

	<div style="text-align: right;">www.C4CJ.org</div> <h2 style="text-align: center;">Children's Justice &amp; Advocacy Report</h2> <p style="text-align: center;">To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.</p>
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## **Pennsylvania's Supreme Court issues a 5-2 opinion that a woman's "use of opioids while pregnant" does not constitute child abuse**

***Dissent of two justices and the contents of concurring opinions led one Supreme Court justice to observe that Pennsylvania's Child Protective Services Law invited "reasonable minds" to reach "disparate interpretations"***

**December 28<sup>th</sup>** - Earlier today, the Supreme Court of Pennsylvania rendered dramatically divided opinions as to "whether a woman's use of opioids while pregnant, which results in a child born suffering from neonatal abstinence syndrome ("NAS")" constitutes child abuse (*In the Interest of: L.J.B; Appeal of: A.A.R.*).

A plurality of the justices determined that based on the "relevant statutory language," within Pennsylvania's Child Protective Services Law (CPSL), a woman from Clinton County who gave birth to a baby born drug-dependent in January 2017, "cannot be found to be a perpetrator of child abuse against her newly born child for drug use while pregnant."<sup>1</sup>

The Supreme Court reversed a [December 2017 Pennsylvania Superior Court decision](#) by relying on key statutory terms within the CPSL, specifically the definition of "perpetrator" and "child" before concluding, "Mother's act of ingesting opioids while pregnant did not constitute child abuse."

While these CPSL definitions have not changed since the infant was born in January 2017, the CPSL was significantly reworked, related to infants affected by prenatal drug exposure, this past June when Governor Tom Wolf signed Act 54 of 2018.

In an opinion authored by [Justice Christine Donohue](#), which was joined by Justices [Max Baer](#) and [David Wecht](#), the justices explored the implications of a person being named as a "perpetrator" of child abuse and included within Pennsylvania's statewide protective services database (also known by many as the child abuse registry). Donohue wrote that had the mother been included on the registry it would have likely affected her ability to "assimilate into the workforce and participate in activities of the child's life." Such inclusion may also affect the CPSL's "laudatory goal of preserving family unity and a supportive environment for the child."

<sup>1</sup><http://www.pacourts.us/assets/opinions/Supreme/out/Opinion%20Announcing%20Judgment%20of%20the%20Court%20ReversedReinstatedRemanded%20%2010382497346493567.pdf?cb=1>

[Chief Justice Thomas Saylor](#) filed his own concurring opinion joined by [Justice Kevin Dougherty](#).<sup>2</sup> Dougherty also wrote his own concurring opinion.<sup>3</sup>

The dissenting opinion was issued by [Justice Sally Mundy](#) and [Justice Deborah Todd](#) taking the view that the infant did experience bodily injury, after birth, as a “direct result of a recent act of Mother, the use of illegal narcotics” and so the mother “was the perpetrator of the abuse on L.J.B. “notwithstanding the fact that she ingested the drugs prior to birth.”<sup>4</sup>

Today’s divided decision arrives 6 months - to the day - after Governor Wolf [signed Act 54](#) into law with the stipulation that “notification by a health care provider” regarding an infant born affected by prenatal drug exposure to child welfare officials “shall not constitute a child abuse report.”

Act 54 currently has the Pennsylvania Departments of Drug and Alcohol Programs (DDAP), Health (DOH) and Human Services (DHS) striving to develop “interagency protocols” about how counties, inclusive of, but also well beyond the child welfare agency, should respond to substance-exposed infants in the development of a plan of safe care for such infants and their families.

Today’s decision will likely ensure greater scrutiny of the current contents of the CPSL, specific to substance-exposed infants, as well as any guidance the Wolf Administration issues related to the new statutorily required “interagency protocols.”

### ***Reviewing the “uncontested facts of the case”***

The opinion authored by Justice Donohue and joined in by Justices Baer and Wecht reiterated the “uncontested facts of the case.”

Those “facts” included that the infant’s mother had been “released from incarceration” and then “relapsed into drug addiction, using opioids (pain pills) and marijuana.” When the woman discovered that she was approximately four months pregnant, “she sought treatment for her addiction, first through a methadone maintenance program and then with subutex.” The court notes that, despite this treatment, she would relapse again in the middle of January 2017 testing positive for opiates, benzodiazepines and marijuana with none of the drugs “prescribed for her.”

