pennsylvania
DEPARTMENT OF HUMAN SERVICES

CHILDREN, YOUTH & FAMILIES BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 11, 2020	**October 3, 2020**	3490-20-08

SUBJECT
Statewide General Protective Services (GPS) Referrals

BY
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Office of Children, Youth & Families

SCOPE:

COUNTY CHILDREN AND YOUTH SOCIAL SERVICE AGENCIES
PRIVATE CHILDREN AND YOUTH SOCIAL SERVICE AGENCIES
JUVENILE COURT JUDGES COMMISSION
ADMINISTRATIVE OFFICE OF PENNSYLVANIA COURTS
JUVENILE COURT JUDGES
COUNTY CHILDREN AND YOUTH SOLICITORS
COUNTY CHILDREN AND YOUTH ADVISORY COMMITTEES
PENNSYLVANIA CHILDREN AND YOUTH ADMINISTRATORS ASSOCIATION
COUNTY COMMISSIONERS
COUNTY HUMAN SERVICE DIRECTORS
COUNTY FISCAL OFFICERS

PURPOSE:

The purpose of this bulletin is to transmit to public children and youth agencies (herein referred to as county agencies) requirements related to a statewide policy establishing when a referral can be designated as a General Protective Services (GPS) report, screen-out protocols, and response times for GPS report assessments. This bulletin rescinds and replaces the Office of Children, Youth and Families (OCYF) Bulletin #3490-19-02, entitled Statewide General Protective Services (GPS) Referrals, which was issued on December 20, 2019 and effective on August 1, 2020. County agencies that already have policies related to screening out GPS reports and response times that provide for more immediate responses than the policy contained in this bulletin are permitted to continue with their individual agency policy.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: The appropriate OCYF Regional Office.
Central Region (717)772-7702 | Northeast Region (570)963-4376 | Southeast Region (215)560-2249 | Western Region (412)565-5728

ORIGIN OF BULLETIN:
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Visit the Office of Children, Youth and Families website at www.KeepKidsSafe.pa.gov

Additionally, this bulletin is meant to help ensure consistent, equitable, and appropriate responses to allegations that may require child welfare assessments It is our shared goal that General Protective Services assessments and investigations are assigned and completed in a manner that promotes racial and social equity and supports all children in achieving their highest potential.

BACKGROUND:

In 2008, Pennsylvania underwent its second federal Child and Family Services Review (CFSR). During this review, Pennsylvania was found to be "not in substantial conformity" with the federal performance standard for Safety Outcome 1 (children are, first and foremost, protected from abuse and neglect). Performance on Safety Outcome 1 is primarily determined by assessing the timeliness of initiating reports of child maltreatment. Of the cases reviewed for Safety Outcome 1, 57.7% were found to be "substantially achieved," which did not meet the 90% federally established standard. To compare, during the first CFSR in 2002, Safety Outcome 1 was found to be "substantially achieved" in 92.7% of the cases reviewed in Pennsylvania.

To meet the requirements of the subsequent federal Program Improvement Plan (PIP), OCYF surveyed county agencies to gather their individual policies related to response times for GPS reports. A draft policy was developed by OCYF based on the survey responses. This draft policy was distributed to the county agencies for comment in early 2011.

Many of the comments received by OCYF stated that it would be difficult for county agencies to meet the requirements of the draft policy. In response, OCYF convened a workgroup of county agency and OCYF staff to develop a statewide policy (see Attachment A for a listing of the 2011 workgroup members). The workgroup convened July 19, 2011, to develop a statewide policy pertaining to response times. As a result of all the feedback received, the workgroup determined that counties would be able to meet the revised response times and OCYF Bulletin #3490-12-01, Statewide General Protective Services Response Times, was issued in 2012.

In addition, guidelines were developed related to transitioning reports which were originally assigned as GPS reports to Child Protective Services (CPS) reports when necessary. These guidelines were distributed through a Special Transmittal issued by the department on August 1, 2012, titled Transitioning of GPS Cases to CPS Cases.

In 2017, Pennsylvania underwent its third CFSR, which found that the state was not in substantial conformity with Safety Outcomes 1 and 2 (children are, first and foremost, protected from abuse and neglect; children are safely maintained in their homes whenever possible and appropriate). In response, one goal that Pennsylvania identified in the subsequent PIP was to improve and enhance investigation and assessment practices to ensure quality assessment from first contact with the family through the entire life of a case. Two key activities of this work were undertaken by the Safety

Subcommittee of the Pennsylvania Child Welfare Council (see Attachment B for a listing of subcommittee members): first, assessing ChildLine and county agency application of appropriate thresholds when categorizing CPS and GPS reports to identify areas where further clarification and guidance may be needed; and second, collaborating with stakeholders to provide policy clarification regarding the notifications to counties when referral information is received that does not meet the threshold for a GPS referral.

This goal was also established to ensure that only those referrals where there is child welfare jurisdiction are sent to county agencies and/or OCYF Regional Offices. Previously, all referrals were sent to county agencies as a GPS when a child was the subject of a referral with no CPS concerns. Following the 2014 amendments to Pennsylvania's Child Protective Services Law (CPSL), investigating agencies were inundated with referrals. From 2012 to 2013, calls to ChildLine increased by 2%; from 2013 to 2017, those numbers increased by 20%. Categorizing referrals where no concerns for a child are alleged as "Information Only" referrals provides county agencies information that may be critical to their work but does not require specific action or response to the department regarding the resulting action. This lessens the burden on ChildLine staff and county agency staff who are then able to focus on referrals where safety, permanency or well-being should be assessed.

In 2018, the Child Welfare Council Safety Subcommittee determined through review of GPS screen-out data that additional guidance was needed to assist county agency staff in making assessment and screen-out decisions to ensure children and families are being appropriately served. The Safety Subcommittee reviewed screen-out policies across the nation, county agency policies, and the use of existing GPS categories in the Child Welfare Information Solution (CWIS) database to determine thresholds according to best practice, and what additional GPS categories would assist in assessment and tracking processes.

