



ENHANCING EARLY INTERVENTION REFERRALS FOR CHILDREN IN CHILD WELFARE

***A Children First
Vulnerable Youth Report
September 2025***

**children
FIRST**
THE ADVOCATE FOR KIDS

Acknowledgement

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4 Executive Summary**4 Policy Content**

Early Intervention

5 Key Findings

Eligible Children Left Out Under Current Policy
 Screening and Referral Practices Vary Widely by County
 Staff Receive Insufficient Training
 Statewide Tracking of Referrals is Limited
 Families Face Barriers to Engagement
 Families who are Transient or Cross County Lines Experience Service Gaps

7 Recommendations

Broad Policy Changes
 Data Collection and Evaluation
 Training
 Cross-Agency Collaboration

11 Introduction

Early Intervention
 Federal Requirements
 Structure of Pennsylvania’s Child Welfare System
 Current State Screening and Referral Policy
 Chart 1: Statewide Substantiated CPS and Valid GPS Cases, 2021-2023
 Chart 2: Infant-Toddler Early Intervention Referral Source 2022-2023

13 Findings

Table 1: County-Level Comparison
 Training
 Developmental Screening Process
 Referral Process
 Data Collection, Tracking, and Compliance
 Table 2: County Child Welfare Practices and Capabilities

17 Family Engagement

Education on Referral Process and Benefits of EI
 Stigma of Child Welfare Involvement
 Service Interruptions and Transfers

19 Child Welfare and Early Intervention Collaboration

Cross-Agency Communication Pathways
 Consent Requirements
 Shared Trainings

21 Systemic Barriers**23 Research Recommendations****25 Research Methodology****27 Appendix A: Child Welfare Agency Discussion Guide****28 Appendix B: Early Intervention Stakeholder Discussion Guide****29 Appendix C: County Children and Youth Agency Participants****30 Endnotes**

Contents

Executive Summary

Children involved in Pennsylvania’s child welfare system are at significantly higher risk for developmental delays due to abuse, neglect, poverty, and family instability. Early Intervention (EI) services under Part C of the Individuals with Disabilities Education Act (IDEA) offer critical support to children under age three by promoting their development across key domains—physical, cognitive, communication, social-emotional, and adaptive. Despite clear federal and state mandates, many eligible children in Pennsylvania are not connected to these life-changing services.

Children First developed comprehensive recommendations to increase the number of child welfare-involved children receiving EI services. To that end, we reviewed and analyzed data related to the child welfare populations required by policy to receive developmental screening, as well as Infant-Toddler EI referral and enrollment data. In addition to quantitative analysis, we conducted focus groups and key informant interviews of county child welfare staff and Infant-Toddler EI stakeholders.

Infant and Toddler Early Intervention services help meet the needs of young children across five areas:

- **Physical development**
- **Cognitive development**
- **Communication development**
- **Social or emotional development**
- **Adaptive development** ⁴

Policy Context

Early Intervention

Children involved in the child welfare system who have experienced abuse or neglect or whose families are experiencing adversity such as poverty or parental substance use are at increased risk for developmental delays.^{1,2} Early intervention (EI) services can ameliorate the negative impacts of these delays by helping young children develop essential skills, improve their communication and social abilities, and gain greater independence.³ Part C of the federal Individuals with Disabilities Education Act (IDEA) provides funding to all US states and territories to assist them in implementing statewide systems of EI services for children with disabilities under three.

Infant and Toddler Early Intervention services help meet the needs of young children across five areas: physical development, cognitive development, communication development, social and emotional development and, adaptive development.⁴

Children involved in the child welfare system who have experienced abuse or neglect or whose families are experiencing adversity are at increased risk for developmental delays, but national data suggests low Infant-Toddler EI enrollment rates among these

vulnerable children.⁵ Despite federal and state mandates, many children involved in the child welfare system in Pennsylvania are not consistently engaged in Infant-Toddler EI services, potentially hindering their developmental progress.

Key Findings

Several factors, including the structure of Pennsylvania's child welfare system, existing EI screening and referral requirements, variations in processes across counties, and inadequate data infrastructure contribute to reduced utilization of EI among child welfare-involved children.



Eligible Children Left Out Under Current Policy

Statewide, county children and youth agencies made 1,597 referrals to Early Intervention services, accounting for 13% of the 14,000 children under three served by the child welfare system each year. Of the 24,195 children enrolled in Infant-Toddler EI on December 1, 2022, 2.6% were referred by county children and youth agencies.⁶

State policy requires county children and youth agencies to conduct a developmental screening for children under three with a substantiated abuse or neglect report. Because Pennsylvania's child welfare system allows for multiple pathways to respond to reports of child maltreatment, very few children enter the system due to a finding of abuse or neglect. Since 2021, the number of children who meet those criteria has remained relatively steady, between 900 and 1,000 children each year.⁷

Most Pennsylvania children come to the attention of the child welfare system following a General Protective Services (GPS) report, which does not rise to the level of abuse or neglect but instead indicates that a family needs services. These children may still be exposed to risk factors for developmental delays and could benefit from EI services.



If children under age three with valid GPS reports were included in criteria to trigger a developmental screening or Infant-Toddler EI referral, on average, almost 13,000 additional children could have access to EI each year.⁸



Screening and Referral Practices Vary Widely by County

County child welfare agencies manage the processes for developmental screening, EI referrals, and tracking of EI referrals. While differences are expected in a county-administered state like Pennsylvania, there is significant variability in practices across counties, which makes outcomes difficult to track and measure across the Commonwealth. Most county children and youth agencies interviewed have practices that either meet or are below state policy requirements.

Staff Receive Insufficient Training

Most of the interviewed county children and youth agencies indicated that a cursory review of Infant-Toddler EI policies and procedures is included in training during onboarding; however, both administrators and staff interviewed stated that staff would benefit from additional training on topics like developmental screening and referral processes. Training on these topics is often not readily available or is difficult for staff with high caseloads to utilize.

Statewide Tracking of Referrals is Limited

There is currently no systematic way for county children and youth agencies to track and monitor referrals to Infant-Toddler EI and no way for the Office of Children, Youth and Families (OCYF) to generate statewide reports. OCYF does not require reporting on referrals, but the agency does check that regulatory requirements are met during annual inspections and associated review of individual case records.