The infant, at the heart of the court case, would be born on January 27, 2017 and, at that time, the mother “tested positive for marijuana and subutex.”

Within a few days, the infant “began exhibiting symptoms of NAS, including tremors, excessive suck, increased muscle tone and loose stools.” Physicians treated the infant with morphine and the infant remained in the hospital for a total of 19 days (well after the mother was discharged).

As required by the CPSL, Williamsport Hospital officials notified the Clinton County Children and Youth Services Agency (CYS) that the infant had been born affected by prenatal drug exposure.

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<sup>2</sup><http://www.pacourts.us/assets/opinions/Supreme/out/Concurring%20Opinion%20%20ReversedReinstatedRemanded%20%2010382497346493632.pdf?cb=1>

<sup>3</sup><http://www.pacourts.us/assets/opinions/Supreme/out/Concurring%20Opinion%20%20ReversedReinstatedRemanded%20%2010382497346493673.pdf?cb=1>

<sup>4</sup><http://www.pacourts.us/assets/opinions/Supreme/out/Dissenting%20Opinion%20%20ReversedReinstatedRemanded%20%2010382497346493714.pdf?cb=1>

Also communicated to the Clinton County CYS agency was that the mother “did not consistently check on” or “stay with” the infant after the mother was discharged, but the infant remained hospitalized.

CYS was granted emergency protective custody of the infant on February 7<sup>th</sup> followed by a shelter hearing on February 10<sup>th</sup>. At that hearing, the infant was court-ordered to remain in the care of CYS. CYS then sought to have the infant declared dependent alleging the infant was without “proper parental care or control...” and that the child was a victim of child abuse after the mother “caused bodily injury” the child. CYS justified that the infant was an abused child citing, in part, the 19-day hospitalization related to “withdrawal due to substances Mother ingested while Mother was pregnant with her.”

The original dependency hearing was continued based on concerns about inadequate notice to the mother and father.

Before the rescheduled hearing occurred, CYS filed another dependency petition with the court. CYS reiterated the earlier allegations, while also “adding information concerning visits between the parents and Child and Mother’s admitted continued drug use.”

By March 15<sup>th</sup> and with the agreement of all parties the juvenile court in Clinton County did adjudicate the infant dependent, but also deferred a decision as to whether the mother’s drug use during pregnancy constituted child abuse.

In a later court proceeding, CYS made its case that the mother’s actions were “recent” as defined by the CPSL (within two years) and the child did experience “bodily injury” given the infant was diagnosed and treated for NAS. The mother countered that the CPSL is not applicable to a fetus or unborn child and thus the mother’s actions, while pregnant, could not constitute child abuse.

The trial court, on May 24, 2017, agreed with the mother that the CPSL “does not provide for finding of abuse due to actions taken by an individual upon a fetus”.

Clinton County CYS appealed to Superior Court triggering that court’s unanimous opinion, last December, assuring that the “plain language” of the CPSL could have the mother’s illegal drug use while she was pregnant “constitute child abuse if the drug use caused bodily injury to Child.” The judges did stipulate that CYS was going to have to establish that “by using the illegal drugs the mother intentionally, knowingly, or recklessly caused, or created a reasonable likelihood of bodily injury to a child after birth.”

Today’s main opinion authored by Justice Donohue (and joined in by Justices Baer and Wecht) returns to concerns raised by Superior Court Senior Judge Eugene Strassburger about “whether treating as child abusers women who are addicted to drugs results in safer outcomes for children.” Also noted was Strassburger’s points that any holding that actions taken by a woman, during pregnancy, could extend to other actions and areas of decision-making (e.g., “drinking coffee, traveling, eating sushi, or undergoing cancer treatment”).

## **Definitions of “child” and “perpetrator” pivotal**

In the opinion written by Donohue, the Supreme Court justices acknowledge the court's role is to review the statute, in question, and "determine the intent of the General Assembly."

The "pertinent terms" to set the stage for the "context" of the Supreme Court's discussion of the case were noted as all "defined by statute."

