



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate **LACKAWANNA CO DEPT OF HEALTH & HUMAN SERVICES/OFFICE YFS**
NAME OF FACILITY OR AGENCY

Located at **LACKAWANNA COUNTY OFFICE, 123 WYOMING AVENUE, SCRANTON, PA 18503**
(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 **May 16,** **2023** until **November 15,** **2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **213051**

Jessie 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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

Mailing Date: June 23, 2023

██████████ | Lackawanna County Commissioner
Lackawanna County Government Center
123 Wyoming Avenue, Sixth Floor
Scranton, Pennsylvania 18502

RE: Lackawanna County
Office of Youth and Family Services
123 Wyoming Avenue, Fourth Floor
Scranton, Pennsylvania 18502
License Number: 213051

Dear County Commissioner ██████████:

The Department of Human Services (Department) conducted its annual licensing inspection of the above-named Agency on January 9th, 2023 – January 17th, 2023. The enclosed Licensing Inspection Summary (LIS) details the areas of non-compliance with 55 Pa. Code Chapters 3130 and 3490 found during the review.

Failure to comply with the applicable regulations as specified in the enclosed LIS is the basis for issuance of a first PROVISIONAL Certificate of Compliance (# 213051) (see 62 P.S. § 1008; 55 Pa. Code §§ 20.54 (a), 20.71(a)(2) and 20.71(a)(4)). The Department is issuing Lackawanna County Office of Youth and Family Services the first provisional Certificate of Compliance (# 213051) for the time period from May 16, 2023, through November 15, 2023 (see 55 Pa. Code §§20.54 (a), 20.71(a)(2) and 20.71(a)(4)). The Department reviewed and approved the Agency's revised Plans of Correction for the enclosed LIS in May 2023.

Please note that a maximum of four consecutive provisional Certificates of Compliance may be issued to a legal entity for each specific agency (see 55 Pa. Code § 20.54(c)). Failure to implement the Plan of Correction could result in revocation of your Certificate of Compliance. As a reminder, 55 Pa. Code § 20.56 requires that the Certificate of Compliance be posted in a public place at your agency.

OFFICE OF CHILDREN, YOUTH AND FAMILIES

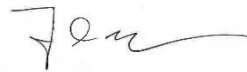
If you disagree with the decision to issue a Provisional Certificate of Compliance, you have the right to appeal through a hearing before the department's Bureau of hearings and Appeals. If you decide to appeal, a written request for an appeal must be received at the following address within thirty (30) days of the mailing of this letter:

[REDACTED], Northeast Regional Director
Department of Human Services
Office of Children, Youth, and Families
100 Lackawanna Avenue
Scranton, Pennsylvania 18503

If you do not choose to appeal, the decision of the Department will become final thirty-one (31) days from the mailing date of this letter.

The Department has worked closely with you and your staff to identify areas of needed improvement and provide technical assistance and will continue to provide support and technical assistance to the Agency throughout this process. We look forward to continued collaboration with the Agency and will address any questions you may have regarding this process or letter.

Sincerely,



Laval Miller- Wilson
Deputy Secretary

Enclosures:
Licensing Inspection Summary – January 2023
PROVISIONAL Certificate of Compliance

c: (via email only)

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

**COUNTY CHILDREN AND YOUTH AGENCY
ANNUAL SURVEY AND EVALUATION SUMMARY**

NAME OF AGENCY/FACILITY: Lackawanna County Department of Human Services Office of Youth and Family Services				TELEPHONE: 570-963-6781	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: Lackawanna County Government Center, 123 Wyoming Avenue, Fourth Floor, Scranton, PA 18503				COUNTY: Lackawanna	[REDACTED]	5-15-2023
INSPECTED BY: [REDACTED] [REDACTED]				INSPECTION DATES: 01/09/2023- 01/13/2023; 01/17/2023	Program Representative: [REDACTED]	5-15-2023
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Supervisor: [REDACTED]	5.15.2023
	X				Regional Director: [REDACTED]	

The Department of Public Welfare, Northeast Regional Office of Children, Youth and Families, conducted the annual licensing inspection of Lackawanna County Office of Youth and Family Services by means of a random sample record review, interviews with administrative, supervisory, and casework staff, internal policy/procedures review, personnel record review and agency fiscal documentation review. In addition, site visits were conducted on agency resource/kinship resource homes.

The case sample was drawn from cases assigned to all program units and casework functions within the agency. Ten (10) Child Protective Service Intake records from a total of 858, ten (10) Placement records from a total of 155, ten (10) General Protective Services Intake records from a total of 3756, ten (10) screened-out records from a total of 927, twenty-two (22) new agency Resource Family Home records, three (3) Adoption records from a total of 31, 10 Ongoing/In-home Services records from a total of 230, and personnel records of new employees were reviewed during the licensing inspection. In addition to program unit records, the Department reviewed the following administrative items: Current organizational chart with caseload count for each person carrying cases; completed copy of the agency's policy and procedure manual, current list of Advisory Committee members and addresses; copy of the Advisory Committee By-Laws and minutes of meetings for the past year; 10-day supervisory logs; MDT meeting minutes and training records for all staff. It should also be noted there were 142 additional GPS and 2 CPS referrals reviewed for regulatory compliance in the area of timely outcome determination. The results of those reviews are also included in this inspection.

The Department received a complaint during the same time period of the annual review; therefore, those records were also reviewed resulting in additional regulatory violations included in this licensing inspection summary and designated as such.

During the course of the inspection, the following were identified as areas needing technical assistance: accurate completion of safety assessments, proper labeling of photographs and proper documentation of contact with families.

Quality Service Review (QSR):

A QSR was not held during this review period.

All case specific regulatory references contained within the License and Inspection Summary do not contain specific identifying demographic data due to statutory prohibitions relating to confidentiality.

Chapters 3350, 3700, 3130, 3490, CPSL and Chapter 20 were reviewed during the annual licensing review. Based on violations with regard to Chapters 3130, 3490, the CPSL, Act 119 and relevant Bulletins, the Department of Human Services, Office of Children, Youth and Families is issuing the following citations which require a plan of correction.

