blair				02/26/2026	
INSPECTED BY: [REDACTED]		INSPECTION DATE(S): 02/12/2026					
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		02/26/2026	
		<b>X</b>					

The Department of Human Services, Central Region Office of Children, Youth and Families received notification that Blair County Children Youth and Families had not made case determination within 60 days and had not submitted one GPS outcome within 67 days from the date the referral was received by the agency.

The following areas of non-compliance were observed:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
CPSL 6375(c)(1)  3490.232(e)	In 1 GPS intake investigation reviewed, the determination was not made by the 60 <sup>th</sup> day of the report and the outcome was not received within the 67 <sup>th</sup> day requirement.  The GPS intake case was received on [REDACTED] and the case determination was due by [REDACTED]. At the time of this review, there is no case determination or outcome submitted.	The agency shall review and amend as necessary the process whereby they ensure that all CY 48's are determined with Childline within 60 calendar days of the receipt of the report and outcomes are received within the 67 <sup>th</sup> day requirement.  The plan of correction shall address how the agency will achieve compliance. The agency should identify the person/staff position that will be responsible for	The agency is expected to come into compliance immediately and ongoing.	This case has been assigned for investigation. The case originally came from ChildLine as a Law Enforcement Only referral and was closed. The next day childline made it a GPS and sent it back through. Since the case was closed it did not show on this list of cases needing reviewed. It was reviewed with all supervisors and caseworkers to make sure if a merge is received to make sure the case is showing as re-opened. It was reviewed with the intake screener to if a merge is	[REDACTED]

		<p>ensuring and monitoring this provision. The plan should also include the date the plan will be implemented.</p>	<p>received to alert the supervisor if the case does not appear on this list to be assigned. This is being monitored by the Supervisor of the Day and the daily case email. Further monitoring is being conducted by the Director who is referring to CWIS to ensure outcomes coming due list in CAPS matches CWIS. This has already been implemented.</p>	
<p><b>THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCU</b></p>				
<p><b>COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN : February 22, 2026</b></p>				
<p>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</p>				
<p>DATE</p>				

Verified 03/25/2026

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Blair County Children, Youth & Families				TELEPHONE: [REDACTED]	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS:  423 Allegheny St. Suite 132, Hollidaysburg, PA 16648				COUNTY:  Blair		03/25/2026
INSPECTED BY:  [REDACTED]				INSPECTION DATE(S): 03/16/2026-03/17/2026		
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		03/25/2026
	<b>X</b>					

The Department of Human Services conducted a Renewal Licensing Inspection for Blair County Children, Youth and Families on March 16-17, 2026, for the license review period extending from September 03, 2025, to March 01, 2026, for the Certificate of Compliance from November 23, 2025 to May 23, 2026. The inspection occurred by means of random sample record review, interviews with administrative, supervisory and casework personnel, internal policies and procedures, and personnel record review.

The case sample was drawn from cases assigned across all program units and casework functions within the agency. The case sample included the following:

- 10 of 1894 General Protective Services Intake records
- 10 of 744 General Protective Services Intake records that were screened out by the agency.
- 10 of 314 Child Protective Services records
- 05 of 45 Ongoing/In-Home General Protective Services records
- 10 of 106 Placement records
- 03 of 03 newly hired personnel records
- 36 of 36 tenured personnel records
- 01 of 10 Adoption records
- 01 of 01 ICPC (incoming)

The Agency did not have interstate compact (outgoing), resumption cases, shared case management, plans of safe care, or new or tenured foster homes to be reviewed. The following areas of regulatory non-compliance were found during the review:

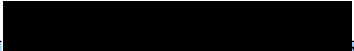
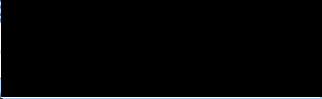
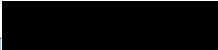
1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3130.21(b) Children in	In 02 of 10 Placement records reviewed, the grievance policy was not	The executive officers shall ensure that the agency is operated in conformity with	The agency is expected to come into compliance	On 1/12/2026 the agency implemented a new initial placement packet after an extensive review of the documents. This	Accepted. 03/25/26 [REDACTED]