The court's opinion addresses that the definition of child abuse requires that a person act "intentionally, knowingly or recklessly." Additionally, the justices acknowledge that "not every person who harms or injures a child is a perpetrator" of child abuse, as defined by the CPSL. A child's parent can be among those who are named as a perpetrator, but the definition of perpetrator is clearly linked to the CPSL's definition of child which is "an individual under 18 years of age."

The mother (and a number of Amicus Briefs) argued that the CPSL's language is clear and that there was no "child" while the mother was pregnant and using drugs. As a consequence then, the mother could not be a "perpetrator" of child abuse.

Returning to the "plain language" of the statute, the Supreme Court, via the Donohue-authored opinion, opines that the General Assembly has had the opportunity to include a "fetus or unborn child under the protections of the CPSL." It has not done so.

The opinion further observes that the Superior Court "never considered" the definition of "perpetrator" before it arrived at its conclusion "that Mother's actions while pregnant could constitute child abuse." That appeals court, instead, largely linked its decision to the fact that the drug use happened within two years of the infant's birth and thus met the statutory definition of "recent act."

In the December 28<sup>th</sup> opinion penned by Donohue, the justices state that the Superior Court "failed to account for the fact that at any time prior to the birth of Child, Mother could not be a perpetrator of child abuse because a perpetrator must be a parent of a child."

In other words, the Superior Court "created a statutory relationship between a pregnant woman and fetus that the CPSL does not recognize."

The Donohue authored opinion also states, "Language was available to the General Assembly to create a category of child abuse to address this scenario, but it did not, and we must consider this omission as part of the legislative intent."

Justices Donohue, Baer and Wecht then conclude:

*"The plain language of the CPSL requires the existence of a child at the time of the allegedly abusive act in order for the actor to be a perpetrator and for the act to constitute child abuse. The fact that the actor, at a later date, becomes a person who meets one of the statutorily-defined categories of perpetrator does not bring her earlier actions - even if committed within two years of the child's bodily injury - under the CPSL."*

The justices also utilized today's opinion to underscore that naming a persons as a "perpetrator" of child abuse and including them within the statewide database has consequences that can impact "a

person's ability to obtain certain kinds of employment, housing, and participation in certain volunteer activities.”

***CYS overlooked definition of “perpetrator” and relied on “misplaced” interpretation of CPSL’s Section 6386***

The opinion authored by Justice Donohue notes that the Clinton County CYS agency never fleshed out its response to the mother’s argument that she could not be a “perpetrator.” The justices also noted that the Superior Court “never considered” the definition of “perpetrator” within the CPSL.

Instead Clinton County CYS turned to the CPSL’s Section 6386, which at the time (prior to Act 54 of 2018), set forth the “mandatory reporting” language whereby health care providers notified CYS when an infant was born “affected by” illegal substance abuse “by the child’s mother” or withdrawal symptoms resulting from prenatal drug exposure (unless the exposure resulted from the infant’s mother being prescribed the drugs and the mother complying with that prescription) or Fetal Alcohol Spectrum Disorder (FASD).<sup>5</sup>

When the infant was born in January 2017, the CPSL directed that the Clinton County CYS agency “shall perform” a safety or risk assessment (or both) and directly interact with both the infant and the infant’s parents in close proximity to the infant’s birth.

Based on the definition of child abuse within the CPSL and consistent guidance from the Pennsylvania Department of Human Services (PA DHS), the reports from health care providers about such infants have always been categorized as general protective services (GPS) or what PA DHS refers to as “non-abuse” cases. In other words, despite the “mandatory” notification by the health care provider to CYS, required by statute, such notice was routinely established as distinct from the classic *child abuse* report.

With enactment of Act 4 of 2014, CYS agencies were required to undertake the safety or risk assessment (or both) to “determine whether child protective services or general protective services are warranted.”

On appeal, Clinton County made the case that the General Assembly intended for local CYS agencies to determine if the infant, referred to them by a health care provider, should proceed as a child protective services or general protective services case. Clinton County then suggested that because lawmakers permitted the agency to handle the referral, as a child protective services (e.g., child abuse case), lawmakers also intended that drug use while pregnant could constitute child abuse.

In the opinion authored by Justice Donohue, the Supreme Court justices found Clinton County CYS’ “reliance on section 6386 of the CPSL to be misplaced.”