In December 2019, OCYF released updated guidance to address the issues stated above with an effective date of August 1, 2020. Following the release of the updated guidance, stakeholders requested additional clarification and through discussions with stakeholders, it was recognized that confusion regarding screen-out policies remained. As work was being done to further update the guidance and respond to remaining questions prior to the August 1st effective date, the COVID 19 pandemic hit Pennsylvania which impacted OCYF's ability to include system changes to CWIS required to implement the changes. The effective date of this bulletin was therefore pushed back to October 3, 2020 to allow for proper updates to CWIS and additional time to respond to any remaining questions about the bulletin prior to release.

DISCUSSION:

After receipt of a report of a child determined to be in need of general protective services, county agencies must make an immediate decision about how and when to respond to the allegation. This assignment of a GPS response time should be clearly documented in the record.

Sometimes reporting sources are reluctant or unable to provide detailed information at the time the report is being made. However, the county agency must make every reasonable attempt to uncover potential present and/or impending threats to a child's safety that may not be clearly evident.

When reaching out to reporting sources following receipt of a report, county agencies are to ask thought-provoking and information-seeking questions in order to uncover all available information regarding a child's safety that will lead them to make appropriate decisions regarding assignment of a response time. Reaching out to reporting sources supports information gathering efforts and is often a useful first step in determining if there is present or impending danger to a child. Consistent with the requirements of the In-Home Safety Assessment and Management Process (SAMP), the six domains related to information gathering are to be addressed when receiving a report. The six domains related to information gathering include:

- Type of maltreatment
- Nature of the maltreatment
- Child functioning
- Adult functioning
- General parenting
- Parenting discipline

It is critical that county agencies seek information regarding the child and family's prior history of child welfare involvement and consider this information in determining assignment of a response time. Prior referral history, previous indicated reports of abuse or neglect, and prior services provided to the family offer important context to inform decision making. County agencies should also utilize the six domains related to information gathering to assess the safety of a child and determine the most appropriate response time. An appropriate assignment of GPS response time is determined upon comprehensive information gathering. It often entails going beyond the circumstances of the maltreatment and the underlying motivations of an individual making a report.

There are many factors to consider when assigning a response time that goes beyond just the reason the report is being made. To develop a policy based on "blanket" examples for response times may cause county agencies to miss other important factors that contribute to child safety. For example, a report about a healthy, appropriate child 12 years of age being left home alone who knows how to call for help if needed should elicit a different response time than a child 12 years of age with significant physical, developmental, or behavioral health limitations being left home alone. To simply base a response time on the fact that a child 12 years of age is left alone may cause important factors with regards to child safety to be missed and an inappropriate response time to be assigned.

In the spirit of completing more thorough assessments and better understanding children and families, the workgroup that developed the response time policy in 2011

determined that the response times should be based on the In-Home SAMP Safety Threats and the Risk Factors from the Pennsylvania Risk Assessment Model. By taking this approach, county agencies assign response times based upon an assessment methodology that is uniform in nature with consistent statewide application.

Consistent with the In-Home SAMP, the following is a list of potential present danger threats:

- Maltreatment
  - Maltreating Now
  - Face/Head
  - Serious Physical Injury
  - Premeditated
  - Several Victims
  - Life Threatening Living Arrangements
  - Unexplained Injuries
  - Bizarre Cruelty
  - Sexual Abuse

- Child
  - Caregiver's Viewpoint of Child is Bizarre
  - Vulnerable Child is Unsupervised or Alone for Extended Period
  - Child Fearful
  - Child Needs Medical Attention

- Caregiver
  - Caregivers Are Unable to Perform Parental Responsibilities
  - Caregiver(s) of Origin Described as Dangerous
  - Caregiver of Origin is Out of Control
  - Caregiver of Origin is Intoxicated
  - Spouse/Partner Abuse Present
  - Family Will Flee

These potential present danger threats have direct connections to the 14 safety threats which are assessed during the In-Home SAMP. The following is a list of the 14 safety threats that are assessed during the In-Home SAMP:

1. Caregiver(s) intended to cause serious physical harm to the child.
2. Caregiver(s) is threatening to severely harm a child or are fearful that they will maltreat the child.
3. Caregiver(s) cannot or will not explain the injuries to a child
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur;
5. Caregiver(s) is violent and/or acting dangerously.
6. Caregiver(s) will not or cannot control their behavior.

7. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.
9. Caregiver(s) in the home is not performing duties and responsibilities that assure child safety.
10. Caregiver(s) lacks parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.
11. Caregiver(s) does not have or does not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.
12. Caregiver(s) perceives child in extremely negative terms.
13. Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregiver(s) will flee.
14. Child is fearful of the home situation, including people living in or having access to the home.

Consistent with the Pennsylvania Risk Assessment Model, the following is a listing of risk factors:

- Child Factors:
  - Vulnerability
  - Severity/Frequency and/or Recentness of Abuse/Neglect
  - Prior Abuse/Neglect
  - Extent of Emotional Harm

- Caregiver/Household Member/Perpetrator Factors:
  - Age, Physical, Intellectual, or Emotional Status
  - Cooperation
  - Parenting Skill/Knowledge
  - Alcohol/Substance Abuse
  - Access to Children
  - Prior Abuse/Neglect
  - Parental Relationship with Child

- Family Environment Factors:
  - Family Violence
  - Condition of the Home
  - Family Supports
  - Stressors

The following updates have been made to this bulletin based on the work of the Child Welfare Council’s Safety Subcommittee:

- Renamed timeframes to provide more clarity and to better differentiate between a moderate and low risk referral.