<p>Care Act 119 of 2010; Bulletin 3130-12-02</p> <p>3130.88 (c)(d)(e)</p>	<p>reviewed and signed by all appropriate parties and within the allotted timeframes.</p> <p>In the first placement record, the child entered care on [REDACTED]. There is no documentation that the grievance policy was reviewed or signed by the child, parent, foster parent or legal guardian.</p> <p>In the second placement record, the child entered care on [REDACTED]. The grievance form was signed and provided to the foster parent on [REDACTED], which exceeded the 30-day timeframe.</p> <p><i>This is a repeat citation from the Provisional Licensing Inspection in September 2025.</i></p>	<p>applicable Federal, State and local statutes, ordinances and regulations.</p> <p>As a result of Act 119... all children must be notified of these protections upon entry into foster care and throughout their time in care. ...The notice of explanation of rights must be provided, at a minimum, on a yearly basis. The procedure shall be explained to a child as soon as the child is placed in the foster home or childcare facility.</p> <p>Resource families must be provided with a copy of the protection for child in foster care under section 3 of the bulletin within 30 days of the child entering placement.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>	<p>immediately and ongoing.</p>	<p>remedied these issues by adding new language and additional copies of the grievance policy to the packet. Old copies were removed and staff were trained in their support session in Jan and Feb of 2026 by the Ongoing Manager. Monitoring of this process has been occurring during the case transfer meetings or during routine supervision by the supervisors and the Ongoing manager. Further monitoring is being completed by the CQI unit that reviews a random selection of cases weekly.</p>	
<p>3130.21(b) Safety Assessment and Management Process</p>	<p>In 01 of 10 CPS records, a Safety Assessment Worksheet (SAW) was not completed within the next business day following the implementation of a safety plan. The agency received a report on [REDACTED] and created a safety plan on the same date. The agency</p>	<p>The executive officers shall ensure that the agency operates in conformity with applicable Federal, State and local statutes, ordinances and regulations.</p> <p>As prescribed in §3490.55 and §3490.232 of the Protective Services</p>	<p>The agency is expected to come into compliance immediately and ongoing.</p>	<p>This deadline and regulation will be reviewed with team members at the April 2026 All staff meeting and in their support sessions. Supervisors will be reminded that when they sign a safety plan to look for the worksheet as well as the contact note in their routine supervision. Monitoring of this will occur from the CQI unit which pulls a random selection of cases weekly.</p>	<p>Accepted. 03/25/26 [REDACTED]</p>

	<p>documented the corresponding safety assessment worksheet on [REDACTED]</p>	<p>Regulations. Documentation of safety related information shall be completed using the In-Home Safety Assessment Worksheet, as per the intervals below...</p> <ul style="list-style-type: none"> <li>- if an In-Home Safety Assessment completed by the child welfare professional results in the need to develop a Safety Plan, the supervisor should be providing verbal approval to the Safety Plan when it is developed to assure that it is sufficient to go into effect immediately. The supervisor is then required to review and sign the developed Safety Plan by the next business day.</li> </ul> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>			
<p>3490.232 (c)</p>	<p>In 01 of 10 GPS Intake records, the child was not seen within the required response time.</p> <p>In the GPS intake case record, the report was received on [REDACTED] and assigned a 10-day response time. The subject child was</p>	<p>The executive officers shall ensure that the agency is operated in conformity with applicable Federal, State and local statutes, ordinances and regulations</p> <p>The county agency shall see the child immediately if</p>	<p>The agency is expected to come into compliance immediately and ongoing.</p>	<p>In this case the agency did have copious notes documenting attempts to see the child. It will be reviewed at the April All Staff meeting the critical need to document all attempts at contact and the need to coordinate the next appropriate action steps so the child can be seen in a timely manner. This will be monitored through routine supervision with the case workers, and a review of cases</p>	<p>Accepted. 03/25/26 [REDACTED]</p>