While the Office of Child Development and Early Learning (OCDEL) does track referrals to Infant-Toddler EI by referral source, this data is self-reported and single-choice, meaning that the system only allows for one referral source to be named. As such, if both a child welfare agency and another entity referred the same child to Infant-Toddler EI, the data provided from OCDEL may have only identified the other entity in reports, thereby undercounting the total referrals from child welfare. In addition, data collected by OCDEL does not align with the child welfare referral requirements (i.e., OCDEL does not record findings of substantiated abuse or neglect or completion of screenings) in a way that would generate a statewide compliance or outcome report.

Families Face Barriers to Engagement

County child welfare agencies interviewed reported three major reasons families decline to participate in EI services: stigma associated with intervention services for developmental delays, fear of further government involvement while actively engaged with the child welfare system, and transportation issues. Interviewees noted that reduced workforce and limited staff bandwidth make it difficult to consistently implement strategies to address barriers, including additional follow up by Infant-Toddler EI and/or child welfare, and sometimes even court involvement.

Families who are Transient or Cross County Lines Experience Service Gaps

Both county children and youth agencies and EI stakeholders noted that many children move due to family circumstances such as housing instability and caregiver changes. The challenge of the county-administered system without statewide collaboration or cross-county processes can lead to a delay in a child receiving needed Infant-Toddler EI services even for the most engaged families. Counties did not share a percentage of how many children end up moving in and out of their county but reported significant delays in services when this does occur.



Recommendations

Broad Policy Changes

Expand Policy Requirements to Reach More Children:

- OCYF should require that county children and youth agencies complete referrals to Infant-Toddler EI for all children ages 0-3 subject to a substantiated CPS report.
- To ensure Infant-Toddler EI services can reach more vulnerable children, OCYF should also require county children and youth agencies to refer all children ages 0-3 who have been the subject of a valid GPS report.

Establish Consistency Among Counties:

- County children and youth agencies should develop and implement written protocols for completing referrals, follow-up related to Infant-Toddler EI services, and entry of referral data into an electronic system.

Establish Best Practice Guidance for Information Sharing:

- To encourage a cross-system communication loop that includes updates after referral and evaluation, the ongoing status of services, and how to address service access barriers like transportation, the Pennsylvania Department of Human Services (PA DHS) should establish clear guidelines – including requirements around when parental consent is needed – for information sharing between Infant-Toddler EI agencies, providers, and county children and youth agencies.

Expedite Cross-County Transfers:

- OCYF and OCDEL should collaborate to create a protocol that ensures services are transferred within 60 days when families move across county lines. This protocol should require a “warm handoff” to another county provider within a specified period or allows the original provider to continue to service the family in their new county until the new provider is engaged.

Data Collection and Evaluation

Implement Electronic Data Tracking:

- OCYF, OCDEL, and the Pennsylvania Department of Education (PDE) should create a data sharing agreement or memorandum of understanding to include data sharing regarding EI.
- OCYF should integrate EI referral data into the Child Welfare Information System (CWIS).
- OCYF and OCDEL should establish a stakeholder workgroup to determine specific elements to be included in tracking.
- PA DHS should build EI and child welfare data elements into the new Enterprise Case Management system to integrate service information across program offices and counties.

Conduct Annual Data Analysis:

- When PA DHS implements the above data collection and tracking capabilities, OCYF should analyze referral data to identify trends, assess compliance, and inform policy improvements based on information gathered through the updated CWIS system.
- OCYF and OCDEL should coordinate outcomes reporting to consistently compare calendar year or fiscal year (currently program offices are reporting on different schedules).



Improve Tracking Methods:

- Utilizing the new CWIS system, OCYF should require counties to track Infant-Toddler EI referrals to ensure compliance with policies and aggregate reporting on referral and utilization of Infant-Toddler EI services.

Training

Standardize Training:

- OCYF and OCDEL should work together to develop and implement standardized training for child welfare staff on Infant-Toddler EI policies and procedures, information on how to complete referrals, the types of services that can be provided through Infant-Toddler EI, and the value of those services to young children with developmental delays.

Cross-Agency Collaboration

Foster Collaboration:

- Through a partnership with OCYF and OCDEL, PA DHS should sponsor at least one statewide or regional annual meeting to bring together child welfare and Infant-Toddler EI county workers and facilitate relationship-building and partnership.

By implementing these recommendations, Pennsylvania can increase screening, referrals, and utilization of Infant-Toddler EI by children in the child welfare system and improve children's short- and long-term developmental outcomes.



Introduction

Early Intervention

Infant and Toddler Early Intervention (EI) services provide numerous benefits for children with developmental delays or disabilities by offering specialized support and therapy tailored to each child's unique needs, helping them reach their full potential. Services in Infant-Toddler EI help meet the needs of young children across five areas: physical development, cognitive development, communication development, social or emotional development, and adaptive development.⁹

By starting early, children can develop essential skills, improve their communication and social abilities, and gain greater independence. Infant-Toddler EI also provides families with valuable resources and support, empowering them to advocate for their child's needs. National leaders from the National Institutes of Health, Centers for Disease Control and Prevention and American Academy of Pediatrics all emphasize the importance of Infant-Toddler EI in improving outcomes for children with developmental delays.

Federal Requirements

Part C of IDEA provides funding to all US states and territories to assist them in implementing statewide systems of Infant-Toddler EI services for children with disabilities under age three. The law also requires all states to have a "Child Find" system that includes procedures for referral to Infant-Toddler EI.

Pennsylvania law delineates county responsibilities to identify, locate, evaluate, serve and/or track at-risk children, and infants and toddlers with disabilities.¹⁰ At-risk children include those under age three who have been the subject of a substantiated case of abuse or neglect.¹¹ States can determine whether to refer every such child for Infant-Toddler EI services, or to first implement a screening process to determine whether a referral is needed.¹² Despite the clear benefit of Infant-Toddler EI services to this vulnerable population, available data suggests only a fraction of infants and toddlers involved with the child welfare system are connected to, and ultimately enrolled in, Infant-Toddler EI services.¹³

Structure of Pennsylvania's Child Welfare System

The Pennsylvania child welfare system is state-supervised and county-administered, which means investigations and ongoing services are delivered by 67 county children and youth agencies, under the supervision of the Office of Children, Youth and Families (OCYF).¹⁴ The Pennsylvania system is also structured to incorporate differential response, which offers multiple pathways to address reports of child maltreatment.