- More guidance pertaining to family well-being concerns in the low risk referral category.
- Addition of an “Information Only” category for referrals where there are no alleged concerns for a child.
- Guidelines for circumstances in which it is appropriate to screen-out a referral.

POLICY:

GPS THRESHOLDS:

Pursuant to 55 Pa. Code § 3490.223 (relating to definitions), a referral is categorized as a GPS report when services may be necessary to prevent the potential for harm to a child who meets certain conditions. In those situations, an evaluation is completed by the county agency to assess the individualized child and family need for services to prevent future harm and promote safety, permanency, and well-being. The following subcategories were identified and defined through DHS and county agency collaboration in conjunction with the GPS conditions identified in § 3490.223 (relating to definitions). These subcategories are to be used when identifying if a report meets the threshold of a GPS referral. If the report does not meet the threshold of a GPS referral as defined by the subcategories, additional referral types can be used as described later in this bulletin. The subcategories are used to identify the primary concern(s) of the GPS report and support consistent tracking of concerns across our county administered system. As stated above, the definitions and examples of the subcategories are nuanced and are provided solely to give direction to staff when determining if a report should be categorized as a GPS. The subsequent assessment would determine the validity of the GPS concerns reported.

It is important to note that the definitions and examples should be used to determine if there is a GPS concern. For example, the Subcategory “Intellectual Disabilities – Child” is defined as “A child who is exhibiting or experiencing symptoms related to an intellectual disability for which services may be needed or recommended and the parent/caregiver may be in need of assistance to manage or access services.” This is not to in any way imply that every child with an Intellectual Disability diagnosis is in need of GPS services. However, should a report come to a county agency and the GPS concern reported is that a parent is in need of assistance to manage or access proper services for their child related to the child’s intellectual disability, this would be appropriately categorized and assessed as a GPS.

GPS Subcategories	Definitions and Examples for the Subcategory
Abandonment	Child left alone or with others; caretaker did not return or make whereabouts known. The parent has arranged for a substitute caregiver and this person is unwilling or unable to continue to care for the child, the substitute caregiver's efforts to locate the parent are unsuccessful, and the parent has made no effort to contact the child or substitute caregiver, or to retrieve the child as originally planned. Refusal to accept custody of a returned runaway, delinquent child, or child returning from a completed residential treatment facility. This would include the blatant refusal of custody.
Adoption Disruption/Dissolution	Adoptive or pre-adoptive family is requesting support services or removal of adopted child.
Behavioral Health Concerns – Child	A child who is exhibiting or experiencing symptoms related to a behavioral health diagnosis that include but are not limited to: depression, mood instability, uncontrollable or unmanageable anger, self-harm or suicide ideation for which services may be needed or recommended and the parent/caregiver may be in need of assistance to manage or access services.
Behavioral Health Concerns – Parent/Caregiver	A parent/caregiver with unmanaged behavioral health concerns who is not receiving adequate care or following the prescribed treatment which impacts their ability to care for the child.
Child < 1 Year Old Who is Born and Identified as Having Fetal Alcohol Spectrum Disorder	A child under one year of age that has been diagnosed by a medical professional with Fetal Alcohol Spectrum Disorder using the clinical criteria developed by the American Academy of Pediatrics.
Child < 1 Year Old Who is Born and Identified as Being Affected by Substance Use or Withdrawal Symptoms Resulting from Prenatal Drug Exposure	A child under one year of age who was born and identified as being affected by legal or illegal substance use or withdrawal symptoms resulting from prenatal drug exposure.
Child Sexually Acting Out	Sexual behaviors that are concerning depending upon the age and developmental ability of the child such as unusual interest, age-inappropriate expressions of affection, regression of behaviors and/or knowledge of sexual matters beyond the age and maturity level reasonably acceptable of a child.
Conduct by Parent, Caregiver, or Household Member that Places Child at Risk or	Any action or failure to act by a parent, caregiver, or household member that directly or indirectly places the child at risk of harm. This includes individuals who engage in dangerous or illegal activities with the child present and permitting or failing to intervene when the child engages in high risk, illegal or harmful behaviors.

Fails to Protect the Child from Others*	**Does not include Parent/Caregiver Substance Misuse/Use Disorder or Behavioral Health Concerns of Parent/Caregiver.*
Delinquent Act by a Child Under 10 Years of Age	A child under 10 years of age who commits a delinquent act.
Domestic Violence	The willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner, family member, or household member (past or present) against another.
Expulsion (from Home)/ Lockout	Any time a child is expelled from the child's home of origin by the child's parents/caregivers without adequately arranging for the child's care by others.
Homelessness	The child or the child's family has no stable place to live. This includes living in a car, on the street, or staying in a homeless or other temporary shelter.
Inadequate Basic Needs (Clothing/Food/Hygiene)	Failure to provide for a child's basic needs, to include; • Inadequate clothing. • Inadequate food. • Inadequate hygiene. The periodic or continuing failure to provide adequate clothing for the health and well-being of the child. Examples of inadequate clothing include, but are not limited to: • Failure to provide clothing to protect the child from the weather. • Failure to provide clean clothes or under clothes as necessary for daily living. Failure to provide a child with sufficient nutrition to support proper health and growth. Inaction against washing the body or environment of biological or chemical threats that may cause sickness to the inhabitant. Inadequate hygiene also includes severe and persistent infestations (ex: scabies or head lice), not bathing regularly or as needed, not taking care of the child's teeth, and not properly disposing of human waste.
Inadequate Education	Any situation in which a child's educational needs are not being sufficiently met, excluding truancy.
Inadequate Health Care	Delay, denial and/or failure to provide a child with adequate medical, dental and/or behavioral healthcare that does not meet the criteria for suspected abuse as defined by the CPSL.