REGULATORY FINDINGS REQUIRING PLAN OF CORRECTION

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.232 (e); CPSL 6375(c)(1) (1.1)	<p>The outcome determinations for 142 GPS referrals that were reviewed for timeliness during the annual licensing inspection were determined to not have been filed timely with ChildLine as required.</p> <p>Of the 142, 11 were submitted by the caseworker to the supervisor but there was a delay for the Supervisor submitting the outcome to CWIS. In 3 of these, the outcome was submitted by the caseworker within the 60 days, but, because of the delay in submission to CWIS, the outcome was not submitted timely as required by the CPSL.</p>	<p>The county agency shall complete an assessment within 60-calendar days to determine whether or not the child and family should be accepted for general protective services, be referred to another agency for services or close the case.</p> <p>The county agency shall immediately notify the department upon the completion of the assessment whether the family was accepted for services or referred to community services.</p>	Immediately and ongoing thereafter with 100% compliance	<p>Effective immediately caseworkers will submit investigations on or within the 60-day investigatory timeframe.</p> <p>Effective 4.6.23 the agency embarked upon a reorganization of all specialty OYFS staff. The agency went from 5 identified intake workers to 12. While this will significantly impede other agency functions, it is the intention that we will be better able to manage intake investigations and regulatory timeliness going forward.</p> <p>QA will continue to monitor the backlog of cases from docushare submitted after 60 days. The QA clerk will follow-up with workers</p>	<p>Elements of POC approved absent unrelated commentary. OCYF NERO will continue to communicate with the agency and provide technical assistance within the purview of the regional office.</p> <p>■ 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>and supervisors each month to ensure the investigations get submitted. A monthly report from ACYS will be submitted to the Program Managers and OYFS Deputy Director/Director. Managers will review the report and repeated noncompliance by OYFS staff, determined to be within the reasonable control of the supervisor and caseworker, will result in progressive disciplinary action.</p> <p>In addition, OYFS created two responder positions to assist Intake with the number of referrals being received. In addition, the agency is advertising for on-call/emergency service positions to also help alleviate the turnover of cases received after hours adding to the overall burden and caseload.</p> <p>As per the recent collective bargaining agreement, salaries have increased. OYFS hopes the increase will bring in interested employment candidates and also aid in the retention of staff.</p> <p>For background, CWIS was implemented in 2015 as a centralized electronic reporting system for all counties to submit their referral outcome determinations. As a new system, many technical issues</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>occurred regarding the submission, processing, and transmission of those referrals. This created many issues for counties and a backlog of referrals needing resubmission in CWIS and creating an unnecessary burden. OYFS worked diligently and collaboratively with OCYF to resubmit all referrals. OYFS attended monthly CWIS meetings to assist in perfecting the CWIS system and the technical workflow. OYFS then worked with their own system vendor to create alerts and notifications with the ability to immediately address and resolve failed transmissions of referrals. In conjunction with the technical piece, OYFS created a stringent workflow within its practice to ensure all referral outcome determinations were submitted timely. For over six years, with these processes in place, OYFS successfully manages to submit referrals timely with a very limited and minimal backlog. Even during the pandemic, OYFS maintained an overall successful rate of timely submission of referrals to CWIS. However, post pandemic and several events that have occurred over the past year, including a questionably motivated criminal investigation by the Scranton police</p>	