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<sup>5</sup> On June 28, 2018, Governor Tom Wolf signed House Bill 1232 into law creating [Act 54 of 2018](#). This Act made significant changes to Section 6386 of the CPSL, including removing the requirement that CYS “shall perform a safety assessment or risk assessment, or both, for the child and determine whether child protective services or general protective services are warranted.”

The justices write that this section of the CPSL (as in effect at the time the infant was born) did not “mention, cross-reference, or purport to modify section 6303.” It is within Section 6303 that child abuse is defined. Instead the General Assembly amended the CPSL, via Section 6386, to create a “protocol to be fulfilled by healthcare professionals when a baby was born experiencing withdrawal symptoms because of prenatal drug exposure and corresponding responsibilities in the county agency.” The justices opine that “after performing a safety and/or risk assessment” the statute (at the time) “gave the county agency an option if it found that the family required agency involvement: in cases involving child abuse, to institute child protective services, or otherwise to institute general protective services.”

The justices then concluded, “Contrary to CYS’ argument, section 6386 cannot be read to require that the birth of a child experiencing symptoms of NAS means that the mother who gave birth is a perpetrator of child abuse.” The justices also reiterated that the definition of “perpetrator,” within the CPSL, “precludes the institution of child protective services based solely on a newborn’s drug exposure in utero because, as discussed above, the General Assembly did not intend for this to constitute child abuse.”

Also faulted was Clinton County CYS’ argument that a finding of abuse and naming the mother as a perpetrator would somehow protect any “future children” from child abuse.

The justices, via the Donohue authored opinion, stipulated that such an argument “lacks any support in law or in fact.” They acknowledged that the CPSL does have among its intentions to prevent a child from “suffering further injury and impairment.” Still the justices wrote, “Labeling a woman as a perpetrator of child abuse does not prevent her from becoming pregnant or provide any protection for a later conceived child while in utero. It does not ensure that the same woman will not use illegal drugs if she does again become pregnant.”

Again, the justices turn to the consequences of being labeled a “perpetrator” writing, “Moreover, once labeled as a perpetrator of child abuse, the likelihood that a new mother will be able to assimilate into the workforce and participate in activities of the child’s life would be diminished.” The justices further conclude, “This would contravene the laudatory goal of preserving family unity and a supportive environment for the child.”

***Concurring and dissenting opinions leads to an observation that the statute invites “reasonable minds” to reach “disparate interpretations”***

Signaling the Supreme Court’s division on how to interpret the CPSL when considering whether drug use during pregnancy could constitute child abuse, Chief Justice Saylor supported the Superior Court’s earlier “interpretation” that illegal drug use, during pregnancy, may constitute child abuse calling it reasonable “in light of the two-year statutory lookback period” within the CPSL.

The Chief Justice, however, also opines that he finds “sufficient ambiguity to apply the principles of statutory construction, and on that basis I concur in the result.”

Justice Dougherty, who joined in the Chief Justice’s concurring opinion, took the time to write his own concurring opinion so he might “separately emphasize the ambiguous nature of the applicable statutory text which, as exemplified by the divergent conclusions expounded by my colleagues on

this Court and the lower tribunals, may result in reasonable minds reaching disparate interpretations.”

In her dissent, Justice Mundy joined by Justice Todd, concluded that an individual “is a perpetrator at the time the injury is manifested, not solely at the time of the act or failure to act that caused the injury.”

In this opinion, the dissenting justices note that in the “majority of cases” the resulting injury occurs “in close temporal proximity, such as when a child is injured through physical force.” The case before the Supreme Court, however, presented a situation where the “act and the injury” did not occur simultaneously. Mundy then addresses that the facts in this case “more closely resemble neglect cases where the injury manifests at some point in time after the neglect as in cases of malnourishment from lack of food, or suffering from a severe diaper rash from failure to routinely change diapers.”