Inadequate Nurturing/Affection	Behaviors that communicate or constitute rejection or emotional neglect, but do not meet the criteria for suspected abuse as defined by the CPSL.
Inadequate Shelter/Housing	Failure to provide or seek to provide a physical or structural shelter which is reasonably safe, sanitary and which protects the child from the elements (weather conditions) or other risks. Examples of inadequate shelter include, but are not limited to: • Condemned housing. • Exposed, frayed wiring. • Housing with serious structural defects. • Housing which is a fire hazard. • Housing with an unsafe heat source. • Peeling lead-based paint within reach of a child. • Broken stairs or railings which could result in the child falling or being injured. • Broken windows that present a hazard. • Inadequate furnishings such as not having a safe place for a child to sleep.
Inappropriate Discipline	Discipline that is not appropriate given a child's age or developmental level or presents a threat to a child's safety or well-being and does not meet the criteria of suspected abuse under the CPSL. Inappropriate discipline includes but is not limited to the following: • Punishment imposed in instances when a child's behavior is beyond their own control (i.e. bedwetting, legitimate "accidents," etc.). • Excessive or strenuous physical exercise including forcing a child to run laps, complete push-ups, carry heavy rocks/objects, etc. • Punishment via denial of necessities including withholding of food, denial of use of the bathroom, denial of clothing, etc. • Singling a child out for ridicule. • Threatening or degrading the child or the child's family. • Use of harsh or demeaning language towards the child. • Punishment which might otherwise be deemed. appropriate, but is used for excessive/extreme periods of time.
Physical Injury (Perpetrator Relationship Unknown)	Child received an injury and the perpetrator relationship is unknown with no suspicion that the individual responsible for the injury meets the definition of a perpetrator under the CPSL. The referral should be re-evaluated to a CPS if the perpetrator is determined to have a CPSL defined perpetrator relationship or law enforcement official (LEO) referral if the perpetrator is identified but not determined to have a CPSL defined perpetrator relationship and there are no GPS concerns. A referral should immediately be sent to law enforcement regardless of categorization at any time an allegation includes a crime against a child.
Intellectual Disabilities – Child	A child who is exhibiting or experiencing symptoms related to an intellectual disability for which services may be needed or recommended and the parent/caregiver may be in need of assistance to manage or access services.

Intellectual Disabilities – Parent/Caregiver	A parent/caregiver with intellectual disability concerns who is not receiving adequate care or following the prescribed treatment which impacts their ability to care for the child.
Isolation	A family and/or child is isolated, hid, and kept from interacting with others. This may include a child with minimal community support or resources, detached from others involuntarily, secluded, or kept apart from others in a way that inhibits the healthy growth and development of the child, but the information does not meet the criteria of suspected abuse as defined by the CPSL.
Lack of Caregiver	When an emergent need renders a child without access to an adult or responsible caregiver. Examples: • Caregiver is taken into police custody, arrested or incarcerated leaving no one appropriate to care for the child. • Caregiver is hospitalized leaving no one to care for the child
Lack of Supervision	Child is without appropriate or sufficient supervision which could cause potential harm but does not endanger the child's life or health, threaten the child's well-being, cause bodily injury or impair the child's functioning. Factors such as child's age, developmental level, special needs and behavioral concerns should be taken into account. Other factors to consider include time of day, duration, frequency, access to parent or other adult in case of emergency, and the presence of other children.
Placed for Care or Adoption in Violation of Law	Placing a child for care or adoption in violation of the law occurs when a parent, legal guardian, other person having custody or control of a child, or agency, sells, gives to another caregiver through a permanent arrangement, or otherwise transfers custody or control of said child in violation of law. The child is not eligible, available, or free for legal adoption through dependency, licensed child placing agency, legal adoption, or Safe Haven laws.
Sexual Offense (Perpetrator Relationship Unknown)	A report of sexual offense committed against a child and the perpetrator relationship is unknown with no suspicion that the individual responsible for the offense meets the definition of a perpetrator under the CPSL. The referral should be re-evaluated to a CPS if the perpetrator is determined to have a CPSL defined perpetrator relationship or law enforcement official (LEO) referral if the perpetrator is identified but not determined to have a CPSL defined perpetrator relationship and there are no GPS concerns. A referral should immediately be sent to law enforcement regardless of categorization at any time an allegation includes a crime against a child.
Substance Use by Child	Child is voluntarily engaging in the use of alcohol, illegal or synthetic drugs, or misusing prescription, over-the-counter drugs or other substances.

Substance Use by Parent/Caregiver	The use or misuse of substances or alcohol by a parent/caregiver which may impair the parent's/caregiver's ability to adequately care for the child or poses a potential concern for the child's safety or well-being. May include alcohol, illicit or synthetic drugs, misuse of prescription drugs, over the counter medications, or other substances.
Truancy	Having incurred three or more school days of unexcused absences during the current school year by a child subject to compulsory school attendance. Six or more days of unexcused absences are considered habitual truancy. Compulsory school age means the period of a child's life from the time the child's parents elect to have the child enter school and which shall be no later than six years of age until the child reaches 18 years of age. The term does not include a child who holds a certificate of graduation from a regularly accredited, licensed, registered or approved high school or who has obtained a recognized high school equivalency credential, known in Pennsylvania as a Commonwealth Secondary School Diploma.
Ungovernable Child/ Child Behavior Problems/ Parent-Child Conflict	Parent/caregiver inability to control or manage the child's behavior, which may lead to conflict within the relationship and does not include child substance use, child sexually acting out, child behavioral health concerns, or truancy. May include delinquent acts such as vandalism, not adhering to curfew, or aggressive behaviors toward a parent, caregiver, or sibling. Child has committed a specific act of habitual disobedience of the reasonable and lawful commands of his parent/caregiver and who is ungovernable and found to be in need of care, treatment, or supervision. Ungovernable behavior is that which is difficult or impossible to control; not capable of being governed, guided or restrained; unruly; not readily ruled, disciplined or managed.
Other	No other category fits the concerns, but the information may necessitate providing protective services to prevent abuse or neglect, ensure the child's well-being and development, or to preserve or stabilize family life. This subcategory should be used infrequently, and a description of the concerns should be provided to ChildLine and documented in the family record.