1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>department into agency responses to dirty houses primarily in impoverished communities where no child injury was found. It should be noted that this department arrests citizens for low-level crimes more frequently than 62% of police departments in the nation and is 7.5 times as likely to arrest a person of color for these low-level offenses than a white person. The publicity surrounding this seemingly biased investigation has disrupted the agency and created a myriad of issues. It created an atmosphere of stress, fear and panic resulting in an increase of staff resignations and retirements while concurrently creating a decrease in prospective employee applicants. Based upon the conduct of the investigation, it is believed that bad actors in the police department are routinely using threats and intimidation to solicit any shred of dubious confirmatory information while disregarding the vast quantity of exculpatory evidence that should have been amassed to date. It can be logically concluded, given the inability to bring sustainable charges and the absence of criminality, the investigation's primary outcome appears to be the denigration and defamation of both individuals in the agency</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
				<p>as well as the entire mission, vision, and practice of the agency. Ultimately, we believe that the ethically challenged and legally questionable investigation by the aforementioned bad actors have made the children of Lackawanna County unsafe by decimating the workforce. OYFS was also experiencing other staff deficits, that in normal circumstances would have been absorbed into the caseloads spread out through the agency. However, currently with caseworkers on maternity leave and other caseworkers and several support staff on medical leave plus the the death of valued colleague, QA's data clerk the ability to respond within regulatory times frames is becoming increasingly difficult and in some case impossible. Additionally, the loss of support staff created more work for the now limited number of caseworkers. To date, OYFS is at a 50% vacancy rate for caseworkers. While the State (OCYF) and Pennsylvania Supreme Court has given Lackawanna County accolades for its performance and practice for nearly 2 decades, the current performance relative to the annual licensing is not a representation of this practice. It is both a representation of a campaign to deplete our</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>workforce to further a personal agendas by several bad actors in law enforcement as well as the nationwide social services workforce crisis. We have had and will continue to have conversations with the Northeast Regional office to help us manage this increasingly untenable position.</p> <p>During OYFS annual licensing review a list was provided of a backlog of untimely referrals needing immediate attention. Based on the number of staffing issues and lack of staff, OYFS triaged the process of managing the backlog of referrals and took immediate action and a first plan of correction. OYFS reviewed all cases on the initial provided lists and in full transparency, responded on the status of each referral to the regional representatives. Then an internal process was initiated for QA to send emails to each caseworker and supervisor instructing to provide a status of the referral and/or to complete and submit to CWIS.</p> <p>Upon further review, OYFS determined each referral met the initial responses ensuring the immediate safety. If it was determined children were at risk or unsafe, OYFS prioritized safety first and the processing of those referrals. However, with a</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>very limited intake casework staff and the number of referrals received, completion of paperwork and final submission to CWIS was proving insurmountable.</p> <p>From March 1st, 2023, through March 17th, 2023, OYFS received 242 new GPS referral, 71 CPS referrals 67 supplemental referrals. A total of <u>380</u> referrals. During this time workers were able to submit approximately 48 referrals to CWIS. In comparison, during the same time in 2022 but with more staff, OYFS received <u>353</u> new referrals but was able to complete and submit 308 referrals. Similar results for 2021. OYFS received 357 new referrals and 332 were completed and submitted to CWIS.</p> <p>This demonstrates OYFS' current employee deficit is affecting the ability to complete paperwork In addition to correcting the untimely referrals and an effort to meet regulatory responsibilities, OYFS is actively triaging the staff shortage. OYFS is listing job vacancies in various outlets, including local and out of county newspaper outlets, social media and employment apps.</p> <p>OYFS created two responder positions in order to assist Intake with the number of referrals</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>being received. In addition, the agency is advertising for on-call/emergency service positions to also help alleviate the turnover of cases received after hours adding to the overall burden and caseload.</p> <p>As per the recent collective bargaining agreement, salaries have increased. OYFS hopes the increase will bring in interested employment candidates and also aid in the retention of staff.</p> <p>Management began a monthly topic focused training to address performance and practice issues in the agency. These are one hour</p> <p>OYFS also brought in a trauma specialist to help staff through these difficult times, process recent events and have a support person to go to when in need.</p> <p>We had requested technical assistance from the Northeast Regional Office (NERO) of OCYF regarding how to effectively triage referrals, responses, and home visitation with a workforce that numerically is unable to respond to the total demand in the timeframes required. However, based upon recent correspondence from NERO, we</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				understand that they can provide no guidance, support, or assistance beyond audits and highlighting agency deficits.	
3490.61(a); 3490.235 (e)	<p>In 2 out of 10 (20%) of the CPS Intake cases reviewed and 4 out of 10 (40%) of the GPS intake cases reviewed, supervisory reviews were not conducted every 10 days to ensure that services were consistent with the level of risk to the child, to determine the safety of the child and the progress toward reaching a status determination.</p> <p>The Department reviewed other records in conjunction with a complaint received resulting in additional violations in this area as follows:</p> <p>Case #1 and Case #2 - Supervisory reviews were not conducted every 10 days as required.</p>	<p>The county agency supervisor shall review each report of suspected child abuse and 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 are 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>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>Effective immediately supervisors will enter timely 10-day reviews that contain information consistent with the level of risk to the child and progress toward reaching the status determination.</p> <p>The QA department will pull a random sampling of 5 cases per intake unit (15 total) quarterly to assess that 10 day reviews are being entered timely and that the level of service is consistent with the level of risk. This will be tracked on the Licensing Policy review spreadsheet. The results will be distributed quarterly to the supervisors, program managers, deputy director, and director for review. QA/Managers will provide direct feedback to correct issues moving forward. Monitoring will begin May 1st.</p> <p>For context there are 800 open and assigned referrals.</p>	<p>POC Approved.  5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
CPSL 6340.1(d)	In 2 of the CPS Intake cases reviewed, where it was determined that notification to the medical practitioner was required, notification was not provided to the child's primary care provider of the status determination.	<p>In circumstances which negatively affect the medical health of a child, the county agency shall notify the certified medical practitioner who is the child's primary care provider, if known, of the following information:</p> <ol style="list-style-type: none"> (1) The final status of any assessment of general protective services or an investigation of child abuse, if the report of child abuse is indicated or founded. (2) Information on an unfounded report of child abuse if the certified medical practitioner made the report as a mandated reporter under section 6311. (3) If accepted for service, any service provided, arranged for or to be provided by the county agency. 	Within 30 days and ongoing thereafter with 100% compliance	<p>Beginning immediately, supervisors will review the regulatory guidelines for notification of medical practitioners to their Units/Teams during monthly meetings. Prior to CWIS Submission, Supervisors will review CPS intake referrals to ensure child's primary care physician has been notified of the status determination as per 6340.1.</p> <p>The QA Department will assist with reissuing the regulatory guidelines and notification letter to all staff for immediate reference and upload the document to the OYFS user manual for easy reference by June 1st.</p> <p>QA modified the existing monitoring tool, the <i>Licensing Policy Review</i> spreadsheet to review the randomly selected intake referrals and determine if medical practitioners are notified as required. The QA department will review if letters were sent as part of the quarterly random sample of 5 cases per intake unit (15 cases). If notification was not submitted QA clerk will notify the supervisor and caseworker to make the correction and send the notification. A follow up will be completed to ensure the correction was made and the spreadsheet updated to reflect</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				the correction. The Program Managers/Deputy/Director will review this spreadsheet quarterly with Supervisors to ensure completion and to discuss trends.	
3490.321 (e)(f)	In 1 out of 10 (10%) of the CPS Intake cases reviewed, the information in the case file was not utilized to rate the father on the risk assessment.	The county agency shall rate each factor in subsection (e) and shall provide documentation in the record to support the identified level of risk and to assure the child's safety.	Within 30 days and ongoing thereafter with 100% compliance	OYFS will reach out to CWRC to schedule a Risk assessment training to be held by July 1st. QA will use the existing Licensing spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance on ensuring appropriate family members are being rated on the risk assessment tool. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA/Managers so corrections can be made on risk assessments going forward.	POC Approved. █ 5/15/23
3490.321 (e)(2) (f)(1)(2)	In 1 out of 10 (10%) of the CPS Intake cases reviewed, all household members were not included on the risk assessment. The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:	The factors which shall be assessed by the county agency include the characteristics of household members. The county agency shall rate each factor in subsection (e) and shall provide documentation in the record to support the identified level of risk and to assure the child's safety. (1) Each factor shall be rated using one of the following designations:	Within 30 days and ongoing thereafter with 100% compliance	OYFS will reach out to CWRC to schedule Risk assessment training to be held by July 1 st . QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance on ensuring all appropriate family members are included on the risk assessment tool. This report will be submitted	POC Approved. █ 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
	<p>Case #1 - Closing Risk does not include all [REDACTED]'s at the [REDACTED] home where the [REDACTED] was residing. It is also unknown how risk ratings were assessed as there is no documentation of interviews with the [REDACTED] or [REDACTED].</p> <p>Case #1 - Ratings in the closing risk do not match case documentation.</p> <p>Case #2 - The ratings on the [REDACTED]/21 risk assessment are not supported by the information documented in the case. The risk appeared to be copied from the risk assessment that was previously completed in 2019 and referenced information during that assessment. The home conditions rating on the risk did not match the documentation in the case record.</p>	<p>(i) No risk. (ii) Low risk. (iii) Moderate risk. (iv) High risk. (2) If a county agency is unable to assess the risk of a specific factor listed in subsection (e), the county agency shall indicate the reasons in the record.</p>		<p>to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made on risk assessments going forward.</p>	
<p>3490.55(d)(4) 3490.232(g)</p>	<p>In 1 out of 10 (10%) of the CPS Intake cases and 4 out of 10 (40%) of the GPS intake cases reviewed, interviews did not occur with those persons who are known to have or may reasonably be expected to have information.</p> <p>The Department reviewed additional files in conjunction with a complaint received</p>	<p>When conducting its investigation, the county agency shall, if possible, conduct an interview with those persons who are known to have or may reasonably be expected to have, information relating to the incident of suspected child abuse including, but not limited to: (4) The reporter of the suspected child abuse, if known.</p> <p>The county agency shall interview</p>	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>In February 2023 our office held two sessions with workers where the components of an effective first response were reviewed, documented and sent out to all staff. Included in this write-up were identified interviewing tactics. The agency will conduct another training session in June 2023 regarding who should be interviewed/notified during the</p>	<p>POC Approved. [REDACTED] 5/15/23</p>


