

**OFFICE OF THE YOUTH OMBUDSPERSON**



*Pinkney's Vineyard of Faith Ministries*  
*Language Access Issue Report*

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## I. INTRODUCTION

In November 2022, former Mayor Jim Kenney issued Executive Order 5-22 establishing the Office of the Youth Ombudsperson (OYO) in response to the long-documented history of Philadelphia youth experiencing abuse, neglect, and systemic harm in residential placements. The OYO was created to elevate youth voice, drive complaint and engagement activity, and independently monitor and evaluate the City's response to concerns raised.

The Office's mission is to ensure that youth in child welfare, juvenile justice, and behavioral health residential placements receive safe, lawful, and developmentally appropriate care. In partnership with the Department of Human Services (DHS), the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and its managed care entity, Community Behavioral Health (CBH), the OYO works to strengthen complaint resolution processes and promote compliance with applicable laws, accountability standards, efficiency, impartiality, and transparency.

In June 2025, a young person placed at Pinkney's Vineyard of Faith Ministries, a facility that specializes in providing residential services to young girls under the age of 21 and their children, filed a complaint with our Office raising concerns about Pinkney's quality of care and treatment. In particular, the youth alleged a lack of language access services for youth with Limited English Proficiency (LEP).

In collaboration with Philadelphia Department of Human Services' Performance Management & Technology (PMT) team, the OYO assessed these concerns through interviews with Philadelphia youth, facility staff and leadership; a site visit; and a comprehensive review of the facility's policy handbook and incident reports.

With the subject youth's permission, this report outlines the OYO's concerns with PMT's decision not to validate Pinkney's language access concern despite corroborating evidence that Pinkney's relies on Google Translate, lacks a formal language access plan and language services contract, does not maintain 24/7 bilingual staffing, and fails to provide translations of critical youth-facing documents written in English.

PMT reached this conclusion despite Pinkney's clear violation of existing contractual and legal obligations, namely Title VI of the Civil Rights Act of 1964, Executive Order No. 12250, Executive Order No. 04-01, Section 15.7 of Philadelphia DHS' and Pinkney's Contract, all of which prohibit discrimination based on national origin and require equal access to city-funded services for Limited English Proficient (LEP) individuals.

This report highlights the importance of independent oversight in ensuring complaints and grievances are fully examined rather than prematurely closed based solely on technical compliance interpretations or facility leadership's heavily weighted explanations. Without OYO's intervention and advocacy, a youth's language access allegation may have been dismissed entirely despite substantial evidence of systemic deficiencies. While the OYO acknowledges DHS' response to the concerns identified, including ongoing facility monitoring, a guidance letter issued to Pinkney's leadership and contracted providers, and plans to revise PMT's annual evaluation process, we continue to be alarmed by PMT's unwillingness to reconsider its decision not to validate the language access service concern. The following report

outlines the evidence supporting our conclusion that PMT failed to appropriately recognize and substantiate Pinkney’s systemic language access violations and ensure the youth in their care received equal access to services.

## II. BACKGROUND & COMPLIANCE HISTORY

### Pinkney’s Vineyard of Faith Ministries

Pinkney’s Vineyard of Faith Ministries is a family-owned mother-baby group home in Red Lion, PA providing residential services to young mothers and their babies involved in the dependency and/or delinquency systems. Since 2003, Pinkney’s has sought to care for teen girls and equip them with the life skills needed for a successful future with their children.

### Philadelphia DHS - PMT

Philadelphia DHS’ Performance Management & Technology Team (PMT) assess complaints concerning the care and treatment of Philadelphia youth in city-contracted group homes and detention facilities. Complaints fall into one of three categories: serious incidents, service concerns, and assessment follow-ups. As a part of their assessment process, PMT collects initial information, completes file reviews, and conducts a site visit where they interview facility leadership, staff and Philadelphia youth. In addition, PMT conducts high-level monitoring for facilities with a history of ongoing concerns. When PMT determines there to be sufficient evidence as to an allegation, they validate the serious incident or service concern and issue a corrective action plan (CAP). The OYO oversees and takes part in PMT’s assessment process from start to finish and provides feedback as to their evaluation of the incidents and concerns.

Based on our knowledge and the information available in our collaborative folder, PMT never issued corrective action against Pinkney’s Vineyard prior to the OYO’s July 2025 inquiry.

### Pennsylvania DHS

The Pennsylvania Department of Human Services’ Office of Children, Youth and Families conducts licensing reviews of state-licensed facilities, including Pinkney’s Vineyard of Faith Ministries, and requires facilities to submit corrective action plans (CAPs) when violations are identified and to maintain ongoing compliance. The OYO reviewed available licensing inspection summaries between 2010 and 2025, along with the State’s provider inspection and violation history records, which show numerous inspections over time, including multiple inspections within certain years (See Appendix A).

Across these inspections, the facility was cited repeatedly, reflecting a sustained pattern of noncompliance. Violations spanned critical areas of health, safety, and oversight, including hazardous conditions such as poisonous items accessible to children (2010, 2011, 2023) and water temperatures exceeding 120°F (2012, 2014). Violations also included persistent documentation failures, including missing proof of hearing screenings (2011, 2012), incomplete fire drill records (2014, 2016), lack of documentation of children’s religious affiliation (2016), failure to document discharge planning discussions with families (2017, 2018), failure to complete and maintain records of required health and safety assessments and examinations (2020), and a delay in the agency vehicle registration (2025). The facility was also cited for

staffing-related deficiencies, including failure to verify employee education prior to hire (2016, 2017) and not having a valid health statement on file (2025).

Notably, the October 5, 2017 inspection identified broader systemic concerns related to inadequate care planning, medication management, staff training, safety conditions, and documentation, and these same deficiencies were cited again in November 2018. Subsequent inspections in 2019 and 2020 continued to identify similar documentation and health oversight deficiencies. The recurrence of similar violations across multiple years, combined with multiple inspections within the same years, raises serious concerns about the effectiveness of Pinkney's CAPs and the adequacy of ongoing regulatory oversight. Overall, the consistency, repetition, and frequency of inspections indicate sustained operational and oversight failures rather than isolated incidents, calling into question Pinkney's ability to ensure youth's safety, well-being, and rights.

### III. YOUTH COMPLAINT & RESPONSE

At the end of June 2025, a young person filed a complaint with the OYO regarding her care at Pinkney's Vineyard, alleging that Spanish-speaking youth are not consistently provided with meaningful language access. While some bilingual staff are employed, they are not available across all shifts, leaving periods where youth cannot effectively communicate with staff. Instead of using certified interpreters, staff reportedly rely on Google Translate. The complainant also reported that key documents are not translated into Spanish and that youth are expected to sign them without fully understanding their contents. She further described discriminatory treatment toward Latine youth, including staff raising their voices in English rather than facilitating effective communication.

The complainant also identified systemic issues regarding confidentiality, improper use of exclusion, non-trauma-informed approaches to youth treatment, and food access, including limited kitchen hours, insufficient and inconsistently stocked food, expired food, and failure to meet dietary restrictions.

After following up with the youth to gather further details, the OYO submitted an inquiry letter to PMT in July, highlighting potential rights violations and asking that PMT conduct an assessment and include the OYO in all aspects to ensure proper oversight. The OYO asked Pinkney's for a list of all multilingual staff, their roles, date of hire, and assigned shift(s); written policies and standards of practice, including those related to language access; staff training content and frequency, specifically covering cultural humility, diversity and trauma-informed practices. The OYO also requested that PMT review Philadelphia youth's files and conduct interviews with Philadelphia youth, Pinkney's staff and leadership to assess the allegations raised in the inquiry letter.

In August 2025, PMT and OYO conducted a joint site visit as part of the service concern assessment. For this visit, the OYO sent one Associate, whereas PMT sent two Analysts. Generally, site visit participation is discussed prior to the visit to ensure both agencies can prepare and determine the number of staff who will attend the visit. On this occasion PMT did not provide OYO with notice of the number of their staff members attending, leaving OYO with one less staff member at the visit. Given this, OYO had to choose between interviewing youth or staff during the visit. The Associate Youth Ombudsperson chose to interview youth. Given that the complaint originated from a young person, and that youth voice is often overlooked, under-

corroborated, and dismissed, the OYO prioritizes youth interviews when forced to make such a choice.

Throughout interviews, youth consistently reported that Pinkney's did not have bilingual staff available on all shifts and that English-speaking staff rely on Google Translate, rather than certified, live interpreters, to communicate with Spanish-speaking youth. Youth reported misunderstandings between them and staff when communicating through Google Translate, given the inaccuracy of the application. Youth also reported often waiting until bilingual staff were available, even if this meant going hours without staff support, just to be thoroughly understood. Youth also reported doing their best to communicate their needs in English, despite feeling unsure and uncomfortable with the accuracy of the conversation. Youth spoke to feelings of discrimination, including instances where staff raised their voices at them in English, ignored them, or expressed frustration at the fact that they cannot speak English. Overall, youth expressed having greater trust in the Spanish-speaking staff.

