



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

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Commissioner

**PROTECTION AND PERMANENCY TRANSMITTAL LETTER, 24-16**

**TO:** Service Region Administrators  
Service Region Administrator Associates  
Service Region Clinical Associates  
Regional Program Specialists  
Family Services Office Supervisors

**FROM:** Vanessa Hunter, Assistant Director II  
Division of Protection and Permanency

**DATE:** 7/15/2024

**SUBJECT:** SOP 2.3 Acceptance Criteria and SOP 2.4 Non-Investigatory Response

The purpose of this transmittal letter is to notify staff of edits to the following SOP:

[SOP 2.3 Acceptance Criteria](#)

[SOP 2.4 Non-Investigatory Response](#)

This update reflects necessary changes as a result of [HB 271](#).

If you have any questions regarding this transmittal letter, please contact:

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