GPS REPORT RESPONSE TIMES:

The CPSL, 23 Pa.C.S. § 6375 (relating to county agency requirements for general protective services) and 55 Pa. Code § 3490.232 (relating to receiving reports and assessing the need for services) require the county agency 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 based on any known prior history of child welfare involvement and the following criteria, which has been developed in accordance with the In-Home SAMP and the Risk Assessment Model.

1. **Immediate:** The information reported indicates that a Present Danger exists, which, by definition, meets the safety threshold. In order to reach the safety threshold, a condition must meet all of the following criteria: have potential to cause serious harm to a child; be specific and observable; be out of control; affect a vulnerable child; and be imminent. Present Danger is defined as an immediate, significant and clearly observable threat to a child actively occurring in the present.

2. **Within 24 hours (Priority):** The information reported indicates that an Impending Danger exists which meets the safety threshold and/or the information reported indicates that overall Risk Factors rated as high exist, which place the child in danger of future harm. An Impending Danger refers to threatening conditions that are not immediately obvious or currently active or occurring now but are out-of-control and likely to cause serious harm to a child in the near future. The information reported does not indicate the existence of Present Danger.

3. **Response must be within 5 calendar days (Expedited):** The information reported indicates that overall Risk Factors rated as moderate exist, which place the child in danger of future harm. The information reported does not indicate that Present or Impending Danger exists and does not meet the safety threshold.

4. **Response must be within 10 calendar days (General/Other):** The information reported indicates that overall Risk Factors rated as low exist, which may place the child in danger of future harm. The information reported does not indicate that Present or Impending Danger exists and does not meet the safety threshold.

REASONABLE EFFORTS TO ESTABLISH FACE-TO-FACE CONTACT:

When a response time is assigned, county agency staff must make reasonable efforts to establish face-to-face contact with the identified child within the assigned response time as noted above. Ideally, the identified child and the child's primary caregiver(s) should be seen within the response time so that an appropriate assessment of safety can be completed. However, consistent with the In-Home SAMP, there may be

instances when county agency staff must make the immediate, preliminary assessment and safety decision without seeing both the child and the primary caregiver(s) in order to ensure child safety. This may lead to the development of an immediate, preliminary safety plan. When this happens, the county agency staff must make reasonable efforts to see the other household members and persons involved with the case, including other children, within three business days for the safety assessment worksheet to be completed.

If during the process of the preliminary assessment of the identified child, the threshold of present or impending danger is not met, county agency staff must continue to make reasonable efforts to see the other household members and persons involved with the case, including children, within three business days for the safety assessment worksheet to be completed. 55 Pa. Code § 3490.232 (relating to receiving reports and assessing the need for services) requires that throughout the period of assessing the family for services, all household members must be contacted in order to thoroughly assess and manage the safety of the child(ren). The county agency is to also contact other individuals who are known or expected to have information that would be helpful in determining if there is a need for services. It should be noted that all aspects of the SAMP process should be completed and documented, however, all of these individuals do not have to be seen or contacted during the initial GPS response time period.

Due Diligence to Locate a Child and/or Family:

Diligent efforts must be made to locate a family when a GPS referral is received with an unknown or inaccurate address, or when the family changes addresses without notifying the agency. These efforts should be documented in the family case record. In order to maintain confidentiality of the child and family, the county agency staff should identify themselves as a county employee rather than a county children and youth agency employee when contacting an outside entity attempting to locate a current address. No case or referral information should ever be provided unless permitted by the CPSL. This will alleviate concerns of confidentiality specific to child welfare involvement. While reaching out to each of the following potential sources is not required for every child, diligent efforts must continue until the child and family are located or all resources are exhausted.

Resources for locating a current address may include, but are not limited to:

- Prior case information
- The post office of the last known address
- The family’s prior addresses
- The child’s school or child-care center
- Health professionals and health agencies
- The domestic relations or child support enforcement office
- Law enforcement officials
- Inmate locator/prison system
- Unified Judicial System Portal/Courts

- Megan's Law Website
- The county assistance office
- LexisNexis Accurint
- Referral source
- Known relatives and kin
- Known neighbors
- Known collaterals
- Social media

If the family's location is identified as being in another county or state, the referral should be transferred to that location for assessment.

SUPERVISION AND DOCUMENTATION:

Pursuant to 55 Pa. Code §3490.235(e) (relating to services available through the county agency for children in need of general protective services), the county agency supervisor must review GPS reports on a regular and ongoing basis to ensure the response times and level of services are consistent with the level of risk to the child, to determine the safety of the child, and to assess the progress made toward reaching a determination on the need for protective services. A log of all reviews should be maintained, with reviews occurring at least every ten calendar days during the assessment period until a determination is made.

Pursuant to 55 Pa. Code § 3490.236 (relating to general protective services records), GPS records should include all referral information, such as the allegations, the identification and location of the child, parent(s), and primary persons responsible for the care of the child, the date of the report, and the referral source. Ongoing assessment information should also be documented, to include:

- The names, relationships, and addresses of the people interviewed in conducting the assessment.
- The assessment of the environment.
- The risk and safety assessment results.
- The services provided and/or referred by the county agency during the assessment and how they are consistent with the level of risk to the child.
- The assessment outcome and rationale.