Youth reported that Pinkney's leadership translated some documents into Spanish, but not all. Youth shared that they were required to sign documents in English without fully understanding them. Youth reported that bilingual staff would verbally interpret documents that youth were required to sign; however, youth indicated they were unable to independently read or fully understand these materials themselves. During the site visit, PMT and OYO observed some documents translated into Spanish, such as the house rules; however, others, including kitchen hours and instructions, were entirely in English. PMT and OYO did not observe any Spanish-speaking staff during this site visit, though it was during a shift when they should have been working.

Due to PMT's lack of advanced coordination for the site visit, the OYO could not participate in staff interviews during the service concern assessment visit. Additionally, the OYO could not review PMT's staff interview notes until four months after the interviews occurred due to delayed note sharing. Finally, the OYO did not interview Pinkney's staff on our own given the OYO does not have the authority to conduct independent investigations, only to oversee Philadelphia DHS' assessment process. In PMT site visit notes, staff reported that Pinkney's does not have a language access service and instead relies on Google Translate to communicate with LEP youth when bilingual staff are unavailable. Some staff reported using hand gestures to communicate with Spanish-speaking youth. Staff denied receiving any language access training.

In September 2025, the OYO and PMT interviewed Pinkney's leadership who acknowledged that bilingual staff are not available on all shifts and that staff rely on Google Translate in their absence. At times, with supervisor approval, staff may call bilingual staff off shift to assist with interpretation while working with LEP youth. Leadership stated that Pinkney's has never used a formal interpreter due to the lack of a language service contract. The OYO noted that DHS leadership has indicated Google Translate is not a preferred method of language access, and PMT stated they would inquire with DHS regarding support with a language service contract.

Facility leadership further explained that some documents are translated into Spanish, while bilingual staff verbally interpret others in real time. The OYO emphasized that best practice is for individuals to review and complete documents in their native language. Leadership

confirmed Pinkney's does not have a language access policy, and staff are not required to complete cultural competency or cultural humility training. When asked about youth's ability to understand English, Pinkney's leadership stated that from their perspective youth who try and want to learn English have an easier time communicating with staff. They went on to say that

LEP youth from other cultural backgrounds learned English and therefore Spanish-speaking youth should do the same. When asked whether residents had reported experiences of discrimination, Pinkney's leadership acknowledged other youth from different cultural backgrounds have also reported staff discrimination. The OYO asked whether, given this, cultural competency training could be beneficial, to which Pinkney's leadership responded that it could and they would look into this. With respect to cultural competency and humility, leadership only cited youth ability to purchase culturally specific foods with their own money.

During the month of September, the Youth Ombudsperson inquired with DHS' Child Welfare Operations (CWO) leadership as to the language access concern and requested contract and policy language.

In October 2025, the Youth Ombudsperson followed up with CWO leadership for a copy of the language access policy and contract language.

CWO leadership confirmed the presence of Spanish-speaking staff at Pinkney's; however, it remains unclear whether such staff are available across all shifts. CWO leadership stated they informed Pinkney's leadership of their obligation to use interpretation services. In response, Pinkney's leadership stated the 3800 regulations do not require the facility to provide interpretation services, highlighting the regulations' silence on language access (see Appendix B). The OYO has since informed PA DHS of this gap and submitted language access guidance for consideration in the pending 3900 regulations.

In November 2025, a CWO leadership representative acknowledged to the Youth Ombudsperson that language access is a systemic and ongoing issue across congregate care providers. The representative noted DHS had addressed a similar issue with another provider in the past; however, they did not provide details on how that matter was resolved.

In December 2025, PMT informed OYO they were closing the case and drafting their final report. PMT shared they were validating the food access service concern only. None of the other service concerns, including the language access concern, were validated. PMT noted that Pinkney's submitted a satisfactory Corrective Action Plan (CAP) addressing food access concerns. PMT failed to include the OYO in the conversations; therefore, the OYO was unable to review the CAP before PMT deemed it satisfactory.

#### IV. DHS ACTION

As presented above, the evidence gathered during interviews with Pinkney's leadership, staff, and youth unequivocally substantiated the language access concerns raised in the initial inquiry. All parties confirmed that Pinkney's operates without a formal language access policy, relies on Google Translate and verbal interpretation of English-language documents, and has bilingual staff available only during certain shifts. Despite these consistent and undisputed findings, PMT

declined to validate the language access concern, raising significant questions about the adequacy of PMT's service concern assessment process and their standards of practices.

In December 2025, PMT completed their assessment of the complaint and explained that Pinkney's employment of bilingual staff, despite not being available on all shifts, was sufficient. They did not explicitly disapprove of Pinkney's primary use of Google translate in place of live interpretation and translation services. PMT also did not disapprove of Pinkney's practice of having youth sign English documents after bilingual staff verbally interpreted their contents.

In January 2026, PMT submitted their OYO Case Summary Report stating their justification for not validating the language access concern. The OYO informed PMT of our outstanding concerns around language access. PMT's additional justifications were that the concern did not suffice as a 3800-regulation violation. PMT indicated that their standard of practice is limited to only assessing harm as outlined in the 3800 regulations.

Additionally, PMT stated in their Case Summary Report, that according to Structured Progress Notes (SPN), youth declined the use of a global translator and affirmed that they understood English during placement. They did not specify which youth declined, when they declined, to whom, and under what circumstance. DHS' own language access policy states that an LEP individual's refusal of qualified interpreter services does not constitute a waiver of any person's right to request one in the future. DHS staff are expected to inquire at each contact if clients who formerly declined an interpreter have reconsidered and now want to utilize one (see Appendix H). There is no proof that the youth who allegedly declined translation were re-engaged by the facility on the topic of needing language access support. Rather, PMT and OYO team members both observed that youth elected to interview in Spanish when asked during site visits.

Following this, the City Law Department informed the OYO they would be issuing guidance to Pinkney's, and later all congregate care providers, outlining language access requirements and expectations. In the guidance submitted, the City Law Department cited Title IV, Mayor's Executive Order, City Contract, and DHS Policy (see Appendix C). While the guidance noted the problematic use of Google Translate, it was silent on the facility's requirement to translate documents into the native language of the youth, particularly key documents providers require youth to sign. It was also silent on the need to maintain bilingual staff on all shifts, if they are the primary source of language access support.

Following the OYO's suggestion in advocating for the inclusion of language access, PMT offered to incorporate language access into Pinkney's existing Corrective Action Plan related to food access. PMT also agreed to update their annual evaluation process to evaluate language access proficiency for all providers moving forward. However, PMT made clear they would not revisit or revise their original determination declining to validate the language access concern. As a result, PMT effectively required corrective action while simultaneously signaling to Pinkney's that no violation had occurred.

On June 4, 2026, Philadelphia DHS Commissioner sent formal guidance to all juvenile justice and child welfare contracted providers outlining their responsibility to provide language access services per their contract with the City, as well as applicable federal, state, and local laws (see Appendix K). Providers need to have policies and processes in place addressing language

interpretation and translation, use of formal, qualified interpreters, staff training, and record keeping. The use of Google Translate and informal interpreters, such as family members or friends, is discouraged.

While the guidance does not require providers to act within a specific time, it does notify them that they will be evaluated annually for compliance. The OYO is not aware of PMT's evaluation cycle. Thus, during this time, it is possible LEP youth's language access needs will remain unmet as providers work to come into compliance.

## V. LEGAL AUTHORITY

Youth residential placement facilities that contract with the City of Philadelphia are subject to a set of federal civil rights requirements, executive directives, local policy mandates, and binding contractual obligations that collectively require the provision of meaningful access to services for individuals with Limited English Proficiency (LEP), as well as individuals who are Deaf or hard of hearing. These requirements establish that language access is not discretionary, but a civil rights and contractual obligation tied to the receipt of public funding.

At the federal level, Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) prohibits discrimination on the basis of race, color, and national origin in programs or activities receiving federal financial assistance (see Appendix D). Federal enforcement and longstanding judicial interpretation recognize that discrimination based on national origin includes the failure to provide meaningful access to LEP individuals. Accordingly, recipients of federal financial assistance must take reasonable steps to ensure that language barriers do not deny, delay, or meaningfully restrict access to services, benefits, or participation in federally funded programs.

This obligation is further reinforced by Executive Order No. 12250, which directs federal agencies to coordinate the implementation and consistent enforcement of federal civil rights statutes, including Title VI, across federally funded programs (see Appendix E). Together, Title VI and Executive Order 12250 establish the federal framework requiring nondiscriminatory access to public services regardless of language proficiency.

Federal guidance on LEP services, including the U.S. Department of Justice's 2002 guidance (67 Fed. Reg. 41455), that was historically used to interpret and operationalize these obligations, was rescinded in Spring 2025 by the current administration (see Appendix F). However, the rescission does not alter the underlying legal requirements of Title VI. The obligation to provide meaningful access remains in effect and continues to be enforced through agency determinations and case-by-case assessments of whether recipients have taken reasonable steps to ensure effective communication with LEP individuals.