1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	<p>resulting in additional regulatory violations in this area as follows:</p> <p>Case #1 - There were multiple referrals received on the family from [REDACTED]/21 through [REDACTED]/22. The case notes do not reflect that the children were interviewed during any of the home visits that took place as a result of the referrals. The children were removed from the home on [REDACTED]/22 by law enforcement when code enforcement deemed the home unfit for human habitation.</p> <p>Case #2 - Interviews were not conducted with the children, no collateral contacts were made with the referral source, school, or medical providers on referral received on [REDACTED]/21.</p> <p>Case #3 - Interviews were not conducted with the children, household members or the referral sources on all GPS referrals; most notably during the assessment of the referral received on [REDACTED]/22 where the report of [REDACTED] being incarcerated for raping a minor and allegations that the victim child had bruising and a cut on [REDACTED].</p>	<p>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.</p>		<p>course of an investigation.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance with interviews with appropriate parties. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.</p> <p>In reference to Case #1. A random sample of the referrals show that interviews of children did occur. In addition, the agency requested the removal of the children when responding. The police did not remove until OYFS made the request. The inaccuracy recorded by NERO appears to be taken from a related search warrant when the inaccurate or misleading statement, among several, first appeared.</p> <p>In reference to Case #2 The children were observed in the home. Case notes indicate at the time of referral in 2021 the children were quarantined because of COVID. The worker returned a second time within the same day with full PPE's to evaluate the home, however, was denied access to the home</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
	<p>Case #3 - There were no interviews conducted with the children or the █████ related to a CPS referral received on █████/22.</p>			<p>and the █████ would only present the children at the door. The █████ agreed to do a video walkthrough of the home for the caseworker the following day to assess. No probable cause existed to request court intervention at that time.</p> <p>Case #3a An unannounced visit occurred on █████/22. The █████ denied photos and private interviews of the children. █████ refused a CAC interview. Given the charges against the █████ for the sexual assault of an unrelated minor, the worker should have consulted with the agency solicitor to determine if we had enough probable cause to pursue an order to compel for a CAC examination.</p> <p>Case #3b The case record indicated that the children were observed and spoken to, however, no documentation exists of a formal interview. Although █████ is on the risk assessment and safety assessment and stated █████ was cooperative there is only one note stating that the █████ was interviewed.</p>	
3490.55(e)	In 1 out of 10 (10%) of the CPS Intake cases reviewed, there was no documentation	The county agency shall record in writing the facts obtained as a result of the interviews conducted under	Within 30 days and ongoing thereafter with	The agency will conduct a training session in June 2023	POC Approved. █████ 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
	found in the case file recording the facts of the interview with the alleged perpetrator.	subsection (d) and any other interviews it conducts.	100% compliance	<p>regarding who should be interviewed/notified during the course of an investigation.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance interviewing alleged perpetrators. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.</p> <p>According to the notes on the disposition form, the AP was interviewed and admitted to the assault. A CAC was held on [REDACTED] 22 in the presence of the caseworker. However, Scranton SVU declined to follow-up with the investigation the arresting officer appeared to be on leave from [REDACTED] 2022 until [REDACTED] 2022 and was unable to interview the victim child. . The OYFS worker had offered to assist the police department to interview child victim, however, the charges were dropped by the DA because of the Scranton PD's failure to follow through with the investigation despite physical evidence, perp admission, and full disclosure of victim. It should be noted that the arrest occurred on [REDACTED]/22 however, police failed</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				to call in the report. OYFS received the report from a non-mandated source two days after the arrest who saw the injury on social media.	
3490.58(a)(2)	In 1 out of 10 (10%) of the CPS Intake cases reviewed, the [REDACTED] of the victim child was not notified of [REDACTED] rights under sections 6337 and 6338 of the Juvenile Act.	Except for the subject child, the county agency shall notify the subject who is about to be interviewed of: The subject's rights under sections 6337 and 6338 of the Juvenile Act (relating to right to counsel; and other basic rights)	Within 30 days and ongoing thereafter with 100% compliance	The agency will conduct a training session in June 2023 regarding who should be interviewed/notified during the course of an investigation. QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance interviewing and appropriate notification of parties. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.	POC Approved. [REDACTED] 5/15/23
3130.92, 3130.21(b) Safety Assessment and Management Process Bulletin	In 1 out of 10 (10%) of the CPS Intake cases reviewed, the conclusion of investigation safety assessment did not include all of the children and their parents.	The executive officers shall ensure that the agency is operated in conformity with applicable Federal, State and local statutes, ordinances and regulations. The Department may periodically issue bulletins for the purpose of clarifying and interpreting this chapter. The caseworker must consider ALL of the children residing in the home as well as all of the household	Within 30 days and ongoing thereafter with 100% compliance	The agency will coordinate with the CWRC to conduct a training by August 2023 regarding Safety Assessment. QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance with who should be included on the safety assessment. This report will be submitted to the managers, deputy director, and director for	POC Approved. [REDACTED] 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
		members in addition to the alleged perpetrator(s).		review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.	
3490.232(c); Statewide General Protective Services (GPS) Referrals 3490-20-08 Bulletin	<p>In 2 out of 10 (20%) of the GPS Intake cases reviewed, the agency did not assign a response time or meet the response time assigned.</p> <p>Case#1 - The agency received a report on [REDACTED]/2022 and did not assign a response time or make an attempt to assess the child. The agency then screened out the case on [REDACTED] 2023 indicating they were unable to locate the family although they obtained 2 different addresses and made no attempts at contacts.</p> <p>Case#2 - The agency did not see the other children in the home within 3 business days of the 1st face-to-face contact.</p> <p>GPS Outcomes: In 14 of the 142 (8.94%) GPS reports reviewed due to untimely outcomes, the identified response time was not met.</p>	<p>The county agency shall see the child immediately if 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>Cases may be screened out as long as the screen-out is appropriately documented and the assigned response times have been followed. The decision to screen-out a referral, and the reason for the screen-out must be transmitted to ChildLine no later than 30 calendar days after receipt of the referral, with documented approval by a supervisor.</p>	Immediately and ongoing thereafter with 100% compliance	<p>Effective 4.6.23 the agency embarked upon a reorganization of all specialty OYFS staff. The agency went from 5 identified intake workers to 12. While this will significantly impede other agency functions, it is the intention that we will be better able to manage intake investigations and regulatory timeliness going forward.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance with referral response timeliness and timely submission to CWIS. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.</p>	POC Approved. [REDACTED] 5/15/23
3490.234 (a)	In 3 out 10 (30%) of the GPS Intake cases reviewed, the case [REDACTED] were not notified of the receipt of the report alleging the need for general protective services and that	The county agency shall notify the parent 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	Within 30 days and ongoing thereafter with 100% compliance	In February 2023 our office held two sessions with workers where the components of an effective first response were reviewed, documented and sent out to all staff. Included in this write-up	POC Approved. [REDACTED] 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	<p>the county agency will conduct an assessment to determine the need for general protective services.</p>	<p>for general protective services. The notification shall be made verbally at the time of the initial interview.</p>		<p>were identified interviewing tactics. The agency will conduct another training session in June 2023 regarding who should be interviewed/notified during the course of an investigation.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance with interviews appropriate parties. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.</p>	
<p>3490.234 (b) (1-2)</p>	<p>In 5 out of 10 (50%) of the GPS Intake cases reviewed, written notice was not provided to the parents within 7 days of the agency's decision to accept or not accept the case for services.</p> <p>The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:</p> <p>Case #1 and Case #2 - Written notice was not provided to the family within 7 days of the date the family was accepted for services.</p>	<p>The county agency shall provide written notice to the parents and the primary person who is responsible for the care of the child of the county agency's decision to accept or not accept the family for general protective services within 7-calendar days of making the decision. If the county agency accepts the family for services, it shall include the following information in the notice:</p> <p>(1) The reasons why the county agency accepted the family for services.</p> <p>(2) The right of the custodial parent or the primary person responsible for the care of the child to appeal the county agency's decision that the child is in need of general protective services.</p>	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>On 4/17/23 our office redistributed clerical staff to more effectively meet the unit's clerical needs.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance with written notice of case acceptance or case closing. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.</p>	<p>POC Approved.  5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3490.321 (h)(1)	In 3 out of 10 (30%) of the GPS Intake cases reviewed, the risk assessment was not completed at the conclusion of the intake.	Periodic assessments of risk shall be completed by the county agency as follows: (1) At the conclusion of the intake investigation which may not exceed 60-calendar days.	Within 30 days and ongoing thereafter with 100% compliance	OYFS will arrange for a refresher Risk assessment training to be held by July 1 st . The agency will redistribute the risk assessment manual and review the information contained therein. QA will use the existing Licensing Policy Review spreadsheet to review 5 cases per unit (15 total), quarterly for compliance as to whether the risk was completed at the conclusion of an intake investigation. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made on risk assessments going forward.	POC Approved. █ 5/15/23
3490.321 (e)	In 2 out of 10 (20%) of the GPS Intake cases reviewed, the appropriate parties were not rated on the risk assessment. Case#1 – Neither the alleged perpetrator nor the case █ was rated on the risk assessment. Case #2 – The case █ were not rated on the risk assessment.	The factors which shall be assessed by the county agency include the following: (1) The characteristics of the environment in which the child abuse occurred including the history of prior abuse and neglect. (2) The characteristics of the parent, caregiver, household member, primary person responsible for the welfare of a child and perpetrator including history of drug and alcohol abuse. (3) The characteristics of the family including the history of family violence.	Within 30 days and ongoing thereafter with 100% compliance	OYFS will arrange for a refresher Risk assessment training to be held by July 1 st . The agency will redistribute the risk assessment manual and review the information contained therein. QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance on appropriate parties being entered and rated on the risk assessment. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the	POC Approved. █ 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				teams by QA so corrections can be made on risk assessments going forward.	
3490.321 (f)	In 2 out of 10 (20%) of the GPS Intake cases reviewed, the documentation found in the case record did not support the level of risk identified.	The county agency shall rate each factor in subsection (e) and shall provide documentation in the record to support the identified level of risk and to assure the child's safety.	Within 30 days and ongoing thereafter with 100% compliance	<p>OYFS will arrange for a refresher Risk assessment training to be held by July 1st. The agency will redistribute the risk assessment manual and review the information contained therein.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance surrounding the documentation found in the case record supporting the level of risk identified. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made on risk assessments going forward.</p>	POC Approved. <div style="background-color: black; width: 20px; height: 10px; display: inline-block;"></div> 5/15/23
3490.232(i); 3490.235(a)	<p>In 1 out of 10 (10%) of the GPS Intake cases reviewed, the agency did not arrange or provide appropriate services to assure the safety of the child during the assessment period.</p> <p>The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:</p>	<p>The county agency shall provide or arrange appropriate services to assure the safety of the child during the assessment period.</p> <p>The county agency shall provide, arrange or otherwise make available the same services for children in need of general protective services as for abused children under § 3490.60 (relating to services available through the county agency).</p>	Within 30 days and ongoing thereafter with 100% compliance	<p>Child was taken to the CAC and the report is contained in ACYS.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly to assess whether we are continuing to have children appropriately assessed at the CAC and to determine whether children are being seen by their PCP as necessary. This report will be</p>	Intake referral was received in <div style="background-color: black; width: 40px; height: 12px; display: inline-block;"></div> 2022; however, the CAC was completed on <div style="background-color: black; width: 20px; height: 12px; display: inline-block;"></div> /23 after the conclusion of the assessment; therefore, POC is required and