23 Pa.C.S. § 6337 (relating to disposition and expunction of unfounded reports and general protective services reports) requires the expungement of GPS reports from the statewide database ten years from the date the report is determined to be valid if the family is not accepted for services or from the date when the county agency closes services, or until the youngest child identified in the most recent GPS report turns 23 years of age, whichever occurs first. Once the noted timeframes are reached for GPS reports determined to be valid, but not accepted for services and those determined to be valid and accepted for services, the department must amend or expunge these

reports and send notification to the appropriate county agency of the amendment or expungement within ten calendar days of each specific GPS report. Once notification from the department is received by the county agency, the county agency may continue to maintain information regarding these reports to assist in future risk and safety assessments and research for an indefinite amount of time, or the county agency may amend or expunge these reports. When a county agency is tasked with expunging an outcome or record, the county agency may not expunge an outcome or record until the department first provides notice of the expungement.

NOTIFICATION AND EXCHANGE OF INFORMATION:

At the conclusion of a GPS assessment, the county agency must immediately notify the department of the outcome, which includes whether the report was determined to be valid or invalid and whether the family was accepted for services or referred to community services, per 23 Pa.C.S. § 6375 (related to county agency requirements for general protective services). The assessment outcome must be determined prior to the 60th day from the receipt of the referral, with the outcome determination submitted to ChildLine no later than the 67th day. The county agency shall also immediately notify the department upon the closure of services for a child or family that has been accepted for services.

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 final status of the GPS assessment and, if the family is accepted for services, any service provided, arranged for or to be provided by the county agency, per §6340.1(d) (related to notification by county agency). ‘Negatively affecting the medical health of a child’ includes GPS referrals which contain concerns related to the physical, behavioral and/or emotional health of the child.

Examples of circumstances that may negatively affect the medical health of a child could include but are not limited to: a child sexually acting out/sexual offense; inadequate healthcare; substance use by child; inappropriate discipline; or behavioral health concerns such as suicidal ideation. Examples of GPS referrals that may not negatively affect the medical health of a child include inadequate education, family isolation, adoption disruption or a delinquent act committed by a child under the age of 10. The notification should also include services provided, such as but not limited to: grief or other counseling, play therapy, transportation to medical appointments, or other services that would provide the physician with information helpful to their continued treatment of the child. The notification should not include specifics regarding the content of the initial GPS report, details regarding the person against whom an allegation was made or information regarding other children or members of the family. A notification may be made via phone, e-mail or a letter, and be documented in the case record. The notification should only state that a GPS assessment has concluded, was found valid or invalid, and which services the family is now receiving from the agency. The notification should be made when the assessment is concluded, and services are referred; the

county agency is not required to continue to update the primary care provider on the status of the services.

SCREEN-OUT POLICY:

It may be appropriate for the county agency to screen-out a referral received in cases where there is no impending danger identified or potential risk of harm to the child, or in cases where an allegation was proven to be false based on existing knowledge, such as a referral received regarding a family with an open case who is receiving services for the same concerns, or after the first contact with the family. First contact with the family refers to contact with both the identified child and any parents/caregivers in the home. This contact may take place within two visits or two locations, such as a caseworker seeing a child at school during the day and then seeing the child's parent/caregiver at home once the child is home from school in the afternoon.

Cases may be screened out as long as the reason for 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.

Examples of situations where a staff person may determine a referral is appropriate to screen-out may include: teenage relationships that do not include a perpetrator as defined by the CPSL; the determination that the allegation does not involve a child; the information is found to be inaccurate; the family is already opened for services and the alleged concern is known and being addressed.

The county agency shall not invalidate a received referral in these cases, but instead, should screen-out the referral and appropriately document the screen-out reason from the chart below. If a full assessment is determined to be necessary, and the allegations are deemed invalid through the course of that assessment, the referral should not be screened out but rather invalidated through the submission of an assessment outcome to ChildLine.

Screen-out reason options include:

Label	Definition
Referral made to community services	The referral did not allege concerns requiring a GPS assessment and community services can best address the family's needs or are already being provided.
Insufficient information to assess the GPS referral	The referral does not provide enough information to identify or locate the child/family after due diligence efforts are exhausted.

	In instances where it is determined that all identified Subject Children and Responsible Persons on a GPS either cannot be located or do not exist, it is appropriate for a county to screen the referral out for this reason. However, if this is not the case, and it is determined that one or more Subject Children or Responsible Persons on the GPS do exist, then counties should instead provide an invalid GPS outcome for the allegations associated with the individuals who either cannot be located or were determined not to exist.
Non-face-to-face contact, no further assessment required	The agency makes phone or other non-face-to face contact with the family or collaterals and determines no further assessment is required due to no impending danger or risk of harm.
One face-to-face contact made, no further assessment required	The agency makes one face-to-face contact with child/family and determines no further assessment is required due to no impending danger or risk of harm.
Concerns previously assessed	The concerns in this referral were previously assessed or investigated (same concerns and timeframe) with no impending danger or risk of harm identified. Documentation of prior assessment or investigation must exist. The family has an active case where services are being provided to address the same concerns. Documentation of the assessment of the concern must be in the active case record with a description of services being provided.
Location of family is out-of-state, and referral is transferred.	The family resides outside the jurisdiction of Pennsylvania and the referral was appropriately transferred.
Other reason not listed here	Any reason that does not fall into the above categories; must be specified.

County agencies should utilize all available information to objectively assess impending danger or risk of harm to a child prior to screening out any referral. Vulnerabilities, such as a newborn and a history of significant parental substance use, is an example of a referral which should be cause for significant consideration and should never be screened out unless one of the screen-out reasons above apply as there is a high potential for a safety concern. A verbal denial alone should not negate such as an alleged concern. In the case of some referrals, it may be difficult to ascertain the safety or well-being of the child and

careful consideration should be made by county agency staff to take into account the six domains and fourteen safety factors as described previously prior to screen-out decisions. Front line staff should always consult and get approval from a supervisor prior to screening out a referral. Screen-out decisions must be made within 30 days of the initial referral to the county agency.