At the local level, the City of Philadelphia has established additional requirements through Mayor's Executive Order No. 04-01, which affirms the City's commitment to ensuring equitable access to City services for LEP individuals (see Appendix G). This executive directive reflects the City's recognition that language barriers can function as a form of exclusion from public services and therefore must be affirmatively addressed within all City programs and contracted services.

The City further operationalizes these obligations through its Policy and Procedure for Effective Communication with LEP, Deaf and Hard of Hearing People (see Appendix H). This policy establishes the City's standards and expectations for departments and contracted providers, such as Pinkney's, to ensure effective communication with individuals who are LEP, Deaf, or hard of hearing. It requires that appropriate language assistance services and auxiliary aids be made available so that individuals can fully understand, participate in, and benefit from City-funded services. Additionally, the policy makes clear that qualified interpreters include language proficient employees and contracted interpreters, and that they are the preferred resource for providing interpretation services to LEP clients. Pinkney's admits that they do not have contracted interpreters and that they use Google Translate for telephonic interpretation. The policy clearly defines telephonic interpretation as a contracted service that allows for over-the-phone interpretation 24 hours a day, 7 days a week. According to this definition, Google Translate does not suffice as appropriate telephonic interpretation. Pinkney's also posits that they utilize bilingual staff. However, the policy also makes clear that language proficient employees must be certified and approved by the Department to interpret, must volunteer their services and complete mandatory interpreter training. There is no proof that the Department has approved Pinkney's bilingual staff or that these staff have completed the required training. As such, Pinkney's has not used qualified interpreters as permitted under the City's policy.

These requirements are reinforced by binding contractual obligations between the City of Philadelphia and provider agencies. Specifically, Contract Section 15.7 (Limited English Proficiency) states that the provider understands and agrees that no individual who is limited in English language proficiency shall be denied access to services provided under the contract on the basis of that limitation (see Appendix I). This provision establishes a direct and enforceable obligation that language access barriers may not interfere with receipt of services, participation in programming, or understanding of rights, responsibilities, or procedures.

Taken together, these federal civil rights requirements, executive directives, City policy, and contractual provisions establish a unified legal framework requiring youth residential placement facilities to provide meaningful language access. Compliance is not optional or aspirational; it is a condition of receiving public funding and a core requirement for lawful service delivery in City-contracted youth residential programs.

As such, Pinkney's Vineyard was effectively on notice as to the language access and proficiency requirements for LEP youth in their care. By virtue of reading and signing the contract and operating a facility that admits LEP youth, Pinkney's accepts responsibility and agrees to compliance with administering services in their native language. The fact that DHS did not validate the language access service concern due to the facility's lack of awareness and notice and the 3800 regulations' silence on the issue undermines LEP youth's guaranteed legal protections under federal, state and local laws.

## VI. OYO FINDINGS

In declining to validate the language access service concern, PMT cited a series of rationales, including that the 3800 regulations do not explicitly require language access services, that youth declined interpretation services, that bilingual staff verbally interpreted documents, and that some youth-facing materials have been translated into Spanish. They also reasoned that the

facility may not have been adequately on notice of its obligations, and that as a small group home they may lack the financial capacity to maintain a language services contract. PMT ultimately concluded there was insufficient corroborating documentation to substantiate the concern, despite interviews with youth, staff, and leadership confirming the underlying facts.

While DHS did ultimately issue guidance to Pinkney's and all contracted providers, and agreed to update their annual evaluation process and the corrective action plan for monitoring purposes only, the decision to not validate the concern signals to Pinkney's, and to other congregate care providers, that the absence of meaningful language access services for LEP youth is not a serious enough deficiency to warrant formal validation. Differing from PMT assessment process and standards of practice, the OYO's oversight analysis examined whether youth are meaningfully able to access, understand, and participate in the services, decisions, and rights affecting them, consistent with regulatory and legal requirements and best practice approaches.

As such, OYO remains concerned that PMT's informal approach to addressing the language access concern weakens accountability and creates a dangerous precedent. It risks normalizing noncompliance with language access obligations and diminishes the urgency with which providers address these issues. Equally concerning, it sends a message to youth with limited English proficiency that their ability to understand, participate in, and benefit from services is not a priority. By failing to formally validate the concern, despite requiring corrective action, PMT's response both contradicts itself and undermines the protections intended to ensure equitable treatment and language access for all youth. Additionally, when a service concern is not formally validated and is instead absorbed into an unrelated corrective action plan, it undermines the integrity of PMT's compliance record, distorts the facility's corrective action history, and weakens the reliability of annual evaluation findings.

### **Pinkney's Insufficient Practices Violated Contractual and Legal Obligations**

Both Pinkney's leadership and PMT relied on the 3800 regulations' silence regarding language access as a justification for insufficient practices and disregarded applicable federal civil rights law, state and local policies, and DHS's own contractual standards. This narrow interpretation effectively permits conditions that deny LEP youth equal access to services, undermining their ability to participate in treatment, understand rules and expectations, and exercise their rights. As such, the OYO concludes that Pinkney's had sufficient notice of their duties as a provider to provide proficient language access support to the LEP youth it services. Pinkney's failure to provide adequate language access services constitutes a violation of its contractual obligations with DHS, as well as Title VI and Executive Order No. 4-01.

### **Google Translate is Insufficient**

Staff indicated they were unaware of any interpretation services available to them and had not received training on how to meet language access needs. Leadership and staff acknowledged that Pinkney's does not have a language access services contract or a formal language access policy. Instead, staff use Google Translate to communicate with LEP youth when bilingual staff are not available. Youth described experiencing confusion and misunderstandings in their interactions with staff due to the limitations of Google Translate. As an automated translation tool, Google Translate is not designed to accurately convey cultural nuances, regional language differences, or context-specific meaning, which are critical in a treatment setting. Additionally, reliance on Google Translate assumes that youth are literate in their primary language, which may not be the

case. While some youth may be verbally fluent, they may not have the ability to read or write in that language, further compounding communication barriers.

### **Youth-Facing Documents Must Be Translated**

Pinkney's has certain youth-facing documents, including grievance forms, level worksheets, and the youth rights guide, available in Spanish. However, they do not have other critical youth-facing documents, such as the Individualized Service Plan (ISP), which must be revised and signed by youth every six months, translated into Spanish. DHS' Policy and Procedure for Effective Communication with LEP Clients (see Appendix H) requires providers to secure qualified interpretation and translation services throughout all stages of service delivery, including ISP meetings, written communications, home visits, and other provider-initiated contacts. The policy further defines translation as "the replacement of written text from one language into an equivalent written text.

It further states that "Providers are responsible for the payment of interpreters..." and if cost is an issue, they are encouraged to "avail themselves of the provision in City contracts for language-related services which allows non-profit organizations to enter into contracts with City language service agencies at City negotiated rates."

Verbal interpretation, particularly when not conducted by a qualified interpreter, does not provide the same level of access as written translation for documents that carry substantive treatment or rights-based implications. As a result, youth are placed in a position where they cannot independently review, revisit, or fully comprehend documents they are asked to sign. This undermines the principles of informed consent and meaningful participation in their care.

Moreover, Pinkney's approach reflects a broader failure to align its practices with the linguistic needs of the population it serves. By admitting Spanish-speaking youth without ensuring that all vital documents are accessible in Spanish, Pinkney's creates a structural barrier to understanding and engagement, disregarding the cultural and linguistic realities of the youth in its care.

### **Bilingual Staff Must Be Available 24/7 If Primary Language Access Support**

Pinkney's does not have bilingual staff available across all shifts. Youth reported that bilingual staff are not available after 5:30 PM, a timeframe when youth arrive home from school, eat dinner, and participate in programming. Leadership and staff stated bilingual staff are not available from 11 PM to 7 AM. As a result, there are extended periods during which Spanish-speaking youth have no access to staff who can effectively communicate with them, including in emergency situations. Leadership provided staff schedules, confirming that bilingual staff are not available on 3<sup>rd</sup> shift.

English-only speaking staff will call bilingual staff who are off shift for communication assistance with LEP youth; however, this is inconsistent given they may not be available due to personal commitments. Given the complex needs of youth at Pinkney's and the reality that youth build rapport with different staff members, English-speaking staff should be equipped to utilize live interpretation services when bilingual staff are unavailable. Even when bilingual staff are present, concerns remain regarding document translation, as they may not be available to interpret documents, leaving youth without language access support when reviewing and signing important materials. Pinkney's should translate documents into youth's preferred language and

maintain a 24/7 interpretation system to ensure youth can always understand and provide informed consent.