1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	Case #1 - The agency did not ensure a CAC interview was completed with the identified victim child. The child was also not seen by [REDACTED] doctor for a rash and marks [REDACTED].			submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.	has been submitted. POC Approved. [REDACTED] 5/15/23
3490.232 (f);	In 1 out of 10 (10%) of the GPS intake cases reviewed, the agency did not visit the child in the home in which they were reportedly residing.	The county agency shall see the child and visit the child's home during the assessment period. The 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.	Within 30 days and ongoing thereafter with 100% compliance	The agency will coordinate with the CWRC to conduct another training session in August 2023 regarding Safety Assessment. QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance as safety determinations are best made in the home within which the child resides. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.	POC Approved. [REDACTED] 5/15/23
3130.92, 3130.21(b) Developmental Evaluation and Early Intervention Referral Policy Bulletin 3490-21-01	In 1 out of 10 (10%) of the GPS cases reviewed, the agency did not complete a developmental screening on a child who was under the age of 3 and who was a subject of a substantiated report of child abuse/neglect.	The executive officers shall ensure that the agency is operated in conformity with applicable Federal, State and local statutes, ordinances and regulations. It is the responsibility of the CCYA to ensure that all children under three years of age, who have been a subject of a substantiated report of child abuse or neglect, are screened for developmental delays and referred for EI services, if	Within 30 days and ongoing thereafter with 100% compliance	QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance regarding developmental screenings on children under the age of 3 years. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA/Managers so corrections can	POC Approved; [REDACTED] 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
		needed based on any qualifying score, regardless of whether the child remains in their home of origin or is in out-of-home placement.		be made going forward.	
ACT 160 of 2004 Bulletin 3490-05-01	In 9 out of 22 (40%) of the Foster Care/Formal Kinship homes reviewed, the families were entered late or not entered into the Resource Family Registry as required.	Resource parent applicants assessed on or after January 29, 2005 must be registered upon approval/disapproval but no later than within 30 calendar days of such a determination.	Within 30 days and ongoing thereafter with 100% compliance	Once the family is given approval the Foster Care Supervisor will update the Resource Family Registry within 3 days of the approval to ensure compliance with the 30-day requirement. The Program Manager will be CC'd on notification that that home is approved. PM will then review in supervision newly approved homes within the last calendar month to ensure they were entered into the registry.	POC Approved. ■ 5/15/23
3700.62 (c) 3490.123 (a) ACT 160 of 2004 Bulletin 3490-05-01	In 1 out of 22 (4%) of the Foster Care/Formal Kinship homes reviewed, one of the household members did not have PA Child Abuse clearances completed prior to having a child placed in the home.	Effective January 1, 1986, foster family care agencies shall require prospective foster parents to comply with section 23.1 of the Child Protective Services Law (11 P. S. § 2223.1) and Chapter 3490 (relating to protective services). A prospective adoptive parent or a prospective foster parent shall submit a request for verification on forms provided by the Department. Anyone 18 years of age and older residing in the home, must submit requests for clearances and every 60 months thereafter.	Within 30 days and ongoing thereafter with 100% compliance	The placing supervisor will ensure that child abuse clearance checks are run at the time of placement. The foster care supervisor will review placement paperwork to ensure this was completed at the time of placement. If any error is found ■ will notify the program managers to rectify the issue immediately. The Program Manager will address the error with both supervisor and caseworker. Repeated noncompliance will result in progressive disciplinary action.	POC Approved. ■ 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
<p>3700.70(a)(3) 3130.21 (b)</p> <p>Child Placements with Emergency Caregivers Bulletin 3140-04-05 3490-04-01</p>	<p>In 2 out of 22 (9%) of the Foster Care/Formal Kinship homes reviewed, 2 had temporary approval exceeding 60 days from the placement of the child.</p>	<p>Foster families may be temporarily approved to provide foster care to children.</p> <p>Temporary approval of a foster family may be authorized for a maximum of 60 calendar days, starting from the date on which the FFCA places the foster child with the foster family.</p>	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>Lackawanna County OYFS will document a discussion with the placement family at the 40-day mark to discuss the home study needing to be completed by the 60-day mark or the placement may be disrupted. This will be documented in the foster care case record</p> <p>If at 40 days the home will require additional time for completion, the Foster Care supervisor will email the Foster Care Extension Motions spreadsheet to the guardian ad litem so they can determine if a court ordered extension is appropriate. The Foster Care Supervisor will CC the Program Manager when this is submitted, and the Manager will check in to see if the order was approved within 10 days of the spreadsheet being sent. If the motion is denied a placement move meeting will be scheduled.</p> <p>The Foster Care SV and Manager will notify the Deputy Director if there are issues and concerns with the process.</p>	<p>POC Approved. █ 5/15/23</p>
<p>3700.51(d)</p>	<p>In 1 of 11 Placement files reviewed, there was no initial dental appraisal completed and present in the records.</p>	<p>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 appraisal are available.</p>	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>QA will use the existing Licensing Policy Review spreadsheet to review 5 ongoing cases per unit (15 total), quarterly for compliance regarding initial dental appraisal of children in care. QA clerk will follow-up with the SV and CW to ensure the</p>	<p>POC Approved. █ 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				child was or will be seen by the dentist and will update the spreadsheet after this occurs. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made going forward.	
<p>3490.235 (g)(1)(2)</p> <p>3490.61 (c)(1)(2)</p>	<p>In 1 of 10 Placement cases reviewed (10%), the risk was determined to be high on [REDACTED]/22 (prior to the child's placement); however, the child was not seen weekly and child was not seen at all in the month of [REDACTED] 2022.</p> <p>In 2 of the 7 in home cases reviewed (29%), face-to-face contact was not made as required:</p> <p>In-Home Case #1 – The risk assessment on [REDACTED]/22 determined that there was high risk; however, the child was not seen weekly in the months of [REDACTED] 2022.</p> <p>In-Home Case # 2 – The risk was determined to be low and the caseworker made contacts from [REDACTED] 2022 to [REDACTED] 2022, but did not make contacts in [REDACTED] 2022 or [REDACTED] 2022, then made</p>	<p>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 purchase of service, 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 no less often than:</p> <ol style="list-style-type: none"> (1) Once a week until the 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 abuse occurred and the county 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: <ol style="list-style-type: none"> (i) Placed out of the home or setting in which the abuse occurred (ii) Not at a high risk of abuse or neglect 	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>OYFS will arrange for a refresher Risk assessment training to be held by July 1st. The agency contact the CWRC to schedule a re-training on Risk assessment.</p> <p>Administration will continually reinforce the importance of face-to-face contacts consistent with the assessed risk during the biweekly all-staff meetings.</p> <p>The existing Licensing Policy Review spreadsheet has been modified to include face-to-face contacts consistent with the assessed risk on both the in-home and placement tabs. QA and administration will review 5 in-home cases and 5 placement cases per unit (30 total), quarterly to determine compliance for face-to-face contact consistent with the risk assessment rating. The results of this review will be discussed in the biweekly manager and supervisor meetings. Feedback will be given directly back to the</p>	<p>POC Approved.</p> <p>[REDACTED] 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	<p>contact again on [REDACTED], 2022.</p> <p>The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:</p> <p>Case #1 - Case notes reflect 1 home visit to the home of the [REDACTED] on [REDACTED] 22, the date the child was transported for a trial home visit. The caseworker never returned to the home. Custody transferred on [REDACTED]/22, the case was closed and a referral was made to another county on [REDACTED]/22. The child was not seen in [REDACTED] 2022 or [REDACTED] 2022.</p>			<p>teams by QA so contacts are made consistent with the assigned risk and complete any outstanding contacts as soon as possible. Repeated failures to comply with this requirement after counseling sessions will be addressed through progressive discipline.</p> <p>Case #1 The court awarded custody to [REDACTED] in another county. The child was seen on [REDACTED]/22 and was assessed safe at the [REDACTED] court date, however, there is no record of a home visit between the [REDACTED] visit and [REDACTED] court date. A referral was made to the other county in [REDACTED]</p>	