When a Referral Should be Re-Evaluated:

A referral should not be screened out, but rather re-evaluated to the appropriate categorization through an electronic re-evaluation request to ChildLine with rationale documented, under the following circumstances:

- When additional information is received indicating there is a suspected crime against a child, and no GPS concerns exist - re-evaluate to a LEO.
- When additional information is received alleging that the incident or concern involved suspected child abuse - re-evaluate to a CPS.
    - For further guidelines regarding the re-evaluation from GPS to CPS reports, see the Special Transmittal referenced previously in this bulletin, titled Transitioning GPS Cases to CPS Cases issued in August 2012.
- When there is a prior referral with the same identified child, person(s) responsible, allegation(s) and associated timeframes – re-evaluate the current GPS to a Supplemental.

If there is a prior GPS report with the same identified child, person(s) responsible, allegation(s) and associated timeframes, but the prior report has been expunged, ChildLine will maintain the referral as a GPS report based on the allegations, and the county will need to do an assessment. Since the allegation was re-reported, there may very likely be new information that needs to be assessed. However, if written documentation (criminal documentation, children's advocacy center report, assessment outcome report maintained by the family, etc.) exists showing the exact same allegations during the same timeframe were previously assessed, and the previous report was invalid, the current report can be screened-out if no new information is provided.

If there is a current report categorized as a CPS, but a prior CPS report had the same identified child, person(s) responsible, allegation(s) and associated timeframes that was unfounded and expunged, ChildLine will maintain the referral as a CPS report based on the allegations, and the county will need to do an investigation. Since the allegation was re-reported, there may very likely be new information that needs to be investigated. However, if written documentation (criminal documentation, children's advocacy center report, investigation outcome report maintained by the family, etc.) exists showing the exact same allegations during the same timeframe were previously investigated, and the previous report was unfounded, the current report can be re-evaluated to a GPS

and not be re-investigated and then subsequently screened-out. If the report contains any new information or new disclosures are provided, the report should be reinvestigated with the new information.

When a Referral is Received Related to an Open Case:

If the new referral alleges the same concern, the county agency may screen-out the referral, as long as no new information suggests an impending danger or risk of harm for the child.

If the new referral alleges a new concern, the county agency must reassess the safety of the child. In an effort to ensure families are not confused by multiple, seemingly repetitive notification letters, the county agency must send a modified letter of notification to the family regarding the additional allegation. This letter shall make clear that an additional allegation has been received, and the agency will continue to work with the family on the existing open case. At the time a referral is closed and the work with a child and family is completed, one letter informing the family of the "closed" status will suffice and multiple letters on the separate referrals are not needed.

SUPPLEMENTAL GPS:

If a referral source provides information on a family with previous GPS history, the current referral should be made a Supplemental referral to the prior GPS if one of the following criteria is met:

- Current referral is reported within 30 calendar days of the original open GPS assessment, regardless of identified child, person(s) responsible and/or allegation(s). New allegations should be added to the outcome of the original GPS.
- Current referral is reported within 31-60 calendar days of the original open GPS assessment, with the same identified child and allegation(s), regardless of timeframe. Any new information should be included in the outcome of the original GPS.
- Current referral information details the same identified child, person(s) responsible, allegation(s) and associated timeframes as the prior assessed GPS. Additional information on Supplemental referrals can be found in the section above titled "When a Referral Should be Re-Evaluated."

Supplemental reports do not require an additional outcome.

REPORTS THAT DO NOT MEET THE THRESHOLD OF A GPS:

Information provided about a specific child that does not rise to the level of a GPS concern may fall into one of the following two categories:

1. **Courtesy Visits/Home Studies:** This category should be used if the information received is requesting courtesy well-checks, including those ordered by a court, home studies required by Interstate Compact agreements with child welfare agencies in neighboring states or counties and/or out of state concerns which Pennsylvania has no jurisdiction over.

   Courtesy Visits/Home Studies Policy: If a county receives a referral with a referral type of 'Courtesy Visit/Home Study' from ChildLine, and notices the referral created by ChildLine contains information which suggests there are concerns which are inappropriate for this referral type (i.e. GPS or CPS concerns), the county may request a re-evaluation of the referral. However, if the referral type is appropriately assigned as 'Courtesy Visit/Home Study' by Childline at intake, and the county then receives additional information which warrants the creation of a new referral type, the expectation is the county will not request the re-evaluation of the original referral, and will instead create a new referral for the newly identified concerns.

2. **Information Only:** The information reported indicates no observable threat to the safety of the child, no present or impending danger, and overall risk factors indicate no reasonable risk of future harm. The information reported does not indicate the family may need assistance in obtaining services due to general well-being concerns.

   Information Only Policy: Information received by ChildLine will be sent to county agencies when there is no allegation meeting the GPS thresholds defined previously in this bulletin but there is an identifiable child and/or family. There should be no indication of an observable threat to the safety of the child, no present or impending danger, and overall Risk Factors indicate no reasonable risk of future harm. The information reported does not indicate the family may need assistance in obtaining services due to general well-being concerns. All Information Only referrals should be reviewed by the county agency to determine if the agency is providing services to the family, if additional information is known, or if they believe the family should be assessed for services. Information Only referrals do not require county agency action and no response or outcome is required describing what action is taken.

   If a county agency feels there are GPS concerns or that the family should be assessed for services, they should request a re-evaluation from ChildLine to change the categorization of the referral to a GPS or CPS depending on the information known. If the referral is re-evaluated to a GPS or CPS, the statutory and regulatory requirements would begin on the date the referral is re-evaluated,

including statutory timeframes for investigation/assessment processes, and outcome information submitted.