### LEP Youth Should Not Be Expected to Assimilate

Youth reported they are often made to feel different due to their language access needs. Youth reported that when attempting to speak English, as is often required, staff will pretend not to understand, ignore them, mock them, or speak loudly as if the youth have a hearing impairment rather than a language need. DHS policy states providers may not discriminate against LEP clients by “communicating less frequently or avoiding communication” (see Appendix H). The discrimination allegations were corroborated when Pinkney’s leadership indicated that youth should learn English if they wish to effectively communicate with staff and that if other LEP youth from different backgrounds were able to do so, Spanish-speaking youth should be able to do so as well. Title VI explicitly prohibits federally funded programs from delaying or denying LEP individuals language access services.

Facilities receiving City funding must provide culturally competent, language-proficient services. The expectation that youth abandon their native language - and by extension, an essential part of their identity, family connection, and sense of self - to access services is deeply problematic. Language is not simply a tool for communication. Language is closely tied to identity, relationships, and belonging. Conditioning access to care on English proficiency creates an inequitable dynamic in which non-English-speaking youth are placed at a structural disadvantage.

At a minimum, this reflects a failure to provide culturally and linguistically responsive care. At its worst, it may constitute discriminatory treatment by excluding youth from full participation in services based on language, which is closely linked to national origin. This dynamic undermines trust, limits engagement, and isolates youth from both services and critical cultural connections.

### English-First Norms Create Unequal Access to Services

Interviews with Pinkney’s leadership, staff, and youth show that English is the default language of communication, regardless of the youth’s preference. Leadership indicated that youth from various racial and ethnic groups have also reported experiences of discrimination. Despite this, the facility still does not provide cultural humility training for leadership or staff. Without this training, the expectation remains that if youth want to better navigate their time in placement, they should learn to communicate in English.

Pinkney’s English-first approach places the burden on youth to adapt linguistically rather than on Pinkney’s to ensure accessible communication. This creates implicit pressure for youth to communicate in English, even when it is not their native or preferred language. Doing so is perceived as easier, less disruptive, and more aligned with staff expectations. Over time, this discourages youth from requesting language support or asserting their preferences, particularly in environments, like large group home settings, where they may already feel a lack of control.

This dynamic undermines meaningful access by substituting staff perception for actual comprehension and preference. It creates a power imbalance in which youth may forgo full understanding to navigate daily interactions with staff more smoothly. As a result, the facility’s

reliance on English as the default language limits youth's ability to fully engage, advocate for themselves, and participate in services on equal footing.

Given that one of PMT's justifications for invalidating the language access service concern is that LEP youth at Pinkney's allegedly declined the use of interpretation services, it is important to note that LEP youth may not affirmatively request language assistance, even when needed. Immigrant youth sometimes attempt to communicate in English to avoid drawing attention to language barriers or burdening staff. DHS' own Policy and Procedure for Effective Communication with LEP clients states that, "people may mask their inability to understand in an effort to appear compliant or cooperative as well as out of embarrassment or shame at their limitations or disabilities" (see Appendix H).

Accordingly, providers should not rely on perceived English proficiency or default to English if and when youth do not explicitly request language access services. It is essential that Pinkney's normalize and promote language access services by offering qualified interpretation, clearly communicating that such support is standard, and ensuring youth understand that requesting language access is a right, not a burden.

### Retaliatory Practices Harm Youth and Undermine Oversight

As a part of Pinkney's corrective action plan (CAP) for lack of food access, the OYO and PMT conducted a CAP follow-up visit in January 2026. During interviews, youth reported instances of retaliation following Pinkney's leadership's assumption that they filed the initial OYO complaint and for discussing the conditions at Pinkney's with their care team. Specifically, youth reported leadership and staff subjecting them to drug and pregnancy tests, contacting their legal and case teams with accusations of dishonesty, and stating that if they were unhappy, they could leave.

The fact that leadership may have subjected youth they presumed to be the complainants to heightened scrutiny only after complaints were lodged strongly indicates retaliation. The timing and nature of these actions raise serious concerns. Such conduct can have a chilling effect on reporting and undermine the integrity of the grievance process. It suggests that Pinkney's response to complaints may not have been neutral or protective but instead contributed to an environment in which youth feel unsafe when raising concerns.

Executive Order 5-22, Section 5, makes clear that providers must refrain from retaliating against any person or employee for cooperating with OYO activities, and from obstructing or discouraging individuals from filing complaints, cooperating with the OYO, or accessing its services (see Appendix J). Additionally, § 3800.31. affirms youth's right to lodge grievances without fear of retaliation and requires facilities to communicate this right in a manner that is easily understood and, in the youth's, primary language (see Appendix B).

The OYO raised these concerns with PMT leadership and requested that they address the allegations with Pinkney's leadership, as they pose significant barriers to both OYO and PMT's ability to assess facility conditions and youth care. PMT leadership stated they would review Pinkney's policies, including drug screening practices, to assess whether such actions require court authorization, and would raise concerns about retaliation with facility leadership.

Bilingual staff were not identified during this CAP site visit.

## VII. OYO RECOMMENDATIONS

### Pinkney's Vineyard of Faith Ministries

To address these findings and support compliance with applicable legal, contractual, and policy requirements, OYO recommends that Pinkney's take the following actions:

#### 1. **Implement Comprehensive Language Access Services**

- Immediately: Limit use of electronic translation applications (e.g., Google Translate) to emergency situations only, and only until qualified interpretation services are available; such applications shall not be used as a substitute for professional interpretation or translation services due to well-documented concerns regarding inaccuracy, lack of contextual understanding, and risk of miscommunication in high-stakes settings. **Upon establishment of qualified interpretation services, use of these applications must cease.**
- Within 14 days: Establish access to qualified, live interpretation services (in-person, telephonic, or video), including execution of a formal contract with a qualified language access service provider, to ensure staff have a reliable mechanism to communicate with LEP youth and their parent(s)/guardian(s). If the provider struggles to secure their own language services contract, they must avail themselves of the provision in City contracts for language-related services which allows non-profits to enter into contracts with City language service agencies at City negotiated rates.
- Within 90 days: Provide accurate written translations of all client-facing documents to ensure that youth and their parent(s)/guardian(s) can fully understand their rights, responsibilities, and services.

#### 2. **Establish and Implement a Language Access Policy**

- Within 60 days: Develop and adopt a comprehensive language access policy outlining procedures, staff responsibilities, and expectations for meeting the needs of LEP youth and families. The policy should also identify bilingual staff, their availability, and provide clear guidance on when and how staff must utilize language services;
- Within 90 days: Fully implement the policy, including clear guidance on accessing interpretation and translation services, staff training, documentation requirements, and quality standards.

#### 3. **Train Staff on Language Access Requirements**

- Within 14 days: Provide immediate, interim training to all staff on:
  - i. Limiting the use of electronic translation applications (e.g., Google Translate) to emergency situations only and understanding that such tools are not a substitute for professional interpretation;
  - ii. The requirement to discontinue use of these applications once qualified interpretation services are in place;
  - iii. How to access and utilize live interpretation services (in-person, telephonic, or video) when bilingual staff are not available;
- Within 90 days: Provide comprehensive, mandatory training to all staff on the finalized language access policy, including how to work effectively with interpreters, identify language needs, and ensure compliance with language access standards;

- Ongoing: Provide refresher training to staff on a regular basis, as well as a part of onboarding training for new hires to understand the expectations for language access.

#### **4. Implement Mandatory Staff Training on Cultural Humility**

- Within 60 days: Retain a qualified external provider with experience training social service professionals in cultural humility, implicit bias, and culturally responsive care, particularly in youth-serving or residential settings, to develop and deliver training;
- Within 120 days: Provide mandatory training to all staff, including leadership, direct care staff, and clinical personnel;
- Ongoing:
  - Incorporate cultural humility training into new staff onboarding and annual refresher training, utilizing the external provider or other qualified, vetted training resources with relevant expertise; and
  - Ensure supervision and performance evaluations reinforce expectations related to culturally responsive, non-discriminatory, and equitable care, including appropriate communication practices with youth from diverse linguistic and cultural backgrounds.

#### **5. Engage External Diversity, Equity, and Inclusion Expert**

- Within 90 days: Retain a qualified diversity, equity, and inclusion (DEI) consultant to conduct a comprehensive review of facility policies, practices, and culture;
- Within 180 days: Develop and begin implementation of a corrective action plan based on the consultant's findings and recommendations.

#### **6. Strengthen Bilingual Staff Retention**

The OYO recognizes that Pinkney's has made efforts to recruit and hire bilingual staff, as observed during the most recent CAP site visit and corroborated in recent youth interviews. To ensure bilingual staff remain at Pinkney's, the OYO recommends the following:

- Within 90 days: Develop a plan to increase retention of bilingual and culturally competent staff whose backgrounds reflect those of the youth served;
- Within 180 days and ongoing: Begin implementation of strategies to improve retention and language coverage across all shifts, including targeted outreach, partnerships, and retention incentives where appropriate.

#### **7. Strengthen Oversight and Accountability for Language Access Practices**

- Within 120 days: Establish internal mechanisms to monitor compliance with language access requirements, including supervisory review, documentation checks, and periodic audits;
- Ongoing: Incorporate youth feedback to assess effectiveness and identify ongoing gaps.