Reports that allege abuse or serious neglect are routed through a traditional investigation pathway called Child Protective Services (CPS).¹⁵ CPS are provided to children through the county children and youth agency, which investigates reports and determines if abuse or neglect occurred.



The Pennsylvania child welfare system is structured to incorporate differential response, which offers multiple pathways to address reports of child maltreatment.



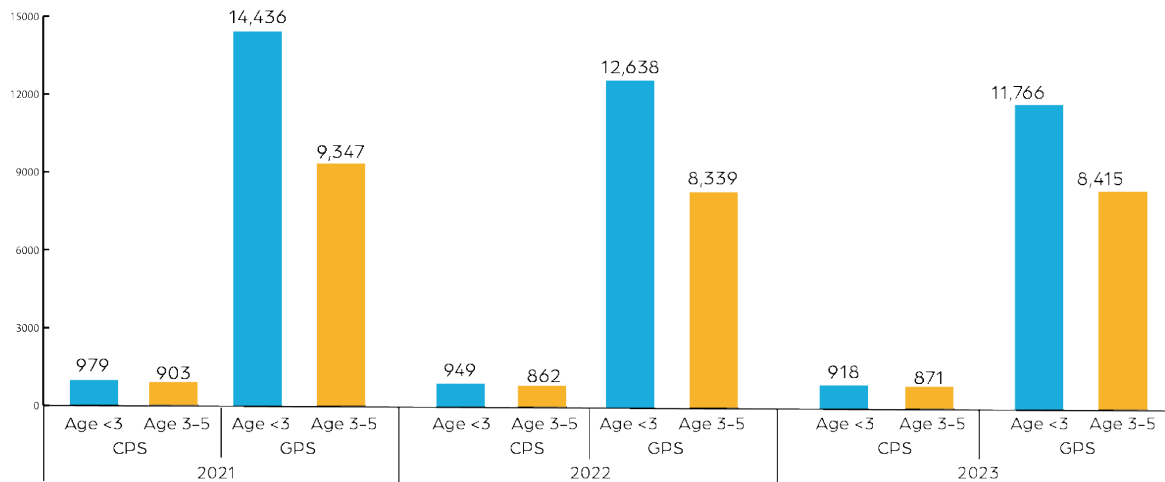
Those reports that do not rise to the level of alleged child abuse or serious neglect but that indicate services are needed to reduce the risk of serious harm are assigned as General Protective (GPS). Both CPS and GPS can be provided either in the family home, or to children who have been removed from their parents' care and placed in foster care due to an immediate child safety threat.

This bifurcated model is unique to Pennsylvania, with other states utilizing a traditional investigative pathway for all reports. In those states, much of what Pennsylvania considers GPS is investigated as potential neglect. As such, there are likely to be more children in those states with substantiated reports who would be included in federal requirements for early intervention screening and referral and ultimately, more children enrolled.

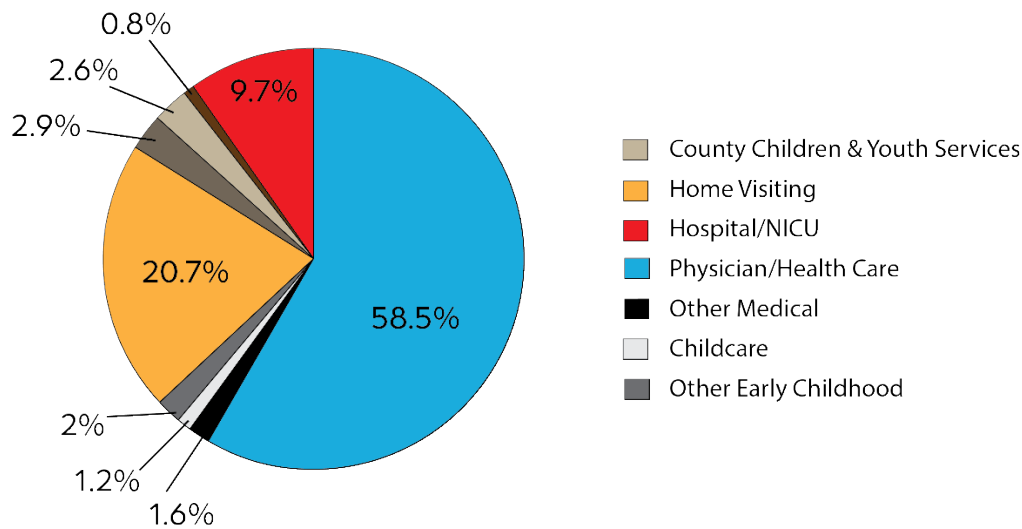
Current State Screening and Referral Policy

In Pennsylvania, county children and youth agencies are required to conduct a developmental screening of all children under the age of three who have been the subject of a substantiated CPS report. Children subject to GPS reports are not required to be screened; however, county children and youth agencies are encouraged to screen children up to age six as well as all young children with an open child welfare case, regardless of whether there has been a finding of abuse or neglect.

Chart 1: Statewide Substantiated CPS and Valid GPS Cases, 2021-2023¹⁶



County children and youth agencies refer, on average, 13% of children under three served by the child welfare system across Pennsylvania to Infant-Toddler EI. Statewide data indicates that in FY 2021-22, county children and youth agencies accounted for 1,988 referrals, and in FY 2022-23, they accounted for 1,597 referrals.^{19,20} The total number of children under age three served statewide by both CPS and GPS is roughly 14,000 annually.²¹

Chart 2: Infant-Toddler Early Intervention Referral Source 2022-2023 ^{17,18}

On December 1, 2022, county children and youth agencies were the identified referral source for 2.6% of the 24,195 children enrolled in Infant-Toddler EI statewide.^{22,23}

State policy requires county children and youth agencies to conduct a developmental screening for children under three with a substantiated abuse or neglect report. Since 2021, the number of children under age who have found to be abused or neglected has remained relatively steady, between 900 and 1,000 children each year, or 2% of all children across the state served by CPS and GPS.²⁴ Despite how small the population is, it is critical to examine their access to and engagement in Infant-Toddler EI because of the often life-changing impact these services can have on child development. The population size also indicates that the current OCYF policy for screening and referral to Infant-Toddler EI impacts only a small percentage of children in the child welfare system who could have developmental delays, and as such, benefit from screening and referral to Infant-Toddler EI services. If children under age three subject to valid GPS reports were included in eligibility criteria, an average of almost 13,000 children would receive required screenings each year.²⁵

Statewide data indicates that just under 500 children in foster care were enrolled in Infant-Toddler EI on December 1, 2022, representing 2.1% of all Infant-Toddler EI enrollments across the state.^{26,27} This data has reliability challenges given that it may not represent all children in foster care enrolled in Infant-Toddler EI or capture all children subject to substantiated abuse or neglect reports enrolled in EI. It would be beneficial for this data point to be precise related to the populations required to be screened (at the time of this report, children under age three with substantiated abuse or neglect) to evaluate the degree to which the eligible population is enrolled in services. Foster care and other living arrangements should also be tracked for the child welfare population at the state level to evaluate any differences in utilization among children remaining at home, placed with relatives, or in foster care.