<p>3130.21 (b) 3130.92</p> <p>Implementation of ACT 126 of 2006 Amending the Child Protective Services Law Bulletin 3490-08-02</p>	<p>In 3 of the 11 Placement files reviewed (27%), there were no updated pictures of all of the children present in the file at the time of review.</p>	<p>Act 126 amended § 6375 of the CPSL (relating to monitoring, evaluating and assessing) by requiring that, during the monitoring, evaluating and assessing of the case, meaning once a CPS or GPS case is accepted for ongoing services, annually updated photographs must be taken and that the identity of the children must be verified. Photographs must be taken of all children in the home, not just the subject child. Photographs taken must be labeled with the name of the child, the age of the child, the date and time the photo was taken, the</p>	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>QA will use the existing Licensing Policy Review spreadsheet to review 5 ongoing cases per unit (15 total), quarterly for compliance regarding updated child photos. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA and the QA clerk will ensure a new photo is entered within 30 days of the report and will note this on the spreadsheet. General feedback on compliance with photos will be communicated to</p>	<p>POC Approved. [REDACTED] 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
		location at which the photo was taken, the names of any witnesses present, and the name of the photographer. The annually updated photographs are to be kept in the family's case record.		ensure compliance going forward.	
3130.66(a)	In 3 of the 11 Placement files reviewed (27%), the county agency did not complete an FSP within 30 days from the date the child entered 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.	Within 30 days and ongoing thereafter with 100% compliance	<p>Program Manager will provide a monthly email of all new children who have come into care and the date their plan is due.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 placement cases per unit (15 total), quarterly for initial FSP creation compliance. This report will be submitted to the managers, deputy director, and director for review. The QA clerk will check that any delinquent plan is entered within 30 days of it being identified out-of-compliance and this will be noted on the spreadsheet. Feedback will be given directly to the unit so corrections can be made going forward.</p>	POC Approved.  5/15/23
3130.61 ©	In 5 of the 11 Placement files reviewed (36%), the FSP was not signed by all required participants.	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.	Within 30 days and ongoing thereafter with 100% compliance	QA will use the existing Licensing Policy Review spreadsheet to review 5 placement cases per unit (15 total), quarterly for signature compliance. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams to ensure changes are made going forward. The QA clerk will connect with the	POC Approved.  5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				<p>caseworker and supervisor to obtain correct signatures within 30 days that an error is identified. This will be noted on the spreadsheet.</p> <p>It should be noted that of the 5 cited, four had FSPs signed consistent with chapter 3130. The remaining case, which is also known to NERO, is related to a case where the [REDACTED] moved to whereabouts unknown immediately after the placement.</p>	
<p>3130.21(b) 3130.92</p> <p>Concurrent Planning Bulletin 3130-18-02</p> <p>Fostering Connections to Success and Increasing Adopt. Act of 2008</p>	<p>In 3 of the 11 Placement files reviewed (27%), the county agency did not identify relatives within 30 days to locate Kin.</p>	<p>Fostering Connections requires that the CCYA notify all adult relatives within 30 days of placing a child to inform them that the child has entered care and to determine if they are willing to become a resource for the child. In response to Fostering Connections, OCYF issued a Special Transmittal on February 24, 2009, requiring compliance with Fostering Connections, including notification of all adult relatives within 30 days of placing a child to inform them of their opportunities to offer assistance or become a resource for the child.</p>	<p>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>On 4/17/23 the clerical unit was redistributed in order to functionally streamline the work of the units. Additionally, members of our FEI team were each placed within the units. Their integration within the unit will support more effective kinship location.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 placement cases per unit (15 total), quarterly for compliance. This report will be submitted to the managers, deputy director, and director for review. If kinship was not notified, the QA clerk will check to see if kinship has been identified within 30 days of the office identifying were out of compliance. General feedback will be given directly back to the teams by QA/Managers so</p>	<p>POC Approved. [REDACTED] 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
				corrections can be made going forward.	
<p>3490.321 (e) 3490.321 (f) 3490.321 (h)</p>	<p>In 3 of 10 In-home records reviewed, the risk assessments did not include all of the required information.</p> <p>Case #1 - The risk assessment from [REDACTED]/22 does not include all of the people in the household.</p> <p>Case #2 - There was no risk assessment completed when changes were noted to the home and when child was removed from the home.</p> <p>Case #3 - There was no risk assessment completed upon case closure.</p> <p>The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:</p> <p>Case #1 - There was an opening date of [REDACTED]/2020 listed and a closing date of [REDACTED] 21, then case was reopened on [REDACTED]/22. From [REDACTED]/21 through [REDACTED]/22, the agency received 18 reports regarding the family; however, the only risk assessment found in the electronic file was completed on [REDACTED]/22.</p>	<p>The factors which shall be assessed by the county agency include the following:</p> <p>(1) The characteristics of the environment in which the child abuse occurred including the history of prior abuse and neglect.</p> <p>(2) The characteristics of the parent, caregiver, household member, primary person responsible for the welfare of a child and perpetrator including history of drug and alcohol abuse.</p> <p>(3) The characteristics of the family including the history of family violence.</p> <p>The county agency shall rate each factor in subsection (e) and shall provide documentation in the record to support the identified level of risk and to assure the child's safety. Periodic assessments of risk shall be completed by the county agency as follows:</p> <p>(1) At the conclusion of the intake investigation which 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>Within 30 days and ongoing thereafter with 100% compliance</p>	<p>OYFS will reach out to the CWRC to arrange for a refresher Risk assessment training to be held by July 1st.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 ongoing cases per unit (15 total), quarterly for compliance to ensure that the risk contains all the required information (participants, timeliness, documentation reflecting risk level – as captured by prior categories in this document). This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA so corrections can be made on risk assessments going forward.</p> <p>All referrals have a closing risk assessment except for a case that remained open. However, as cited throughout the document, the agency acknowledges the need for risk assessment training assistance.</p>	<p>POC Approved. [REDACTED] 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
	<p>Case #2 - The agency did not assess risk as often as necessary to ensure the child's safety. Caseworkers were at the home on [REDACTED]/21 and [REDACTED]/21 and documented the deplorable home conditions in the case record. The caseworker told the [REDACTED] to clean the home and did not make another attempt to see the home until [REDACTED]/21 which was unsuccessful. The home and children were not seen again until [REDACTED]/21.</p> <p>Case #3 - The risk assessment does not include all of the individuals residing in the home with the [REDACTED]</p> <p>Case #4 - The risk assessments do not accurately evaluate the safety and risk elements present within the [REDACTED] system. The case record documents a pattern of recurring themes of [REDACTED] engaging in addictive behaviors and transient situations, taking up residence with individuals with significant agency involvement. Risk assessment ratings are not supported by case events or [REDACTED] lack of participation in recommended services.</p> <p>Case #5 - Risk assessments</p>				