#### **8. Implement Zero-Tolerance Anti-Retaliation Policy**

- Within 90 days: The facility should establish safeguards to ensure that staff involved in complaints are not solely responsible for decisions affecting the subject youth and that any significant actions taken after a complaint are subject to supervisory review and documented justification.

- Within 120 days: All staff, including leadership, should receive training on youth rights, grievance protections, and recognizing both direct and indirect forms of retaliation.
- Ongoing: Leadership must reinforce a culture in which youth feedback is treated as a protected and essential component of care, rather than a disruption, to ensure that youth feel safe raising concerns without fear of consequence.

## Philadelphia DHS - PMT

To ensure that youth placed at Pinkney's receive consistent language access support, the OYO recommends that PMT take the following actions:

### 1. **Validate Language Access Service Concern**

The OYO recommends that PMT formally validate the language access service concern identified at Pinkney's Vineyard. Doing so clearly communicates to Pinkney's, other DHS-contracted providers, and youth, that meaningful language access services are required, not optional.

Although DHS added language access to Pinkney's Corrective Action Plan and sent Pinkney's correspondence explaining how Google Translate does not meet applicable standards and that qualified interpretation services are required, the decision not to validate the concern creates ambiguity regarding compliance expectations and weakens accountability.

The OYO recommends that PMT reassess and formally validate the language access service identified at Pinkney's Vineyard **within 30 days**. In doing so, DHS should explicitly ground its determination in applicable legal and contractual requirements, including Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of national origin and requires recipients of federal funding to provide meaningful access to individuals with limited English proficiency. This determination should also reflect DHS's contractual obligations to comply with federal civil rights laws and Philadelphia Executive Orders; DHS' Language Access Policy, which requires qualified interpretation and translation services at all stages of service delivery; and applicable state and federal confidentiality and informed consent standards, which require that individuals understand the information provided in order to meaningfully participate in services and decision-making.

### 2. **Strengthen Existing DHS Policy and Procedure for Effective Communication with LEP, Deaf, and Hard of Hearing People**

While DHS' existing policy lays out clear expectations for its employees and providers, there are areas that can be further strengthened to clarify language access duties. For example, the policy includes requirements, such as asking youth and families at each interaction whether they would like an interpreter, but states this explicitly for DHS staff only and is silent regarding providers. The policy also requires DHS staff to identify a person's primary language at initial contact; not assume language capacity; obtain qualified interpreter services even when not requested or initially refused; and provide translated documents. Extending these requirements to providers would strengthen clarity and consistency.

The policy also fails to explicitly prohibit the use of Google Translate. Finally, this policy was issued in 2010, nearly sixteen years ago, and is overdue for revision to reflect current best

practices and expectations.

The OYO recommends that Philadelphia DHS update this policy and provide the revised version directly to providers, as well as incorporate it into provider contracts. The OYO submitted language access guidance to DHS in December 2025, including language addressing these gaps, which should be incorporated into future guidance. DHS should aim to issue updated guidance by the end of the current fiscal year (June 2026).

### **3. Strengthen Anti-Retaliation Oversight and Enforcement**

Youth should feel safe and comfortable lodging complaints and grievances internally and externally without fear of reprisal. Pinkney’s retaliatory actions in the case suggest a need for stronger anti-retaliation oversight and enforcement. As such, Philadelphia DHS’ PMT team should require the provider to implement a formal anti-retaliation policy that clearly defines prohibited conduct and establishes consequences for violations. PMT should make clear to providers that OYO inquiries should never be used or cited against a youth as “troublemaking” or any other attempts by providers to silence youth voice.

It is essential that youth have access to independent and confidential reporting channels outside of the provider, like the OYO. As part of PMT’s annual evaluations, the team should incorporate indicators of retaliation, including patterns of increased monitoring, testing, or disciplinary action following complaints. Where concerns are identified, PMT should require corrective action.

### **4. Expand Assessment Framework to Include Applicable Legal Requirements**

Findings in this case indicate that Philadelphia DHS/PMT’s decision not to validate the language access concern relied exclusively on 55 Pa. Code Chapter 3800 regulations, without consideration of other applicable legal, contractual, and policy requirements. This limited approach resulted in a determination that does not fully reflect the scope of providers’ obligations or the protection afforded to youth.

OYO recommends that DHS/PMT revise its assessment protocols, tools, and guidance to require consideration of relevant city, state, and federal laws, contractual obligations, and DHS policies when evaluating service concerns. Expanding the assessment framework will strengthen the accuracy and integrity of DHS oversight, promote consistent enforcement across providers, and ensure that youth receive the full protection afforded under applicable law and policy.

## **Pennsylvania DHS**

### **Clarify and Strengthen Language Access Requirements in 55 Pa. Code Chapter 3900**

The OYO understands that PA DHS is currently in the process of drafting 55 Pa. Code Chapter 3900. As such, the OYO recommends that PA DHS incorporate explicit language access requirements for congregate care providers into the forthcoming regulations prior to their release. The OYO has shared draft regulatory language with PA DHS, appreciates their consideration, and looks forward to timely progress on this issue.

While existing regulations under Chapter 3800 include limited provisions related to language and nondiscrimination, they do not establish comprehensive language access requirements. For example, § 3800.243 requires documentation of a child’s primary language and means of

communication, and § 3800.32 prohibits discrimination based on national origin. However, the regulations do not explicitly require providers to offer interpreters, translated documents, or other language access services (see Appendix B). This gap creates ambiguity in enforcement and contributes to inconsistent practices across providers.

To address this gap, OYO recommends that PA DHS incorporate into Chapter 3900 requirements that all licensed congregate care providers:

- Provide meaningful language access services across all aspects of care, including but not limited to intake, treatment planning, medical and behavioral health services, disciplinary processes, grievance procedures, and discharge planning;
- Ensure access to qualified, live interpretation services (in-person or telephonic/video) for LEP youth and their parent(s)/guardian(s);
- Provide accurate written translations of all client-facing documents;
- Prohibit the use of electronic translation applications (e.g., Google Translate) as a substitute for qualified interpretation or translation services, due to documented concerns regarding accuracy and reliability in high-stakes service settings; and
- Emphasize that bilingual staff should not serve as the sole source of language services and, if relied upon as a primary resource, must be available on all shifts.
- Protect against retaliation, to ensure a child and their family have the right to lodge language access complaints with the facility, and through an external agency such as an ombuds office, without fear of retaliation.

OYO remains available to support PA DHS throughout this process, including continued collaboration on draft language, participation in stakeholder engagement, and identification of best practices to ensure that all youth, regardless of language proficiency, have equitable access to services, protections, and opportunities for meaningful participation in their care.

## VIII. Appendices

### Appendix A

PA DHS Licensing Inspection Summaries and Violation History Records for Pinkney’s Vineyard of Faith Ministries (2010–2020, 2023, 2025)

### Appendix B

Pennsylvania 55 Pa. Code Chapter 3800 Regulations (1999)

### Appendix C

Philadelphia DHS Letter to Pinkney’s Vineyard of Faith Ministries Regarding Language Access Compliance (March 6, 2026)

### Appendix D

Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)

### Appendix E

Executive Order No. 12250 (1980)

### Appendix F

U.S. Department of Justice LEP Guidance Under Title VI (2002)

### Appendix G

Mayor’s Executive Order No. 04-01: Access to Federally Funded City Programs and Activities for Individuals with Limited English Proficiency (2001)

### Appendix H

Philadelphia DHS Policy and Procedure for Effective Communication with Limited English Proficient (LEP), Deaf, and Hard of Hearing People (2010)

### Appendix I

Philadelphia DHS Contract with Pinkney’s Vineyard of Faith Ministries: Section 15.7 – Limited English Proficiency (2025)

### Appendix J

Mayor’s Executive Order No. 5-22 Establishing the Office of the Youth Ombudsperson: Section 5 — Duties of Providers (2022)

### Appendix K

Philadelphia DHS Language Access Guidance to Service Providers (June 4, 2026)

During the inspection, Departmental staff reviewed 7 out of 35 case records, of which 4 pulled were mother case files and 3 were infant / baby files, 11 out of 11 staff training records, 4 of 4 new personnel files, and interviewed 1 resident. The provider did maintain centrally located documentation to comply with Title 55 Chapter 3140 Bulletin # 3140-08-01. The review included a walk through of the Red Lion facility.

The annual inspection was conducted at the facility to determine compliance with Chapter 3800 regulations. The agency was in compliance with all administration guidelines within the 3800 regulations and the walk through of the facility found no issues of non compliance.

The following are citations that were found during the inspection when reviewing the case files:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800.230	In case record # 2 there was no indication or documentation that the discharge plan was discussed with the parent or child's guardian.	Prior to the transfer or discharge of a child, the facility shall inform, and when possible discuss with, the child's parent and if applicable, the child's guardian or custodian, the recommended transfer or discharge. Documentation of the discussion or transmission of the information shall be kept.	PVFM will take steps to immediately address this citation. PVFM will strive to have a 100% compliance rate and the plan of correction will address how PVFM achieve compliance. At the submission of the plan of correction, the provider will identify the position of staff who is responsible for ensuring and monitoring of this provision.	See Attached A	Plan accepted 12/3/10 M.Y.