	<p>seen on [REDACTED] which is beyond 10 days.</p>	<p>emergency protective custody has been taken, is needed, or if it cannot be determined from the report whether or not emergency protective custody is needed. Otherwise, the county agency shall prioritize the response time for an assessment to assure that children who are most at risk receive an assessment first.</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>		<p>determined by random selection through the CQI unit weekly.</p>	
<p>3490.55 (a)(b)(c)</p>	<p>In 01 of 10 CPS records reviewed, the child was not seen immediately or within 24 hours of receipt of the report. The report was received on [REDACTED] and the child(ren) were seen on [REDACTED], which exceeded the 24-hour timeframe.</p> <p><i>This is a repeat citation from the Provisional Licensing Inspection in September 2025.</i></p>	<p>a. Except as provided in subsection (b), the county agency shall begin its investigation within 24 hours of receiving a report of suspected child abuse. Upon beginning its investigation, the county agency shall see the child within 24 hours of receipt of the report.</p> <p>b. The county shall begin the investigation immediately upon receipt of a report of suspected child abuse and see the child immediately if one of the following applies:</p> <ol style="list-style-type: none"> <li>1. Emergency custody has been taken or is needed.</li> <li>2. It cannot be determined from the report whether or not</li> </ol>	<p>The agency is expected to come into compliance immediately and ongoing.</p>	<p>In this case the report was investigated prior and the Supervisor was under the impression the case was going to be made into a Supplemental report. That did not occur. It was reviewed will all supervisors ensure the request for reevaluation is sent immediately when there is suspicion that the case has already been investigated and to monitor the alerts for notification of the decision. It was also reviewed that when supervisors switch shifts on emergency duty to alert the next supervisor through the email chain so they can continue to expect a ChildLine notification or send a staff out. This was reviewed with All supervisors in Jan of 2026 and again in March of 2026. This is being monitored by the CQI unit which draws a random selection of cases weekly and the Director who meets with the Supervisors</p>	<p>Accepted. 03/25/26 [REDACTED]</p>

		<p>emergency protective custody is needed</p> <p>A plan should be developed to ensure that this mandate is being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.</p>		<p>daily to review the cases that came in the day prior.</p>	
<p>3490.61(a) 3490.61(c)</p>	<p>In 01 of 10 CPS case records, and 01 of 10 Placement case records, the supervisory reviews were not completed within the identified timeframes.</p> <p>In the CPS case record, the report was received on [REDACTED]. The 10-day supervisory reviews were not completed as required. The reviews were documented on [REDACTED].</p> <p>In the Placement case record, the report was received on [REDACTED]. The monthly supervisory reviews were not completed as required. The supervisory reviews were documented on [REDACTED].</p>	<p>The county agency supervisor shall review each report of suspected child abuse which is under investigation on a regular and ongoing basis to ensure that the level of services are consistent with the level of risk to the child, to determine the safety of the child and the progress made toward reaching a status determination. The supervisor shall maintain a log of these reviews which at a minimum shall include an entry at 10-calendar day intervals during the investigation period.</p> <p>When as case is accepted for service, the county agency shall monitor the safety of the child and ensure contacts are made with the child, parents, and service providers through monthly supervision.</p> <p>A plan should be developed to ensure that this mandate is</p>	<p>The agency is expected to come into compliance immediately and ongoing.</p>	<p>Supervisors will be reminded at the leadership meeting on March 29<sup>th</sup> to make provisions to have their cases reviewed if they are going to be out of the office. The agency has changed its practice to have additional supervisors available to review cases if a supervisor is out of the office. This revision occurred in December of 2025 for the assessment unit. Ongoing unit will have their supervisions scheduled so there is an overlap of time to ensure the regulation is met. This will be monitored by the Director and Assistant Director during routine supervisions and the CQI unit who pulls a random selection of cases weekly.</p>	<p>Accepted. 03/25/26 [REDACTED]</p>

		being met. The plan should state the staff position that is responsible for the review and enforcement of this policy with staff. The plan should also include a date when this plan will be implemented.			
<b>THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE NO LATER THAN : March 30, 2026</b>					
					
Y REPRESENTA		TITLE			
3-25-26					
DATE		MBER			