Justice Mundy explores how to determine whether a child is a victim of child abuse “first requires a determination that there is abuse, followed by a determination of who perpetrated the abuse.” She, joined by Justice Todd, then conclude:

*L.J.B suffered bodily injury after birth when she began exhibiting withdrawal symptoms. The bodily injury L.J.B. suffered was a direct result of a recent act of Mother, the use of illegal narcotics. Therefore, Mother was the perpetrator of the abuse on L.J.B, after birth, notwithstanding the fact that she ingested the drugs prior to birth. Accordingly, Mother was a parent of the child and caused bodily injury through a recent act.”*

### ***Supreme Court’s decision arrives as Commonwealth (and the counties) are still struggling to effectuate (another) statutory change***

Since 2003, Congress has linked a state’s eligibility for a share of federal Child Abuse Prevention and Treatment Act (CAPTA) state grant funding to a state establishing, by statute or administrative policy, a requirement that a health care provider notify the child welfare agency when an infant is born affected by prenatal drug exposure. This notification was envisioned, within CAPTA, as the catalyst to the development and monitoring of a plan of safe care for the infant upon discharge from the birthing center or hospital. This 2003 federal law underscored that the report to the child welfare agency was not to be interpreted as Congress establishing a federal definition of child abuse or neglect. Congress also stipulated that this CAPTA provision was not to be seen as providing cause or leverage to prosecute the mother “for any illegal action.” CAPTA was amended in 2016 and again just recently affecting how states are to come to know about and meet the needs of infants affected by prenatal drug exposure.

Pennsylvania became compliant with CAPTA in 2006 and then amended the CPSL, specific to substance-exposed infants, in 2014 ([Act 4](#)) and again in 2015 ([Act 15](#)).

Then this summer, Governor Tom Wolf signed House Bill 1232 into law creating [Act 54](#) altering the content of Pennsylvania’s CPSL specific to this substance-exposed infant notice provision and the

development of a plan of safe care.<sup>6</sup> Act 54 was an attempt to address the 2016 Congressional changes to CAPTA.

Pennsylvania’s Act 54 (once in effect) will:

- Alter the Section 6386 language from one of “mandatory reporting” to “mandatory notification”;
- Require that the health care provider “shall immediately” notify the Pennsylvania Department of Human Services (ChildLine) versus the existing requirement that the local children and youth agency be directly notified;
- Remove the statutory requirement that a county children and youth agency undertake a safety or risk assessment as well as respond to the infant and family in a specific timeframe.

<b>Current - Title 23, Section 6386</b>	<b>Once Act 54 of 2018 is in Effect</b> <b>Title 23, Section 6386</b> <i>(House Bill 1232 as presented to Governor Wolf on June 22, 2018)<sup>7</sup></i>
<p>§ 6386. Mandatory reporting of children under one year of age.</p> <p>(a) When report is to be made. – A health care provider shall immediately make a report or cause a report to be made to the appropriate county agency if the provider is involved in the delivery or care of a child under one year of age who is born and identified as being affected by any of the following:</p> <ol style="list-style-type: none"> <li>1. Illegal substance abuse by the child's mother.</li> <li>2. Withdrawal symptoms resulting from prenatal drug exposure unless the child’s mother, during the pregnancy, was:               <ol style="list-style-type: none"> <li>i. under the care of a prescribing medical professional; and</li> <li>ii. in compliance with the directions for the administration of a prescription drug as directed by the prescribing medical professional.</li> </ol> </li> <li>3. A Fetal Alcohol Spectrum Disorder.</li> </ol> <p>(b) Safety or risk assessment. – The county agency shall perform a safety assessment or risk assessment, or both, for the child and determine whether child protective services or general protective services are warranted.</p> <p>(c) County agency duties. – Upon receipt of a report under this section, the county agency for the county where the child resides shall:</p>	<p>§ 6386. Notification to department and development of a plan of safe care for children under one year of age.</p> <p>(A) Notification to department. – For the purpose of assessing a child and the child’s family for a plan of safe care, a health care provider shall immediately give notice or cause notice to be given to the department</p> <p>When notification is to be made. – A health care provider shall immediately give notice or cause notice to be given to the department if the provider is involved in the delivery or care of a child under one year of age and the health care provider has determined, based on standards of professional practice, the child was born affected by:</p> <ol style="list-style-type: none"> <li>1) Substance use or withdrawal symptoms resulting from prenatal drug exposure; or</li> <li>2) a Fetal Alcohol Spectrum Disorder.</li> </ol> <p>(A.1) Notification not to constitute child abuse report. – This notification by a health care provider to the department and any transmittal to the county agency by the department shall not constitute a child abuse report.</p> <p>(B.1) Development of interagency protocols and plan of safe care. – The department, in collaboration with the Department of Health and the Department of Drug and Alcohol Programs, shall develop written protocols that include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Definitions and evidence-based screening tools, based on standards of professional practice, to</li> </ol>