Upon entry into the program, staff invite the county agency, family members, and the young mothers to participate in the development of the mother's Individual Service Plan (ISP). During review of each resident's record, the ISPs were found to be individualized to meet the resident's needs. The plans were well written, easy to follow and the goals and objectives were identified and measured. Incorporated into the ISPs, were all of the individuals who participated in the development of the plan as well as who was provided a copy of the completed plan. The monthly progress of the resident's ISP provided a detailed account of how the youth was progressing through the program. Residents in the program attend group sessions regarding parenting and general life skills. There is also focus during these sessions on: body awareness, pregnancy prevention, and awareness of sexually transmitted diseases. Infant care techniques are addressed in areas of: nutritional needs, safe sleeping, safe bathing techniques and an awareness of developmental milestones for infants and children. Residents receive individual counseling off grounds as recommended.

The program provides a strong emphasis of ensuring that staff are available to the residents and are supportive of their individual needs. The facility provides daycare on grounds when residents are at school or work. The residents receive formal education off-grounds within the local school districts. Special activities are planned by staff occasionally to allow the young mother's the opportunity for relaxation and socialization. Childcare is provided by facility staff when this occurs.

Departmental recommendations were provided to the facility during the licensing review. The first recommendation was for the agency to maintain a current copy of each employee's CPR/First Aid card in each employee's personnel file. It was also recommended that each personnel file include a copy of the employee's current job description. The final recommendation was that employee health exams should state the worker is free from all communicable diseases not just Tuberculosis as was observed in one employee file.

The annual inspection was conducted at the facility to determine compliance with Chapter 3800 regulations. The walk through of the facility found no areas of non-compliance.

The following citations were noted during the licensing inspection:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
Chapter 3800 3800.55 (g)	In review of employee records # 3 and # 7, both files were missing documentation of educational verification for the employee.	The facility director will ensure that proof of education is obtained prior to employment; proof should be documented in the personnel file.	Pinkney's House of Ruth will take steps immediately, 7/20/11 and ongoing, to address this citation. Pinkney's House of Ruth will strive to have 100% compliance rate and	<i>See Attachment</i>	<b>PLAN ACCEPTED</b> DS 9/13/11

1. REGULATION – 55 Pa.Code § 3800.103i

Bar soap is not permitted unless there is a separate bar clearly labeled for each child.

2. DESCRIPTION OF VIOLATION

There were 3 unlabeled, partially used bars of soap in the shared shower in the bathroom across from room B-1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective 9/24/12 all clients within Pinkney's Vineyard Mother Child Group Home will be issued individual soap containers which are to be labeled by Child Service Workers with their first + last name. In addition, all new clients will be issued soap containers with their towels, wash cloth, toothbrush, and hair products. The PFMV director will be responsible for instituting such practices to prevent future errors in this regulation.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Deborah Pinkney - President / Founder

Signature of Legal Entity Representative (Required on all pages)

Deborah Pinkney

Date 9/24/2012

DEPARTMENT USE ONLY – FACILITIES MAY NOT WRITE BELOW THIS LINE!

Repeated Violation:

Repeated Violation Dates:

The above plan of correction is approved as of 9/25/12 (Date)

Plan of correction implementation status as of 9/25/12 (Date)

The above plan of correction was approved by MES (Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

1. REGULATION – 55 Pa.Code § 3800.132c

A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of children in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.

2. DESCRIPTION OF VIOLATION

The fire drill record did not include the time of day for the 6/23/12 fire drill. The facility did not have any record of what time the drill was held.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective 9/24/12 - PVFM director will be responsible for fire drill records procedures and monitor CSW and/or Administrators during such drill a log of dates, # of children, exit route, operation of smoke detectors, time and evacuation length of time will be kept for record at the PVFM Facility on a Monthly Basis. In addition, the PVFM Administration Assistant will monitor + record fire logs for accuracy & errors. If an error occurs within a drill, the Administration Assistant will be responsible to contact the PVFM Director & institute a plan of correction which may entail repeating such drills. (BACK) ->

Printed Name and Title of Legal Entity Representative (Required on all pages)

Deborah Pinkney - President / Founder

Signature of Legal Entity Representative (Required on all pages)

Deborah Pinkney

Date

9/24/2012

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

Repeated Violation:

Repeated Violation Dates:

The above plan of correction is approved as of 9/25/12 (Date)

Plan of correction implementation status as of 9/25/12 (Date)

The above plan of correction was approved by MES (Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

cont'd. (Fire Drill Records Violation)

3. The PVFM Director will be responsible for instituting such practices to prevent future errors in this regulation.

Licensing Inspection Summary: 32761 - 10/14/2014 - Oster, Beth  
 Facility Name: PVFM THE HOUSE OF RUTH

**1. REGULATION 55 Pa.Code §3800**  
 3800.16(c) - The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.

**2a. DESCRIPTION OF VIOLATION**  
 On 1/21/2014 an incident occurred that involved the fire department when the facility dryer was emitting smoke and triggered the fire alarm. The facility did not complete a written reportable incident report on a form prescribed by the Department.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

PVFM will submit a HCSIS report of all incidents involving police or fire contact within the facility. In the case of such occurrence again PVFM will follow Reportable Incident protocol for reporting. Fire Department representatives responded to a false alarm in January 2014, at which time proper protocol for HCSIS reporting was not followed. On 10/29/14 a training on reporting procedures was held and policy notification update was sent to all staff. The Facility Director will be responsible for initiating reporting of all incidents. If the Director is not available the Ex. Director will complete all required documents. This plan has been implemented as of 10/29/14.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kisha*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kisha Pinkney - Ex. Director</i>	Date <i>12/8/14</i>
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**DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/15/14</u> (Date)	Plan of correction implementation status as of <u>12/15/14</u> (Date)
The above plan of correction was approved by <u>AEH</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Licensing Inspection Summary: 32761 - 10/14/2014 - Oster, Beth  
 Facility Name: PVFM THE HOUSE OF RUTH

**1. REGULATION 55 Pa.Code §3800**

3800.141(c) - The assessment shall include the following:

- (1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.
- (2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
- (3) Known incidents of aggressive or violent behavior.
- (4) Substance abuse history.
- (5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

**2a. DESCRIPTION OF VIOLATION**

The health and safety assessments for Child #1, Child #2, Child #3, and Child #4 do not include immunizations or issues experienced by the child's mother during pregnancy.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

PVFM has completed an assessment of the Facility Health Screening Form. Documentation of the Child Immunization and Mothers pregnancy has been added to the original form. Client's #3 was discharged from facility so unable to update form. Client #1, #2 and #4 files have been updated and all other records will be audited to reflect update by 12/31/14. PVFM Administration has been trained on the revised health screening form as of 10/30/14. Health Screening form was implemented on 10/30/14 by the PVFM Ex. Director. The Administration department will be responsible to use the new form during Intake.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Kisha Pinkney - Ex. Director*

Date *12/8/14*

**DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/15/14  
 (Date)

Plan of correction implementation status as of 12/15/14  
 (Date)

The above plan of correction was approved by PRH  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Licensing Inspection Summary: 32761 - 10/14/2014 - Oster, Beth  
 Facility Name: PVFM THE HOUSE OF RUTH

**1. REGULATION 55 Pa.Code §3800**  
 3800.145(b) - Each child who is 3 years of age or older shall receive vision screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," and "Eye Examination and Vision Screening in Infants, Children and Young Adults (RE9625)."