Findings

While not encompassing all counties, available data shows that counties interviewed demonstrate compliance with state policy (see table 1), as the total number of children enrolled in Infant-Toddler EI is close to or exceeds the number of children with substantiated abuse or neglect cases (note: children are only required to be screened and must be referred if the screening identifies concerns). More effective data collection would allow comparison of children eligible for screening and referral to those enrolled in Infant-Toddler EI at the state and county level. Given the limitations of the data, it appears that the number of children enrolled in EI align with the number receiving CPS.

Table 1: County-Level Comparison ²⁸

County (deidentified)	Children 0-3 with Substantiated Abuse/Neglect (average CY21-23)	Total enrolled in Infant-Toddler EI with county children and youth agency as referral source (FY22)	Total enrolled in Infant-Toddler EI with county children and youth agency as referral source (FY23)
A	72	78	72
B	21	18	18
C	48	24	20
D	115	250	189
E	13	17	Suppressed
Joinder F/G	62	54	58

Findings from interviews with county children and youth agency staff and EI stakeholders center around the following themes:

- Training
- Developmental Screening Processes
- Referral Processes
- Data Collection, Tracking, and Compliance
- Family Engagement
- Child Welfare and Early Intervention Collaboration

Training

The OCYF developmental screening policy is included in the new hire Foundations training that every caseworker receives. Counties noted that the policy is typically reviewed in follow-up training administered by the county and by the worker's supervisor, but the timing for continued education is generally informal. For example, some counties mentioned discussing EI after a significant number of new hires, during annual training, and by request during quarterly meetings. Training responsibility beyond onboarding typically falls on county leadership, often at the supervisor level, leading to additional variability in practice.

While they may have knowledge of child development and developmental needs due to education or prior employment experience, it is not a general area of expertise for child welfare caseworkers. Several county children and youth agencies reported that caseworkers do not receive specific training on how to complete the developmental screening or the benefits of EI. This variation is related to the differences among counties in screenings and referral procedures.

Developmental Screening Process

Qualitative data collection highlighted the variability in approaches to developmental screenings and Infant-Toddler EI referrals across the Commonwealth. In many counties, county child welfare staff complete all steps in the process from developmental screening to Infant-Toddler EI referral. In some counties, a subcontractor is responsible for completing all steps, and other counties utilize a blended approach (e.g., a subcontractor completes the developmental screening, but the caseworker submits the referral to Infant-Toddler EI). Almost all counties noted that the child welfare workforce is currently experiencing strain due to vacancies and competing priorities, which contributed to some counties' decisions to utilize subcontractors.

County children and youth agencies reported significant variation regarding when and how they conduct developmental screenings. While OCYF policy requires all county children and youth agencies to complete developmental screenings for children under three subject to substantiated CPS reports, many also complete developmental screenings for children under the age of five with a substantiated CPS report. Some counties shared that they "encourage" all children to be referred to Infant-Toddler EI if they suspect a developmental delay, even if abuse or neglect is not substantiated.

Most county children and youth agencies include the developmental screening in an internal checklist that supports completion of all required tasks and responsibilities during intake. Most county children and youth agencies interviewed use the Ages and Stages Questionnaires. One county reported that they conduct an informal screening instead of the Ages and Stages Questionnaires and refer children to Infant-Toddler EI if they determine services are warranted. A couple of county children and youth agencies interviewed do not complete any screening but rather refer every child under three to Infant-Toddler EI even prior to the completion of the child welfare investigation.

Some county children and youth agencies that conduct developmental screenings reported that case aides, not caseworkers, complete the Ages and Stages.²⁹ The assigned caseworker completes the screening at several county children and youth agencies, and a few others subcontract out the screening process to an external organization. Information on the type or quality of training received by subcontractors was unavailable. A few county children and youth agencies have designated staff that are trained to complete the developmental screening and do so for all children five and under.

Referral Process

There is no statewide policy regarding how county children and youth agencies refer children to EI services following a screening or other determination of need. As such, individual counties establish referral processes for referrals from child welfare agencies to the Infant-Toddler EI system. Several counties had an explicit policy related to Infant-Toddler EI referrals; however, most counties did not have a policy or a uniform practice for how referrals are made, but rather focused on when referrals are made. Other counties did not have a formal policy and instead described typical practice among staff.

Many counties use email to send referrals to Infant-Toddler EI, and some send referrals via fax. A few counties make referrals via phone and use email to follow up. Among county children and youth agencies that utilize subcontractors, some receive the results of the screening from the subcontractor, and the child welfare staff complete the Infant-Toddler EI referral. In other counties, subcontractors complete the referrals. One county children and youth agency shared that child welfare and Infant-Toddler EI are co-located. Child welfare staff use a written referral form and hand-deliver the form to the EI office. They complete follow-up with one another via phone calls and texts. The general informality of processes across counties contributes to the lack of aggregate tracking of screenings and referrals.

Data Collection, Tracking, and Compliance

Most county children and youth agencies interviewed lack a mechanism to review compliance with policy at an aggregate level, instead requiring review of individual case records (see table 2). A few reported that they upload screening results into their county's information system, which interfaces with the current CWIS. Notably, the Child Accounting and Profile System (CAPS) used by most counties permits uploading of screening results, but most county staff we spoke with were not aware of any capability to generate reports related to those results. Another county children and youth agency mentioned using the "additional comments" section within CAPS to note whether Infant-Toddler EI services were discussed and a referral made.



BEST PRACTICE

Co-location between child welfare and early intervention agencies can streamline communication and collaboration, leading to more efficient referrals and improved services for children. When these agencies are located together, staff can easily discuss cases, share information, and coordinate efforts to ensure children receive the necessary support. This can help prevent delays in referrals, reduce paperwork, and ultimately improve outcomes for children and families.



