



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

Richard J. Gold
Deputy Secretary for
Children, Youth and Families

PHONE: (717) 787-4756
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MAR 23 2010

Ms. Kay M. Rupert, Director
Clarion County Children and Youth Services
Clarion County Human Services Building
214 South 7th Avenue, Suite B
Clarion, Pennsylvania 16214

RE: Clarion County Children and Youth Services
License #414820
Clarion County Human Services Building
214 South 7th Avenue, Suite B
Clarion, Pennsylvania 16214

Dear Ms. Rupert:

As a result of the Department of Public Welfare's licensing/approval inspection on December 22 and 23, 2010, of the above-named agency, we have noted areas of non-compliance. Your plan of correction has been reviewed and approved, and a copy of the signed Licensing Inspection Summary is enclosed.

A regular certificate is being issued based on the enclosed Licensing Inspection Summary. This certificate states compliance with Title 55, PA Code: Chapter 3130 and all other applicable supplemental program regulations. Your Certificate of Compliance is enclosed.

All areas of non-compliance listed on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the summary. As soon as each area of non-compliance is corrected, you must notify the Regional Office.

Sincerely,

Richard J. Gold
Deputy Secretary

Enclosures

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY Clarion County Children and Youth Services				TELEPHONE 814-226-9280	OCYF REGIONAL STAFF APPROVAL <i>[Signature]</i>	DATE 3-10-10
ADDRESS 214 S. 7 th Avenue, Suite B. Clarion, Pennsylvania 16214				COUNTY Clarion		
INSPECTED BY Wayne McNeill, Monica Allen-Chapman, Rick Tabor				INSPECTION DATE December 22,23, 2009	<i>[Signature]</i> <i>[Signature]</i>	3/11/10 3/11/10
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		
	X					

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 Department of Public Welfare conducted an annual Licensing Inspection of Clarion County CYS on December 22-23-2009. 9 placement cases were reviewed; 5 in-home cases were reviewed; 6 foster care files were reviewed along with the child and foster care parents. 18 CPS cases and 15 GPS cases were reviewed. There were no adoptions during 2008 completed in the agency. The agency had 1 adoption in 2009. 4 foster parent home files were and 6 foster child records were reviewed.

One adoption record was reviewed and found to be in compliance.

The county has seen a significant increase in referrals due to the proliferation of heroin into the county. In 2008 the county only saw 1 case involving a drug involved newborn but in 2009, the county saw 8 cases which is a significant increase for a county this small. Intake investigations have increased with the CPS referrals remaining relatively constant.

The county has begun to utilize FGDM which has also made an impact on getting families more involved. In the upcoming year the county QA data will be broken down by CW to determine if there are any workers who show particular strengths or needs in this area.

The County Placement days are tracked by hand based on monthly invoices and payments are tracked with MS Money.

Due to fiscal restraints the county had left a number of positions vacant and did not start ant new programs within the last fiscal year.

Foster care has also seen a significant drop in traditional foster care services since FY 04-05, it has dropped by 20%. Some of the drop can be attributed to the agency's overall commitment to work with families to prevent placements and, when placement does need to occur, kinship resources are pursued.


3130	In Compliance	None	N/A		
3350	In Compliance	None	N/A		

Clavion County CYS

12/22-12/23/09

3490 3700 Act 160	In Compliance 1 foster home was missing an FBI clearance in the file. Clearance was sent for but could not be located.	None. Agency must provide plan to ensure that all required household members clearances are received prior to approval of foster home.	N/A Immediately	That foster parent was required to be re-finger-printed. All foster home clearances will be in file prior to approval	PLAN ACCEPTED
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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:

	Administrator
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
3/5/10	814-226-9280
DATE	TELEPHONE NUMBER