**2a. DESCRIPTION OF VIOLATION**  
 The initial vision screening for Child #1, admitted 04/02/14, was not completed until 05/22/14.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PVFM will submit written documentation of Vision Screenings within 15 days of the Childs intake.  
 PVFM has located two new vision centers that will be accepting MA insurance plans. Client #1 vision screening was late due to insurance lapse. Should PVFM encounter insurance that withhold clients from receiving timely service, PVFM will document all attempts and contacts with agency providers, doctors offices and MA representatives. The Administration Department will be responsible for obtaining this documentation and screening. Training on this procedure took place and plan was implemented on 10/30/14.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kisha Pinkney - Ex. Director</i>	Date <i>12/8/14</i>
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**DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/15/14</u> (Date)	Plan of correction implementation status as of <u>12/15/14</u> (Date)
The above plan of correction was approved by <u>AKH</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Licensing Inspection Summary: 32761 - 10/14/2014 - Oster, Beth  
 Facility Name: PVFM THE HOUSE OF RUTH

1. REGULATION 55 Pa.Code §3800  
 3800.146(b) - Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."

2a. DESCRIPTION OF VIOLATION

The initial hearing screening for Child #1, admitted 04/02/14, was not completed until 05/22/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PVFM will submit written documentation of the Childs Hearing Screenings within 15 days of the Childs Intake. Client #1 Hearing screening form was not properly documented on EPSDT Physical form. PVFM Administration will evaluate all documentation immediately after the child returns from the doctor's office to insure paperwork is completed appropriately and all necessary health requirements are complete during the child's physical. The Administration Department will be responsible for obtaining this documentation and screening. Training on this procedure took place and plan was implemented on 10/30/14.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kisha Pinkney - Ex. Director* Date *12/18/14*

**DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/18/14  
 (Date)

The above plan of correction was approved by AKH  
 (Initials)

Plan of correction implementation status as of 12/18/14  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Licensing Inspection Summary: 32761 - 10/14/2014 - Oster, Beth  
 Facility Name: PVFM THE HOUSE OF RUTH

1. REGULATION 55 Pa.Code §3800  
 3800.243 - Each child's record shall include: (1) through (14).

2a. DESCRIPTION OF VIOLATION  
 The religious affiliation was not documented in the record for Child #3 and Child #4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PVFM will submit written documentation of the child's religious affiliations upon intake. In the case of the child having no religious affiliation, PVFM will report "none." Client #3 and Client #4 religious affiliation was left blank or documented as N/A. Administration will no longer document by leaving blank or by the use of "N/A" when completing religious consent form. Client's #3 was discharged from facility so unable to update form. Client #4 file has been updated and all other records will be audited to reflect update by 12/31/14. Proper documentation of this regulation will be placed in the child's file. The Administration Department will be responsible for obtaining this documentation and screening. Training on this procedure took place and plan was implemented on 10/29/14.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kishal Pinkney - Ex. Director</i>	Date <i>12/8/14</i>
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**DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/15/14</u> (Date)	Plan of correction implementation status as of <u>12/15/14</u> (Date)
The above plan of correction was approved by <u>AKM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Licensing Inspection Summary: 32781 - 10/07/2016 - Oster, Bath  
Facility Name: PVFM THE HOUSE OF RUTH

1. REGULATION 55 Pa.Code §3800  
3800.88(b) - Hot water temperature in areas accessible to children may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
The water temperature in the resident bathroom, on the first floor, was measured at 128.0 degrees fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1. Water temperature at water heater was decreased from 120 F to 115 F on site immediately following inspection.
2. Water temperature will be inspected monthly throughout the facility at different sites. A reading of the temperature will be added to the monthly fire drill form.
3. Program Director is responsible for implementation of plan and training to all staff, including monthly inspections of water temperature throughout the facility after completion of fire drills.
4. This plan has been made effective on October 18, 2016

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Pinkney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Pinkney*      Date *12/27/16*

**DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1-3-17  
(Date)

The above plan of correction was approved by *AS*  
(Initials)

Plan of correction implementation status as of 1-3-17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Pinkneys Vineyar of Faith Ministries License #: 327610				TELEPHONE: (717)244-8743	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS: 3255 Cape Horn Road, York, Pennsylvania, 17356				COUNTY: York		
INSPECTED BY: Melissa Weaver, Tamm Crammer				INSPECTION DATE(S): 10/5/2017	<i>Tanna M...</i>	12-11-17
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Rubi...</i>	12/12/17
	<b>X</b>					

The Department of Human Services conducted an Annual Licensing Inspection of Pinkney's Vineyard of Faith Ministries on October 5, 2017 for the licensing year extending from October 14, 2016 to October 14, 2017. During the inspection, Departmental staff reviewed 20 of 20 Personnel records, 6 of 20 current child records, and 1 of 30 discharge child records. Departmental staff reviewed all pre-inspection documents including fire drills to measure compliance. During the inspection, a physical site walk through was conducted. 2 children, and 2 staff members were interviewed.

The following areas of non-compliance were noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800.58d	In 1 out of 20 staff files reviewed, the staff was listed as the educator for their own 28 hours out of 52 annual training hours.	After initial training, the director and each full-time, part-time and temporary staff person, who will have regular and significant direct contact with children, shall have at least 40 hours of training annually relating to the care and management of children. This requirement for annual training does not apply for the initial year of employment.	The agency is required to come into compliance with the requirement immediately and ongoing.	As of 10/6/17 the Executive Director will be responsible for providing documentation of training source. This documentation will be kept and updated in training log. Recordable hours and source of training will be documented monthly.	Plan Accepted 12-11-17 <i>Rubi</i>

3800.82a	There were approximately 2 cleaning supply bottles found in the basement that could be accessible to children. The basement door was locked but the children were able to unlock the door and access the basement.	Poisonous materials shall be kept locked and inaccessible to children.	The agency is required to come into compliance with the requirement immediately and ongoing.	On 10/6/17 Program Director removed knobs located in the basement area and replaced with new functional locks on both basement doors to ensure inaccessibility to clients. Program Supervisor will retain both keys for admission to basement.	Plan Accepted 12-11-17 DJ
3800.142	3 out of 6 child files reviewed indicated either aggressive, sexual, substance abuse, or self-harming behaviors. A safety plan was not put into place within 24 hours of the completed Health and Safety Assessment.	If the health and safety assessment in 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.	The agency is required to come into compliance with the requirement immediately and ongoing.	Documentation will be updated within 24 hrs by email to assure accuracy in health and safety assessment. The case management department will be responsible for implementation and Executive Director will sign and date all material. Documentation will be attached to the health and safety assessment to ensure safety of the client. Effective 10/06/17	Plan Accepted 12-11-17 DJ
3800.181f	There was 1 over the counter medication that expired in April 2017.	Discontinued and expired medications, and prescription medications for children who are no longer served at the facility, shall be disposed of in a safe manner.	The agency is required to come into compliance with the requirement immediately and ongoing.	PVFM will implement OTC expired med check log to ensure meds are discarded prior to exp. date by having staff sign and date when they check OTC medication. Documentation of reviewed meds will occur monthly by the facility Med Trainer. The Med Trainer will be responsible for implementation of log and plan of the OTC exp. Med check will occur on the 1 <sup>st</sup> and 15 <sup>th</sup> of the month. The Executive Director will ensure accuracy during monthly quality assurance. Effective 10/06/17	Plan Accepted 12-11-17 DJ

**THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN : 11/14/2017**

Deborah Pinkney

President/Founder

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

TITLE

12/06/17

717-277-8743

DATE

TELEPHONE NUMBER

## LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Pinkney's Vineyard of Faith Ministries-House of Ruth License#: 327610				TELEPHONE: 717-244-8743	<b>OCYF REGIONAL STAFF APPROVAL</b>	<b>DATE</b>
ADDRESS: 3255 Cape Horn Road, Red Lion, PA 17356				COUNTY: York		
INSPECTED BY: Melissa Weaver, Sara Harris, Lestia Fetzer, Emily Trantham				INSPECTION DATE(S): 09/17/18	<i>Sara Harris</i>	12-6-18
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Gabi We</i>	12/7/18
	X	X				

The Department of Human Services conducted an Annual Licensing Inspection of Pinkney's Vineyard of Faith Ministries on September 17, 2018 for the licensing year extending from 10/14/2017 to 10/14/2018. During the inspection, Departmental staff reviewed 3 of 3 newly hired personnel records, 22 of 22 tenured personnel records, and 4 of 40 child records. Departmental staff reviewed all pre-inspection documents, including fire drills, to measure compliance. During the inspection, a physical site walkthrough was conducted. 2 staff members and 2 children were interviewed.

The Department of Human Services conducted a Complaint Investigation Inspection of Pinkney's Vineyard of Faith Ministries on September 17, 2018. During the inspection, Departmental staff reviewed 2 of 2 child records. 1 child and 1 staff member were interviewed.

The following areas of non-compliance were noted:

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800.51	In 2 of 3 newly hired personnel records reviewed, personnel hiring and clearances were not completed in accordance with the Child Protective Services Law.  The personnel hired on	Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. §§ 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to	The agency is required to come into compliance with this requirement immediately and ongoing.	As of 09/17/18 the Executive Director will be responsible for providing documentation of personnel hiring record. This documentation will be kept and updated in personnel log. New Hires will be responsible to present complete clearances in accordance with the Child Protective	<i>Plan Accepted 12-6-18</i>

	3/13/18 did not have a Pennsylvania State Police clearance in the record. The personnel hired on 7/27/18 did not have a FBI clearance in the record.	protective services).  The agency shall identify the staff position responsible to monitor and ensure compliance.		Serve Law prior to completion of orientation.	
3800.58(b)(4)	In 1 of 3 newly hired personnel records reviewed, the personnel hired on 3/13/18, did not have CPR/First Aid training in the record.	Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas:  First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions.  The agency shall identify the staff position responsible to monitor and ensure compliance.	The agency is required to come into compliance with this requirement immediately and ongoing.	As of 09/17/18 the Executive Director will be responsible for providing documentation of training source. This documentation will be kept and updated in training log. New hires will be required to complete CPR/First Aide prior to the completion of orientation. Recordable hours and source of training will be documented monthly.	Plan Accepted 12-6-18 Dey
3800.58(e)	In 1 of 22 tenured personnel records reviewed, the personnel hired on 7/25/15 had a CPR/First Aid training that expired on 7/21/17 and did not have another training completed.	Each staff person who will have regular and significant direct contact with children, shall complete training in first aid, Heimlich techniques and cardiopulmonary resuscitation at least every year. If a staff person has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.	The agency is required to come into compliance with this requirement immediately and ongoing.	As of 09/17/18 the Executive Director will be responsible for providing documentation of training source. This documentation will be kept and updated in training log. Recordable hours and source of training will be documented monthly.	Plan Accepted 12-6-18 Dey