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
	<p>completed in 2022 do not accurately reflect the outstanding medical issues related to the child. Additionally, the condition of the home was noted to be "moderate" despite multiple safety concerns that led to condemnation. [REDACTED] cooperation was noted to be "low risk" despite the [REDACTED] consistent refusal to provide services to the children and allow the children to be evaluated for EI referrals. [REDACTED] were also requested to remove the 12 cats from the apartment and this was met with resistance.</p> <p>Case #6 - Risk Assessments did not accurately reflect the condition of the home. The home had been seen by multiple caseworkers to have garbage, food, wrappers, and other debris strewn throughout. At one point, the heat could not be safely turned on due to the debris piled along the walls of the home. [REDACTED] had mental health and physical health concerns that prevented [REDACTED] from meeting the needs of the children. These were also noted throughout the life of the case. [REDACTED] was frequently told that [REDACTED] had to clean the house, even had supports in place to</p>				

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	assist, but, despite these interventions, home conditions were not significantly improved throughout the life of the case. The risk assessments noted moderate risk, despite the presence of immediate health and safety threats to the children present in the home.				
3130.63(a)	<p>In 1 of 7 In-Home records reviewed (14%), the FSP was not updated every 6 months as required by regulation.</p> <p>The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:</p> <p>Case #1 – The case notes stated the case is open as of [REDACTED]/22 and assigned to an ongoing caseworker, but there was no FSP in the file.</p>	The county agency shall review service plans at least every 6 months.	Within 30 days and ongoing thereafter with 100% compliance	QA will use the existing Licensing Policy Review spreadsheet to review 5 ongoing cases per unit (15 total), quarterly for compliance regarding updates to the FSP required every 6 months as per regulation. This report will be submitted to the managers, deputy director, and director for review. QA clerk will check to see that plans out of regulation are updated within 30 days of the error being identified. This correction will be noted on the spreadsheet. General feedback will be given directly back to the teams by QA/Managers so corrections can be made going forward.	POC Approved. [REDACTED] 5/15/23
3490.235 (g) 3490.232(i) 3130.21(b) 3130.92 Safety Assessment and Management	<p>In 1 of 7 In-Home records reviewed, despite information obtained/observed during a home visit which determined the children unsafe, the county agency did not take action until 3 days later by obtaining custody of the children.</p>	<p>When a case has been accepted for services, the county agency shall monitor the safety of the child.</p> <p>The county agency shall provide or arrange appropriate services to assure the safety of the child during the assessment period.</p>	Immediately and ongoing thereafter with 100% compliance	<p>The agency will reach out to CWRC to conduct safety assessment training by August 2023.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review 5 ongoing cases per unit</p>	Elements of POC approved absent unrelated commentary. OCYF NERO will continue to communicate with the agency

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
<p>Process Bulletin 3130.21(b)</p>	<p>During a home visit on [REDACTED]/22, the caseworker obtained/observed information showing the child was not safe. The child was not removed until a subsequent visit by a different caseworker occurred on [REDACTED]/22. Actions to protect the child should have been taken on [REDACTED]/22 and a new safety assessment should have been completed at that time.</p> <p>The Department reviewed additional files in conjunction with a complaint received resulting in additional regulatory violations in this area as follows:</p> <p>Case #2 - The children were removed from the home on [REDACTED]/22 when PD took emergency custody of the children due to the home being determined by Code Enforcement to be unfit for human habitation. Allegations and referrals were received by the agency from [REDACTED]/21 through [REDACTED] 22 regarding the conditions of the home. Caseworker notes from visits at the times they reported to the home reflected that they were unable to walk through the entire house because there were dogs locked up in certain rooms. Actions to</p>			<p>(15 total), quarterly for compliance on concurrent referrals on ongoing cases. QA/Program Managers will review cases for completed notes and that the corresponding safety assessment is in line with the completed dictation. If there appears to be a discrepancy, Managers will meet the caseworkers and supervisors to review the case. The outcome will be documented in the spreadsheet. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA/Managers so corrections can be made going forward.</p> <p>Effective 4/7/23 – Caseworkers were notified that they are to complete all dictation and safety assessments in the field before moving on to their next response. This is to ensure that information is being correctly relayed between shifts and to ensure workers are using the fundamentals of safety assessment at the time the assessment is needed.</p> <p>On [REDACTED]/22, the responding caseworker missed a safety threat (a lock) on the weekend which was discovered by a review on the following Monday approximately 3 days later. The</p>	<p>and provide technical assistance within the purview of the regional office.</p> <p>[REDACTED] 5/15/23</p>