Examples of Information Only referrals would include situations where there is a custody issue, but there are no concerns alleged for the child; lack of supervision deemed to be age and developmentally appropriate; behavioral health concerns of a child when the reporter is aware of services being received and the parent/caregiver do not need additional assistance; parents driving without insurance or a license but there is no risk to the child; parents using a legal substance that does not impact the safety of a child or cause impairment, such as smoking cigarettes in the house; teenagers smoking cigarettes; teenagers wearing shorts in the winter; or parents neglecting to provide necessities on one occasion to a child care center, such as an additional outfit or sunblock. Information Only referrals also include those situations where there is a notification of an infant born affected by prenatal use of legal substances, initiating the development of a Plan of Safe Care, but where there are no safety or well-being concerns for the child, such as due to use of SSRIs or long-term engagement in medication assisted treatment for an opioid use disorder or substance use disorder. Referrals can also be categorized as Information Only when there is no identifying information available or information that can lead to identification. For example, a bystander observes concerning parental conduct but does not obtain adequate identifiable information, such as a small child in a car without a car seat, but there is no license plate number provided and no other identifying information.

While a county agency is able to document and transmit Information Only referrals received directly by the county to the department, there is not a requirement for the documentation and transmission of this information.

TRAINING:

The 2011 PIP included a requirement that training relating to General Protective Services (GPS) report, screen-out protocols, and response times for GPS report assessments be developed and delivered to county agencies and OCYF Regional Offices. OCYF worked with the Child Welfare Resource Center (CWRC) to develop an electronic training that can be taken at the user's own pace, thereby leaving county agencies and OCYF Regional Offices the flexibility to take the training when able. In 2020, CWRC will update the online training titled “Statewide General Protective Services Response Times” and incorporate the information from this bulletin into Foundations Module 3: ‘CPS and GPS’. Both curriculums will be updated with the information prior to the effective date of the guidance within this bulletin.

Ideally, all county agency staff and OCYF Regional Office staff should take the training. However, those staff who make decisions regarding response times, are a part of assigning response times, or respond to reports must take the training. It is important to remember to include those county agency staff that cover emergency duty, but normally do not receive referrals or respond to referrals as part of their overall job duties at the county agency, since they may make decisions about response times during their emergency duty work.

Attachment A

2011 GPS Response Time Workgroup Members

Sarah Finkey	Adams County
Bruce Noel	Allegheny County
Lisa Eshbach	Berks County
Kirin McCaulley	Blair County
Marie Alexander	Blair County
Mark Castrantas	Bucks County
Joe Szewczyk	Cambria County
Michelle Rager	Cambria County
Michele Shannon	Cambria County
Karyn Koons	Chester County
Marta Wajert	Chester County
Lynnette Klinger	Lehigh County
Deborah Maggs	Lycoming County
Andrew Hornak	Montgomery County
Craig Patterson	Montour County
Mary Beth Jaoavage	Northampton County
Patricia Himmelwright	Northampton County
Shauna Reinhart	PA Child Welfare Resource Center
Sharon England	PA Child Welfare Resource Center
Gary D. Williams	Philadelphia County
Robin E. Chapolini	Philadelphia County
Darlene Adams	Philadelphia County
Jessica Shapiro	Philadelphia County
Melissa Hanlon	Schuylkill County
Sharyn Wetzel	Schuylkill County
Ellen Whitesell	OCYF Policy Division
Cindi Horshaw	OCYF Policy Division
Bryle Zickler	OCYF Policy Division
Mark Zara	OCYF Northeast Regional Office
Alexander Prattis	OCYF Southeast Regional Office
Shelly Neptune-Johnson	OCYF Southeast Regional Office
Kevin Moore	OCYF Southeast Regional Office
Colleen Smith	OCYF Central Regional Office
Mark Nuzzo	OCYF Western Regional Office

Attachment B

2018 Child Welfare Council Safety Subcommittee GPS Policy Ad Hoc Committee Members

Heather Smith	Adams County Children and Youth
Jennifer Horn	Administrative Office of PA Courts
Lisa Esbach	Berks County Children and Youth
Patricia Ferry	Berks County Children and Youth
Marie Luciano	Blair County Children and Youth
Tammy O'Donnell	Bucks County Children and Youth
Janet Ginzberg	Community Legal Services
Chris Roland	Cumberland County Children and Youth
Audra Hennessey	Cumberland County Children and Youth
Sandra Kanyamiheto-Watson	Dauphin County Children and Youth
Julie Nicholson	Erie County Children and Youth
Tyler Titus	Erie County Children and Youth
Rebecca Van der Groef	Hoffman Homes
Sharon Gassert	Lebanon County Children and Youth
Melissa Wheeland	Lycoming County Children & Youth
Leslie Slingsby	Mission Kids Child Advocacy Center
Sarah Stiff	Monroe County Children and Youth
Liz Socki	Montgomery County Children and Youth
Lisa Wilcox	Sullivan County Children and Youth
Amanda Grant	Washington County Children and Youth
Heather Miller	Washington County Children and Youth
Jason Slonceski	Westmoreland County Children and Youth
Charles Neff	OCYF Bureau of Juvenile Justice Services
Gabrielle Williams	OCYF Central Regional Office
William Wilson	OCYF Northeast Regional Office
Christine Reber	OCYF Division of Operations
Carolyn Kearney	OCYF Division of Operations
Susan Stockwell	OCYF Division of Operations
Amy Grippi	OCYF Deputy Secretary's Office
Ashleigh Brunsink	OCYF Deputy Secretary's Office
Nicholas Ranney	PA Child Welfare Resource Center
Erin Arthur	PA Child Welfare Resource Center
Angela Liddle	PA Family Support Alliance
Rachael Miller	PA Partnerships for Children
Terri Henning	PA Council of Children, Youth and Families
Samea Kim	PA Council of Children, Youth and Families
Brian Bornman	PA Children and Youth Administrators
Christian Connell	PA State University Network on Child Protection and Well-Being
Lauren Peters	Statewide Adoption and Permanency Network (SWAN)/Family Design Resources