Table 2: County Child Welfare Practices and Capabilities ³⁰

Row #		Yes	No	No response
1	Ability to track developmental screening and Infant-Toddler EI referral data in the county system	1 county	17 counties	0
2	Ability to generate a report detailing Infant-Toddler EI referrals	0	18 counties	0
3	Tracking developmental screening completion by county children and youth agency at individual case or supervisor level (not tracked in county system)	13 counties	4 counties	1 county
4	Tracking referrals made by county children and youth agency to Infant-Toddler EI at individual or supervisor level (not tracked in county system)	12 counties	6 counties	0
5	County children and youth agency tracking family engagement in Infant-Toddler EI services at individual or supervisor level (not tracked in county system)	4 counties	14 counties	0

Two county children and youth agencies mentioned tracking referrals in an Excel spreadsheet that is updated by clerical staff.

Several counties utilize quality assurance staff to verify that developmental screenings were completed for children under three through individual case reviews. Compliance levels are not reported on an aggregate level. A few county children and youth agencies reported that they track families receiving Infant-Toddler EI services, but not referrals. Several counties shared that data related to families receiving services is heavily dependent on communication from the EI office to the child welfare agency or family self-report to child welfare, which limits the accuracy of the data.

Existing data collection mechanisms do not support the systematic tracking of referrals to Infant-Toddler EI by county children and youth agencies or for OCYF to generate statewide reports. In addition, data collected by OCDEL does not align with the child welfare referral requirements (i.e., OCDEL does not record findings of substantiated abuse or neglect or completion of screenings) in a way that would generate a statewide compliance or outcome report.

OCYF completes an annual review of case files in each county, and this review includes an assessment of compliance with Infant-Toddler EI referral policy. OCYF executive leadership did not identify noncompliance with this policy as a consistent finding with counties and reported they have not issued a significant number of citations to counties for noncompliance. The lack of county and state-level aggregate data collection and analysis inhibits both the child welfare and EI systems from identifying strengths, gaps, and opportunities to improve practice and overall utilization of Infant-Toddler EI.

Family Engagement

While county child welfare agencies are required to complete referrals, family participation in Infant-Toddler EI services is voluntary unless court-ordered as part of a family service plan for a child in out-of-home care or under other court supervision.

Education on Referral Process and Benefits of EI

Most county children and youth agencies reported that child welfare staff can and do share basic information about Infant-Toddler EI with families and notify families when they are making a referral, but the degree to which staff can explain the benefits of Infant-Toddler EI and process of obtaining services varies. One county children and youth agency that subcontracts out the screening and referral processes said that the subcontractor, a third-party organization that specializes in child and family social services, provides information to the family on the Ages and Stages Questionnaire and the Infant-Toddler EI referral and enrollment process. Another agency reported that child welfare staff describes Infant-Toddler EI services to the family. If they refer a child to Infant-Toddler EI, they follow up with the family to ensure completion of the evaluation and discuss the results from the family's perspective.

One county children and youth agency reported that they do not utilize a screening tool but instead have a conversation with the family about the child's development. Following that conversation, if the caseworker determines that a referral is necessary based on an informal screening, they discuss the referral process with the family.

While most county children and youth agencies complete the referral without obtaining the parents' signed consent, a couple of counties reported that they must obtain signed consent before making a referral to Infant-Toddler EI. Most counties shared that they at least inform the family that they are completing a referral.

County children and youth agencies reported significant variation in family engagement with Infant-Toddler EI. One child welfare supervisor described never encountering a family that would not engage in Infant-Toddler EI services; however, another county children and youth agency said that they often have families that refuse to participate. Several county children and youth agencies reported that they have more consistent cooperation and involvement with foster parents than they do with biological parents.

Stigma of Child Welfare Involvement

Many counties mentioned that stigma associated with child welfare impacts the biological parents' willingness to allow another system into the home or agree to additional services. This sometimes leads the Infant-Toddler EI agency to clearly communicate to the family that they are distinct from child welfare and to create an intentional service silo instead of an integrated approach to the family.



BEST PRACTICE

One county described their specialized program for substance-exposed children and cited excellent participation. A specialized program for substance-exposed children within a child welfare agency can improve early intervention engagement by providing targeted support and resources tailored to their unique needs. These programs can offer specialized assessments, therapeutic interventions, and educational support to address the developmental challenges often associated with substance exposure. By offering these specialized services, child welfare agencies can increase the likelihood of successful early intervention referrals and improve outcomes for children affected by substance exposure.



In addition, a few county children and youth agencies referenced the precipitating challenges biological families may be experiencing, such as mental health and substance use challenges, can hinder their ability to participate in Infant-Toddler EI.

For families that do not follow up with Infant-Toddler EI services after their child is deemed eligible, several county children and youth agencies reported that they use the court process to strongly encourage participation. A few county children and youth agencies mentioned that they include participation with Infant-Toddler EI in the family service plan, and several county children and youth agencies mentioned that they will ask the judge to go on record to encourage services. Several county children and youth agencies reported this method has been effective.



BEST PRACTICE

A pediatrician's recommendation can be a powerful tool for encouraging families to participate in early intervention services. As trusted healthcare providers, pediatricians can offer families information about the benefits of these programs and address any concerns or questions they may have. Their support can help families feel more confident in their decision to enroll their child, ultimately leading to better outcomes for the child's development.



A couple agencies indicated that they have filed court petitions to require engagement. Two county children and youth agencies reported engaging with the child's pediatrician to encourage the family to participate in Infant-Toddler EI.

Not all cases with findings of abuse or neglect remain open for services with the child welfare agency. When the child welfare case is closed, the family may not be as consistent in their engagement with EI. EI cannot leverage child welfare system involvement to encourage or require participation once the case is closed.

Service Interruptions and Transfers

Consistent family engagement and participation in services are critical to maximizing the benefit of Infant-Toddler EI for the child. If a family moves, it may be challenging to ensure that services stay in place. This challenge becomes more significant if the family leaves the county, and services must be transferred to a new county. In this circumstance, the originating county must complete a transfer referral to the new county's Infant-Toddler EI provider, and the new child welfare agency will also assign its own staff and processes. For a family who is marginally engaged or not fully educated on the benefits of Infant-Toddler EI, this transfer of service provider may create a barrier that results in the ending of valuable services for a child.