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	<p>protect the children should have taken place prior to the home being deemed unfit for human habitation on [REDACTED]/22.</p> <p>Case #3 - The agency caseworkers noted deplorable conditions in the home on [REDACTED]/21 and [REDACTED]/21 and did not provide or arrange for appropriate services to assure the safety of the children and left the children in the home.</p> <p>Case #4 - There were several points in the life of this case that court intervention was justified and the agency did not provide for or arrange appropriate services to assure the safety of the child in the home. [REDACTED] had abdicated [REDACTED] parental role to various individuals that [REDACTED] either allowed to move into [REDACTED] home or [REDACTED] resided with in their home; case files document that the [REDACTED] was frequently residing with individuals on a temporary basis. On 2 occasions, law enforcement responded to situations where The child was being cared for by individuals who were incapacitated due to drugs/alcohol or residing in a housing situation that was condemned by the Scranton Health Department.</p>			<p>caseworker was counseled on this issue and has had no previous history of discipline. On case # 2 the caseworker requested police take custody of the children upon observation of the current conditions. The police did not take custody prior to the agency's request. The police also inaccurately/misleadingly reported that circumstance in support of their search warrant.</p> <p>It should be noted that although Scranton Police filed complaints with NERO, on several cases the SPD saw the homes and did not take custody of the children indicating that they did not believe the children were unsafe. We understand due to the retrospective file review, NERO disagrees with that assessment and contrary to previous discussions and positions of the State, NERO believes that more children should be removed from their homes for non-abuse reasons and should be taken in to custody for risk. We will continue to have discussions with NERO and the State regarding this new and evolving position.</p>	

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
	<p>Case #5 - There was a consistent pattern of substandard housing and parental refusal to follow medical recommendations for the children. The [REDACTED] maintained a 2-room rental unit that was overcrowded and also housed at least 12 cats. Despite repeated referrals and multiple agency requests to the [REDACTED] to secure alternate and more appropriate housing, the [REDACTED] resided in the rental unit until it was condemned for health and safety violations. The agency did not provide for or arrange appropriate services to assure the safety of the children in the home.</p> <p>Case #6 - The agency was aware of home conditions being problematic as early as [REDACTED]/21. There were multiple referrals received since that date in which caseworkers went out and documented seeing clutter and garbage. In [REDACTED] 2021, the [REDACTED] was referred to homemaker services to help the [REDACTED] clean and organize the home. The [REDACTED] was restricted to the downstairs living room and kitchen due to the amount of clutter in the home. Numerous caseworkers documented garbage and food strewn throughout the home in 2022.</p>				

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	<p>Emergency order for removal of the children was filed on [REDACTED]/23 and they were placed in kinship care. The agency did not provide for or arrange appropriate services to assure the safety of the children in the home as protective actions should have been implemented prior to [REDACTED] 23 given the condition of the home.</p>				
3490.401 (b)	<p>The Department reviewed additional files in conjunction with a complaint received resulting in the following regulatory deficiencies related to the transfer of cases:</p> <p>Case #1 – The referral to another county was made via telephone, and the referral did not request parenting services or identify any current risk issues, unknown if required documentation was sent to the other county and no follow-up occurred with the other county.</p> <p>Case #2 – There was no documentation found in the case record to show that the caseworker spoke to anyone in Child Protective Services in the [REDACTED] to make a referral for the family or to confirm the receipt of the referral. There was a fax in the case record but no confirmation that anyone</p>	<p>When a report of suspected child abuse is under investigation, a report is being assessed to determine the need for general protective services or when a case has been accepted for protective services and the family moves to another county, and the address is known, the county agency shall:</p> <p>(1) Immediately telephone the receiving county agency and tell them:</p> <p>(i) The name and address of the child and parents.</p> <p>(ii) The reason for agency involvement.</p> <p>(iii) The status of the case.</p> <p>(iv) The services that were being provided.</p> <p>(v) The level of risk assigned to the case.</p> <p>(vi) Other information that would assist the receiving agency.</p> <p>(2) Within 24 hours of the phone call, send a fax to the receiving agency to confirm the referral. The faxed information shall contain:</p> <p>(i) The name and address of the</p>	Immediately and ongoing thereafter with 100% compliance	<p>By May 1st, Lackawanna County OYFS will review with all staff the internal practice as well as the regulation 3490.401 regarding sending and receiving written documentation for referrals transferred to another county or state. Attendance will be taken to verify.</p> <p>QA will use the existing Licensing Policy Review spreadsheet to review cases per intake and ongoing units quarterly for compliance with transferring cases of child abuse and neglect to other counties. This report will be submitted to the managers, deputy director, and director for review. The QA clerk will work with teams to ensure any cases identified where confirmation was not entered, is obtained and documented in the case file. QA will provide direct feedback to prevent issues going forward.</p>	POC Approved. [REDACTED] 5/15/23

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
	acknowledged the referral.	child and parents. (ii) The level of risk assigned to the case. (iii) The status of the case.			
3490.55 (g)	As part of a complaint that was received by the Department it was discovered that a CPS referral was investigated for serious physical abuse, specifically a [REDACTED]. The CPS investigation was determined to be unfounded. The case file review determined that the investigation lacked medical documentation to support the agency's decision.	(g) When investigating a report of suspected serious mental injury, sexual abuse or exploitation or serious physical neglect, the county agency shall, whenever appropriate, obtain medical evidence or expert consultation, or both. The county agency shall maintain a record of medical evidence or expert consultation, or both, obtained during its investigation, including one of the following: (1) The reasons why medical examination or expert consultation, or both, was secured and the results of the examination/consultation. (2) The reasons why medical examination or expert consultation, or both, was determined not to be necessary.	Immediately and ongoing thereafter with 100% compliance	Beginning immediately supervisors will review their CPS intakes prior to submission to CWIS to ensure they are in adherence to agency policy and state regulations regarding medical records and that the expert consultations are all well documented. Discussion surrounding documentation needs will occur by 5/1/23, attendance will be taken. QA will use the existing Licensing Policy Review spreadsheet to review 5 intake cases per unit (15 total), quarterly for compliance with appropriate documentation to verify determination outcomes. This report will be submitted to the managers, deputy director, and director for review. Feedback will be given directly back to the teams by QA/Managers so corrections can be made going forward.	POC Approved. [REDACTED] 5/15/23

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 BY: 03/18/2023 04/18/2023

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTIONOR RESPONSE	6. STATUS OF CORRECTION
[REDACTED]			Department of Health and Human Services Exec. Director		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE			TITLE		
April 18, 2023			[REDACTED]		
DATE			TELEPHONE NUMBER		