<sup>6</sup> <https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=54>

<sup>7</sup> [http://www.legis.state.pa.us/cfdocs/billInfo/bill\\_history.cfm?syear=2017&sind=0&body=H&type=B&bn=1232](http://www.legis.state.pa.us/cfdocs/billInfo/bill_history.cfm?syear=2017&sind=0&body=H&type=B&bn=1232)



<p align="center"><b>Current - Title 23, Section 6386</b></p>	<p align="center"><b>Once Act 54 of 2018 is in Effect</b>  <b>Title 23, Section 6386</b>  <i>(House Bill 1232 as presented to Governor Wolf on June 22, 2018)<sup>7</sup></i></p>
<p>(1) Immediately ensure the safety of the child and see the child immediately if emergency protective custody is required or has been or shall be taken or if it cannot be determined from the report whether emergency protective custody is needed.</p> <p>(2) Physically see the child within 48 hours of receipt of the report.</p> <p>(3) Contact the parents of the child within 24 hours of receipt of the report.</p> <p>(4) Provide or arrange reasonable services to ensure the child is provided with proper parental care, control and supervision.</p>	<p>be utilized by health care providers to identify a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.</p> <p>2) Notification to the department that a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder has been born and identified. Ongoing involvement of the county agency after taking into consideration the individual needs of the child and the child’s parents and immediate caregivers may not be required.</p> <p>3) Collection of data to meet federal and state reporting requirements.</p> <p>4) Identification, informed by an assessment of the needs of the child and the child’s parents and immediate caregivers, of the most appropriate lead agency responsible for developing, implementing and monitoring a plan of safe care, informed by a multidisciplinary team meeting that is held prior to the child’s discharge from the health care facility, which may include:</p> <ul style="list-style-type: none"> <li>(I) public health;</li> <li>(II) maternal and child health;</li> <li>(III) home visitation programs;</li> <li>(IV) substance use disorder prevention and treatment providers;</li> <li>(V) mental health providers;</li> <li>(VI) public and private children and youth agencies;</li> <li>(VII) early intervention and developmental services;</li> <li>(VIII) courts;</li> <li>(IX) local education agencies;</li> <li>(X) managed care organizations and private insurers;</li> <li>(XI) hospitals and medical providers.</li> </ul> <p>(5) Engagement of the child’s parent’s parents and immediate caregivers in order to identify the need for access to treatment for any substance use disorder or other physical or behavioral health condition that may impact the safety, early childhood development and well-being of the child.</p>

Exactly how Act 54 is to be interpreted and implemented remains to be seen as the Pennsylvania Department of Human Services is still struggling, along with the Departments of Health and Drug and Alcohol Programs, in how best to develop the “written protocols for implementation of a plan of safe care” and what should be included in such plans. These protocols will be essential to sorting through how communities triage and provide services to infants and their families, including in determining the role (limited or extensive) of the child welfare agency.

In the meantime, county children and youth agencies continue to regularly receive reports from health care providers about infants prenatally exposed to drugs (see the chart included below).

<b>County</b>	<b>2016 General Protective Service (GPS) § 6386 Referrals to Child Welfare (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>8</sup></b>	<b>2016 <u>Validated</u> GPS Referrals (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>9</sup></b>	<b>2017 General Protective Service (GPS) § 6386 Referrals to Child Welfare (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>10</sup></b>	<b>2017 <u>Validated</u> GPS Referrals (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>11</sup></b>
<b>Adams</b>	<b>13</b>	6	<b>16</b>	11
<b>Allegheny</b>	<b>169</b>	107	<b>149</b>	117
<b>Armstrong</b>	<b>18</b>	16	<b>19</b>	18
<b>Beaver</b>	<b>15</b>	5	<b>24</b>	13
<b>Bedford</b>	<b>13</b>	10	<b>6</b>	3
<b>Berks</b>	<b>14</b>	9	<b>36</b>	24
<b>Blair</b>	<b>17</b>	17	<b>32</b>	31
<b>Bradford</b>	---	---	<b>4</b>	4
<b>Bucks</b>	<b>73</b>	57	<b>109</b>	101
<b>Butler</b>	<b>22</b>	21	<b>18</b>	15
<b>Cambria</b>	<b>27</b>	27	<b>27</b>	26
<b>Cameron</b>	<b>5</b>	3	<b>2</b>	2
<b>Carbon</b>	<b>9</b>	6	<b>13</b>	8
<b>Centre</b>	<b>5</b>	3	<b>6</b>	4
<b>Chester</b>	<b>31</b>	9	<b>51</b>	23
<b>Clarion</b>	<b>6</b>	5	<b>3</b>	2