Child Welfare and Early Intervention Collaboration

Cross-Agency Communication Pathways

Collaboration between child welfare agencies and Infant-Toddler EI offices varied significantly among counties. EI stakeholders in some counties described infrequent and one-way communication, where Infant-Toddler EI provides information or asks questions but does not receive the information back from child welfare. One county children and youth agency described frequent collaboration with Infant-Toddler EI supported by their offices' co-location, while another said they are in "constant communication with early intervention" regarding open cases.



BEST PRACTICE

Regular meetings between early intervention and child welfare staff can enhance collaboration, improve communication, and ensure a smooth referral and follow up processes. These meetings provide a platform for discussing cases, sharing information, and addressing any challenges or concerns. By establishing a regular cadence for communication, both agencies can work together more effectively to meet the needs of children and families, ultimately improving outcomes.



About 20% of the county children and youth agencies reported that they receive a copy of each evaluation from Infant-Toddler EI.

Several counties hold a regularly scheduled meeting between child welfare and Infant-Toddler EI to discuss cases that have been or will be referred, as well as active cases. One county children and youth agency described having monthly meetings on open cases that include updates regarding progress and achievement of Infant-Toddler EI goals. Other county children and youth agencies said they would like to receive more information from Infant-Toddler EI; in those counties, child welfare makes referrals to Infant-Toddler EI and does not receive follow-up regarding the family. Depending on the county children and youth agency's legal relationship to the child (e.g., whether the child is in foster care or not), signed consent from the parent may be required for Infant-Toddler EI providers to share information with the agency about the child's enrollment and progress.



One county's EI team recommended that the child welfare agency be required to co-develop a collaborative process with the Infant-Toddler EI office that be memorialized through an official policy or memorandum of understanding. In addition, they recommended a state-sponsored event that brings the entities together for relationship building between child welfare and Infant-Toddler EI.

Consent Requirements

Most county children and youth agencies reported that Infant-Toddler EI requires family consent to share information with child welfare, and child welfare seldomly receives updates on enrollment or progress in services because they do not have consent.

A few county children and youth agencies mentioned that they request updates from foster parents regarding Infant-Toddler EI progress and participation. Foster parents are typically present for Infant-Toddler EI services and can often more easily provide updates on progress. One county children and youth agency said that if the child is court-involved, then Infant-Toddler EI provides a copy of the evaluation directly to child welfare staff, but if the child is not court-involved then they must obtain information directly from the family.

Shared Trainings

Multiple counties shared that as part of their collaboration, the Infant-Toddler EI agency provides ad hoc training for caseworkers, and these trainings increase caseworkers' understanding of the benefits of Infant-Toddler EI.

One county children and youth agency stressed the importance of the relationship between child welfare and Infant-Toddler EI, noting that being able to speak openly and honestly with colleagues in Infant-Toddler EI is impactful. They also noted that requirements regarding Plans of Safe Care, such as the need for multi-disciplinary teams, have had a very positive impact on the collaboration between child welfare and Infant-Toddler EI.³¹

Systemic Barriers

Recent workforce challenges faced by county child welfare agencies pose a significant barrier for successful policy implementation for some counties. A 2024 caseworker recruitment and retention study conducted by OCYF noted that child welfare caseworker vacancy rates exceeded 27% in FY 2023, and turnover rates were over 25%.³² Almost all counties reported that workforce challenges limit staff training on Infant-Toddler EI. Child welfare staff manage high caseloads and competing priorities, and information about Infant-Toddler EI often does not receive the time and attention deserved in training. In addition to training-related barriers, counties noted that child welfare staff capacity creates a barrier to ensuring that all children who would benefit from Infant-Toddler EI are referred. Multiple counties reported difficulty in going above the minimum requirement of the policy due to staffing constraints, so they only screen children under three and not all children with substantiated cases under six as recommended.

All county children and youth agencies reported timely contact from Infant-Toddler EI after a referral is made, including evaluations within one week to one month, and always within 45 days from referral as required. A few agencies mentioned long wait times for specific services, such as occupational therapy, but most did not report long wait times for services. Most county children and youth agencies acknowledged they receive limited updates after the evaluation takes place and so they may not be aware of delays in initiation of services.

Multiple county children and youth agencies reported that transportation can be a significant barrier to family engagement in services. All counties reported that the in-home nature of Infant-Toddler EI for children under three eliminates the transportation barrier that sometimes exists for three- to five-year-olds.

However, one county children and youth agency mentioned that some providers do not feel comfortable providing services within certain homes, and that can create a challenge for the family.

Two county children and youth agencies reported that families who do not speak English or for whom English is not the preferred language face access barriers. Most EI stakeholders reported using an interpretation service, but not all counties have such services. Two counties that use an interpretation service still noted that language can be a barrier due to the difference in receiving services directly in the family's native language versus through an interpreter.

Several county children and youth agencies reported barriers that occur when a family moves into a new home, especially across county lines. Services sometimes are not transferred between counties. Additionally, children may be placed in out-of-home care across county lines, and siblings may be in different homes in different counties. In these circumstances, the involvement of multiple service providers and caregivers (e.g., foster parent or biological parent) for multiple children can create confusion; coordination and communication across agencies are vital to success. One county children and youth agency mentioned services stop abruptly once a child moves, but services often do not immediately begin in the new county. Another agency mentioned that families who may be transient or "couch surfing" can also face barriers to engagement as providers struggle to keep in touch with the family.

Research Recommendations

Broad Policy Changes

- **Expand Policy Requirements to Reach More Children:** OCYF should revise OCYF Bulletin #3490-21-01 to require that county children and youth agencies complete referrals to Infant-Toddler EI for all children ages 0-3 subject to a substantiated CPS report. County children and youth agencies demonstrating a high standard of compliance could request exemption from this requirement based on a performance metric determined by OCYF. To ensure Infant-Toddler EI services can reach more vulnerable children, OCYF should also require county children and youth agencies to refer all children ages 0-3 who have been the subject of a valid General Protective Services report.
- **Establish Consistency Among Counties:** County children and youth agencies should develop and implement written protocols for completing referrals, follow-up related to Infant-Toddler EI services, and entry of referral data into an electronic system. These protocols should also be provided to staff and stored in a place that is regularly accessible (e.g., an agency shared drive or handbook). Protocols should align with state policy, be approved by OCYF, and be easily accessed by regional OCYF staff during annual inspections of county agencies.
- **Establish Best Practice Guidance for Information Sharing:** PA DHS should establish clear guidelines for information sharing between Infant-Toddler EI agencies, providers, and county children and youth agencies to encourage a cross-system communication loop that includes updates after referral and evaluation, on the ongoing status of services, and how to address service access barriers like transportation.

Establishing these communication pathways will decrease confusion among agency staff and increase collaboration between partners, thereby increasing the likelihood that eligible children will receive services. County children and youth agencies and Infant-Toddler EI agencies should conform with legal requirements and make every effort to obtain parent consent for information sharing.

- **Expedite Cross-County Transfers:** OCYF and OCDEL should collaborate to create a protocol that ensures services are transferred within 60 days when families move across county lines. A policy that requires a “warm handoff” to another county provider within a specified period or allows the original provider to continue to service the family in their new county until the new provider is engaged would support a family-centric approach to service delivery. The policy should include direction for provider agencies when families are experiencing housing instability so that initial providers can stay with a family even if their location changes.

Data Collection and Evaluation

- **Implement Electronic Data Tracking:** A data sharing agreement is currently in place between OCYF and PDE to collect foster care education data. OCYF, OCDEL, and PDE should create a similar data sharing agreement or memorandum of understanding to include data sharing regarding EI. OCYF should integrate Infant-Toddler EI referral data into the CWIS to improve tracking and reporting, and OCYF and OCDEL should establish a stakeholder workgroup to determine specific elements to be included in tracking.

Pennsylvania is currently transitioning to an Enterprise Case Management system, which will include child welfare case management, to integrate service information across PA DHS program offices and counties. PA DHS should build data elements into the enterprise system that will support gathering of more robust data on families that are involved with both child welfare and EI.

- **Conduct Annual Data Analysis:** When PA DHS implements the above data collection and tracking capabilities, OCYF should analyze referral data to identify trends, assess compliance, and inform policy improvements based on information gathered through the updated CWIS system. This review should be timed along with annual Needs-Based Plan and Budget submissions, and counties should include any requests for funding to support compliance with the policy. OCYF should include outcomes in the publicly accessible annual child abuse report. Outcomes reporting should also be coordinated between OCYF and OCDEL, so data is reported consistently to compare calendar year or fiscal year (currently program offices are reporting on different schedules).
- **Improve Tracking Methods:** Utilizing the new CWIS system, OCYF should require counties to track Infant-Toddler EI referrals to ensure compliance with policies and aggregate reporting on referral and utilization of Infant-Toddler EI services.

Training

- **Standardize Training:** OCYF and OCDEL should work together to develop and implement standardized training on Infant-Toddler EI policies and procedures for child welfare staff. This training should include, in addition to policies and procedures, information on how to complete referrals to Infant-Toddler EI, the types of services that can be provided through Infant-Toddler EI, and the value of those services to young children with developmental delays. Training should be available in an asynchronous manner to allow workers to access the information on their own schedules.

Cross-Agency Collaboration

- **Foster Collaboration:** Through a partnership with OCYF and OCDEL, PA DHS should sponsor at least one annual meeting to bring together child welfare and Infant-Toddler EI county workers and facilitate relationship-building and partnership. The event could be statewide or regional but would support positive cross-system collaborations in a sustainable manner. Recommended topics include current policies, data collection, review of current outcomes and policy compliance, reported challenges from staff, and firsthand experiences from individuals who have engaged with both the child welfare and EI systems. Opportunities for building relationships between the systems and staff are crucial for this convening.

By implementing these recommendations, Pennsylvania can increase screening, referrals, and utilization of Infant-Toddler EI by children in the child welfare system and improve children's short- and long-term developmental outcomes.

Research Methodology

Beginning in April 2023, Children First analyzed the processes by which children in the child welfare system in Pennsylvania are screened, referred, and enrolled in Infant-Toddler EI services. The aim of this project is to identify strengths and gaps, both in policy and practice, and identify opportunities for improvement that ultimately lead to increased utilization of Infant-Toddler EI and improved child well-being.

Children First reviewed and analyzed data related to the child welfare populations required by policy to receive developmental screening, as well as Infant-Toddler enrollment data. Child welfare data, provided by OCYF, included:

- For substantiated CPS reports received in 2021, 2022 and 2023:³³
 - Number of children under three years of age and three to five years of age subject to substantiated reports, both statewide and by county children and youth agency.
- For valid GPS reports received in 2021, 2022 and 2023:³⁴
 - Number of children under three years of age and three to five years of age with at least one valid GPS report, both statewide and by county children and youth agency.

OCDEL provided the number of children enrolled in Infant-Toddler EI in 2021-22 and 2022-23, both statewide and by county, and disaggregated by referral source. While it is not possible to discern whether the children enrolled in Infant-Toddler EI were

those children subjected to substantiated abuse or neglect reports, it is possible to estimate compliance with OCYF policy by comparing the average number of children with substantiated reports with the total enrolled in Infant-Toddler EI.

In addition to quantitative analysis, Children First conducted focus groups and key informant interviews of county child welfare staff and Infant-Toddler EI stakeholders beginning in October 2023, continuing through June 2024. A total of 17 focus groups and interviews were conducted with 30 staff representing 18 counties. In addition to interviewing child welfare staff, Children First held three focus groups with over 25 EI professionals, including county coordinators and providers.

Each focus group began with a review of OCYF Bulletin #3490-21-01 (June 22, 2021) to provide a baseline understanding of the policy to which the interviewers referred. Focus group discussion guides are available for review in Appendix A and B.³⁵

Of the counties interviewed, OCYF data on the population required to be screened was available for 14 of the 18 counties. Of those 14, data on Infant-Toddler EI enrollment was available for just seven counties due to data suppression policies. It is also worth noting that a child may be screened for developmental needs but not meet criteria for a referral to Infant-Toddler EI.

Limitations of Data

Children First requested data from PA DHS through both OCYF and OCDEL. While quantitative data was useful for understanding the number of referrals and estimating the population eligible for Infant-Toddler EI, it was not usable to evaluate compliance with the OCYF policy or effectiveness of the referral process. For many counties, low numbers of children served led to suppression of confidential data per PA DHS data policy, which excluded those counties from the data.³⁶

Additionally, the statewide early childhood database only permits documentation of one referral source. As such, if both a child welfare agency and another entity referred the same child to Infant-Toddler EI, the data provided from OCDEL may have only identified the other entity in reports, thereby undercounting the total referrals from child welfare.