<sup>8</sup> Based on data supplied by the Pennsylvania Department of Human Services to the Center for Children’s Justice with a notation the data was extracted from the CWIS Data Warehouse on September 6, 2018. The supplied counts are based on referrals received in the calendar year and a child may have more than one type of allegation per referral. The valid count is as of 9/6/18.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<b>County</b>	<b>2016 General Protective Service (GPS) § 6386 Referrals to Child Welfare (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>8</sup></b>	<b>2016 <u>Validated</u> GPS Referrals (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>9</sup></b>	<b>2017 General Protective Service (GPS) § 6386 Referrals to Child Welfare (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>10</sup></b>	<b>2017 <u>Validated</u> GPS Referrals (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>11</sup></b>
Clearfield	13	7	10	7
Clinton	3	1	3	3
Columbia	3	3	4	4
Crawford	19	10	16	14
Cumberland	10	6	22	19
Dauphin	39	29	51	44
Delaware	96	66	110	84
Elk	5	2	14	5
Erie	37	30	50	42
Fayette	33	25	50	41
Forest	---	---	---	---
Franklin	9	7	9	7
Fulton	3	3	4	4
Greene	25	12	20	10
Huntingdon	---	---	4	4
Indiana	2	1	5	2
Jefferson	9	7	7	4
Juniata	2	2	---	---
Lackawanna	9	5	3	3
Lancaster	14	7	28	20
Lawrence	14	4	19	10
Lebanon	4	1	5	1
Lehigh	29	11	45	27
Luzerne	9	4	17	11
Lycoming	3	2	8	5
McKean	6	4	4	4
Mercer	27	23	37	33
Mifflin	2	2	4	3
Monroe	15	7	12	9
Montgomery	48	42	57	49
Montour	---	---	---	---
Northampton	23	17	22	17
Northumberland	9	8	5	4
Perry	7	6	9	8
Philadelphia	193	149	199	168

<b>County</b>	<b>2016 General Protective Service (GPS) § 6386 Referrals to Child Welfare (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>8</sup></b>	<b>2016 <u>Validated</u> GPS Referrals (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>9</sup></b>	<b>2017 General Protective Service (GPS) § 6386 Referrals to Child Welfare (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>10</sup></b>	<b>2017 <u>Validated</u> GPS Referrals (Child under 1 year who has withdrawal symptoms, born affected by drug exposure)<sup>11</sup></b>
<b>Pike</b>	<b>8</b>	<b>8</b>	<b>4</b>	<b>2</b>
<b>Potter</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>
<b>Schuylkill</b>	<b>5</b>	<b>5</b>	<b>12</b>	<b>8</b>
<b>Snyder</b>	<b>1</b>	<b>1</b>	<b>---</b>	<b>---</b>
<b>Somerset</b>	<b>10</b>	<b>6</b>	<b>24</b>	<b>14</b>
<b>Sullivan</b>	<b>---</b>	<b>---</b>	<b>---</b>	<b>---</b>
<b>Susquehanna</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>3</b>
<b>Tioga</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>Union</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Venango</b>	<b>18</b>	<b>15</b>	<b>21</b>	<b>19</b>
<b>Warren</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>5</b>
<b>Washington</b>	<b>34</b>	<b>26</b>	<b>33</b>	<b>25</b>
<b>Wayne</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>3</b>
<b>Westmoreland</b>	<b>54</b>	<b>35</b>	<b>51</b>	<b>49</b>
<b>Wyoming</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>3</b>
<b>York</b>	<b>23</b>	<b>17</b>	<b>33</b>	<b>26</b>