An additional data request submitted to OCDEL included elements related to EI participation rates, referral sources, timeliness of services, demonstrated developmental improvement, family engagement, and transition services for families that were also involved with child welfare. OCDEL declined this request due to the staff capacity required to fulfill it.

Appendix A: Child Welfare Agency Discussion Guide

1. Please describe how your agency ensures staff are fully trained in this policy and in the needed procedures, including the criteria that trigger a screening.
2. Please describe the overall process for screening, referral to EI, and connection to EI services occurs in your county. What is your role relative to the process of screening, evaluation, referral, and utilization of EI services?
3. How does your agency track screening and referral processes and policy compliance?
4. How is a family informed about the outcome of the county children and youth agency screening? If a child is in out-of-home care, is the family informed? Foster parents? Anyone else?

Is the notification different if the agency determines a referral to EI is not needed?
5. What happens if a family does not agree with the outcome of the screening?
6. Once referrals are made, what is the average length of time for the evaluation to be completed?
7. How do you know the evaluation occurred and what services, if any, are recommended?
8. From your experience, are children and families able to access EI services as recommended by the evaluation in a timely manner? If not, what are the barriers to access?
9. How do you know if the family is engaged in EI services? How does the caseworker encourage the family's participation in EI services?
10. How are outcomes of services tracked? Is the identified child's progress in EI services measured? If yes, by whom and where is that documented?
11. Do you track rates of children screened, evaluated, identified as needing services, and service utilization? If so, describe how that tracking occurs. How do the child welfare staff and county EI staff collaborate and coordinate care for children involved in both systems?
12. What do you see as the most prevalent barriers keeping children in your care from receiving EI services?
13. Do you have any overall recommendations for how to improve timeliness of screening and referrals to EI services for children in the child welfare system?

Appendix B: Early Intervention Stakeholder Discussion Guide

1. Please describe the overall process for receiving referrals from child welfare, evaluation, and any follow-up with the referring child welfare agency? Does this differ from how other referrals are received?
2. Is there a difference for children involved in the child welfare system with regard to the average length of time for the evaluation to be completed or for services to begin?
3. From your experience, what are the barriers to timely access to EI services for child welfare-involved children and families?
4. What is your response if a family declines to participate in an evaluation and/or services?
5. How do you communicate the child's progress to the family? What about the child welfare agency?
6. What is your response if there are concerns about the family's participation in EI services? Do you notify the child welfare agency? If so, how do you notify them?
7. Does your agency track the source of referrals for children evaluated by, or receiving services from, early intervention? What about child welfare involvement, even if the referral did not come from child welfare? Does this tracking exist on an individual child level, in the aggregate, or both?
8. When engagement drops off at any point during the process (either at the time of evaluation or participation in services), how do you track that internally?
9. How do EI and child welfare staff collaborate and coordinate care for children involved in both systems?
10. Do you have any overall recommendations for how the child welfare system could improve its processes to increase EI utilization? What about broader improvements to increase EI utilization among children in the child welfare system?

Appendix C: County Children and Youth Agency Participants

1. Adams County (rural)
2. Allegheny County (urban)
3. Armstrong County (rural)
4. Bucks County (urban, suburban)
5. Chester County (urban, suburban, rural)
6. Dauphin County (urban, suburban, rural)
7. Delaware County (urban, suburban)
8. Fayette County (rural)
9. Franklin County (urban, suburban, rural)
10. Lancaster County (urban, rural)
11. Lehigh County (urban, suburban, rural)
12. Montgomery County (suburban)
13. Northampton County (urban, suburban, rural)
14. Philadelphia County (urban)
15. Sullivan County (rural)
16. Warren County (rural)
17. Washington County (urban, suburban, rural)
18. York County (urban, suburban, rural)

Endnotes

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6. Pennsylvania Office of Child Development and Early Learning (2024). EI Enrollment Data 2022-2023 [Data set].
7. Pennsylvania Office of Children, Youth, and Families (2024). Victims 'Under Age 3' and 'Age 3 to 5' on Substantiated CPS and Valid GPS Referrals by Investigating Agency (2021-2023) [Data set]. CWIS (Data Warehouse), Annual Child Abuse Report -Tables 3 and 13.
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16. Ibid.
17. Ibid.
18. OCDEL data on reporting sources only allows for one reporter to be identified. If a reporter other than a child welfare agency made an initial referral to EI, the data provided from OCDEL would not be able to identify that a referral was also made (or not) by the child welfare agency.

19. Pennsylvania Office of Child Development and Early Learning (2024). EI Eligibility Data 2021-2022 [Data set].
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22. Figures reflect a point-in-time snapshot of Part C EI enrollment as of December 1, 2022.
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27. Figures reflect a point-in-time snapshot of Part C EI enrollment as of December 1, 2022.
28. EI enrollment numbers reflect a point-in-time snapshot of enrollment as of December 1 of the noted fiscal year.
29. Case aide job descriptions typically include, but are not limited to transportation, parent-child visitation, and record maintenance.
30. County responses recorded based upon staff self-report.
31. A Plan of Safe Care (POSC) lists and directs services and supports to ensure the safety and well-being of a substance-affected infant and their caregivers. Plans of Safe Care differ from other safety or family service plans by including services for the infant and their substance affected caregiver(s).
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33. CPS reports are those that allege a child might have been a victim of child abuse. Reports alleging that a child under 18 years of age may have been abused are accepted for investigation when reported prior to the victim's 20th birthday.
34. GPS reports are those reports that do not meet the specific definitions of suspected child abuse identified but allege a need for intervention to prevent serious harm to children.
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Children First, formerly known as Public Citizens for Children and Youth (PCCY), serves as the leading child advocacy organization improving the lives and life chances of children in southeastern Pennsylvania.

Children First undertakes specific and focused projects in areas affecting the healthy growth and development of children, including child care, public education, child health, juvenile justice, and child welfare.

Through thoughtful and informed advocacy, community education, targeted service projects, and budget analysis, Children First watches out and speaks out for children and families.

Children First serves the families of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties as well as children across the Commonwealth. We are a committed advocate and an independent watchdog for the well-being of all our children.

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