		The agency shall identify the staff position responsible to monitor and ensure compliance.			
3800.58(h)	In 1 of 22 tenured personnel records reviewed, the personnel hired on 7/25/15 did not have a training record for the 2016-2017 training year located in the record.	A record of training including the person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.  The agency shall identify the staff position responsible to monitor and ensure compliance.	The agency is required to come into compliance with this requirement immediately and ongoing.	As of 09/17/18 the Executive Director will be responsible for providing documentation of training source. This documentation will be kept and updated in training log. Recordable hours and source of training will be documented monthly.  In such case training record was retrieved but not within the 24 hour timeframe by OCYF standard practice.	Plan Accepted 12-6-18 Dly
3800.82(a) 3800.82(b)	On 9/12/18 it was discovered that there was an unlabeled cup of Fabuloso cleaner that was unlocked in a child's bedroom. The cup was located on the dresser behind the tv. The poison indicated, "call poison control immediately".  This is a repeat violation from the annual licensing inspection held on 10/5/17.	Poisonous materials shall be kept locked and inaccessible to children.  Poisonous materials shall be stored in their original, labeled containers.  The agency shall identify the staff position responsible to monitor and ensure compliance.	The agency is required to come into compliance with this requirement immediately and ongoing.	On 09/12/18 Program Director and Supervisor completed thorough inspection of facility room and bathrooms for hazardous chemical. None were noted at time of inspection. Shift Supervisor will be responsible to inspect all bedrooms and account for all chemicals used for cleaning prior to exiting shift. This information is to be logged in communication book. Program Director will be responsible for implementation and maintenance of the plan.	Plan Accepted 12-6-18 Dly
3800.88(b)	A water temperature check was conducted and the temperature was measured at 143.6 degrees Fahrenheit.	Hot water temperature in areas accessible to children may not exceed 120°F.  The agency shall identify the staff position responsible to monitor and ensure compliance.	The agency is required to come into compliance with this requirement immediately and ongoing.	Elevation of violation began on 10/03/18 and was completed on 10/18/18 Program Director had plumbing company visit facility on numerous occasions to elevate the water/temp flow issue. Such issue has been resolved. Documentation of temperature will be implemented and inspected during monthly fire drill. This documentation will be kept and updated in training log. Program Director will be responsible for implementation and maintenance of the plan.	Plan Accepted 12-6-18 Dly

3800.132(c)	On the fire drill record dated 4/25/18 at 10:00pm, the "problems or concerns that occurred during the fire drill" section was left blank.	<p>A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of children in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.</p> <p>The agency shall identify the staff position responsible to monitor and ensure compliance.</p>	The agency is required to come into compliance with this requirement immediately and ongoing.	As of 09/17/18 the Program Director will be responsible for providing documentation of completed fire drill source. This documentation will be kept and updated in Fire Drill log. Recordable error will result in documentation or error and administering an appropriate fire drill. Implementation of plan will be the responsibility of the Executive Director.		
3800.146(b)	In 1 of 4 child records reviewed, the child admitted on 10/10/17 did not have a hearing screening completed.	<p>Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."</p> <p>The agency shall identify the staff position responsible to monitor and ensure compliance.</p>	The agency is required to come into compliance with this requirement immediately and ongoing.	<p>As of 09/17/18 the Case Management Department will be responsible for providing documentation of hearing screening in all client files within 30 days of intake. This documentation will be kept and updated in client file and monitored monthly for Quality Assurance by Executive Director.</p> <p>In such case, documentation of hearing screening was submitted by doctors' office but not within 24 hour timeframe by OCYF standard practice.</p>	<p>Plan Accepted 12-6-18 Dey</p>	
3800.151	In 5 of 22 tenured personnel records reviewed, the personnel hired on 7/29/16 had a health statement completed on 8/11/17 that did not state whether he/she was free of communicable diseases, the personnel hired on 6/17/14 had a health statement completed on 10/30/17 that did not state	A staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service	The agency is required to come into compliance with this requirement immediately and ongoing.	As of 09/17/18 the Executive Director will be responsible for implementing new policy which would allow employee to use PVFM's health screening documentation form only. If outside or doctors form is utilized it must clearly state "free of communicable disease and be attached to PVFM form." This documentation will be kept and	<p>Plan Accepted 12-6-18 Dey</p>	

	<p>whether he/she was free of communicable diseases, the personnel hired on 7/23/15 had a health statement completed on 8/7/17 that did not state whether he/she was free of communicable diseases, the personnel hired on 7/23/16 had a health statement completed on 7/25/18 that did not state whether he/she was free of communicable diseases, and the personnel hired on 5/8/17 did not have a health statement completed.</p> <p>In 1 of 3 newly hired personnel records reviewed, the personnel hired on 7/27/18 had a health statement completed on 7/19/18. The health statement did not state whether he/she was free of communicable diseases.</p>	<p>and every 2 years thereafter, stating that the person is free of serious communicable disease that may be spread through casual contact or that the staff person has a serious communicable disease that may be spread through casual contact but is able to work in the facility if specific precautions are taken that will prevent the spread of the disease to children.</p> <p>The agency shall identify the staff position responsible to monitor and ensure compliance.</p>		updated in training log.		
3800.187(b)	<p>On 9/17/18 a medication audit was conducted for the child admitted on 8/3/18. The child was prescribed Pre-plus ca-fe 27mg-Fa 1 mg medication with the directions to take it once daily. The child had not been administered the medication since his/her admission to the program.</p>	<p>Prescription medications and injections shall be administered according to the directions specified by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.</p> <p>The agency shall identify the staff position responsible to monitor and ensure compliance.</p>	<p>The agency is required to come into compliance with this requirement immediately and ongoing.</p>	<p>On 09/17/18 PVFM did contact new OBGYN office to give written documentation of discontinued medication. Common practice is to remove all old medication and PVFM requires documentation in change of prescription. In such case, OBGYN changed Pre-Natal medication, but PVFM did not retrieve discontinued documentation to eliminate old medication. Documentation of reviewed meds will occur monthly by the facility Med Trainer. The Med Trainer will be responsible for implementation of log and plan of the all medication. Med check will occur on the 1<sup>st</sup> and 15<sup>th</sup> of the month. The Executive Director will ensure accuracy during monthly quality assurance. effective 09/18/18</p>	<p>Plan Accepted 12-6-18 <i>[Signature]</i></p>	
3800.205(a)	In 1 of 22 tenured personnel	If restrictive procedures are	The agency is	As of 09/17/18 the Executive Director		

	<p>records reviewed, the personnel hired on 7/25/15 did not have training in restrictive procedures located in the record.</p>	<p>used, each staff person who administers a restrictive procedure shall have completed training within the past year in the use of restrictive procedures.</p> <p>The agency shall identify the staff position responsible to monitor and ensure compliance.</p>	<p>required to come into compliance with this requirement immediately and ongoing.</p>	<p>will be responsible for providing documentation of all training source. This documentation will be kept and updated in training log. Recordable hours and source of training will be documented monthly</p>	<p>Plan Accepted 12-6-18 dy</p>
<p><b>THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN: 12/03/2018</b></p>					
<p><i>Deborah Pinkney</i></p>			<p><i>President/Founder</i></p>		
<p>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</p>			<p>TITLE</p>		
<p>12/04/2018</p>			<p>717-244-8743</p>		
<p>DATE</p>			<p>TELEPHONE NUMBER</p>		

52 Staff Hiring, Retention and Utilization

1. 55 PA Code Chapter

3800.

52. Staff hiring retention and utilization shall be in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

Area of Non-Compliance

In 1 of 5 newly hired personnel records reviewed, the FBI clearance for Staff Member B was not completed until 6/12/19 and the ChildLine clearance was not completed until 6/13/19. The Staff Member was hired on 6/5/19. There were no receipts of application located in the record. A disclosure form was signed and dated on 6/5/19.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

- \_\_\_ As of 07/14/19 PVFM Executive Director will be responsible for implementation of new policy in accordance with child protective service in regards to completing all clearances prior to hire Date.
- \_\_\_ Program Director will be responsible for obtaining clearances during interview process. Such clearances must be presented prior to hire date. FBI clearances must have recipe of purchase prior to hire date and remain in personnel file with all clearances. This will ensure that all areas of compliance are met.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *[Signature]*

143 Child Health Examination

1. 55 PA Code Chapter

3800.

143.a. A child shall have a health examination within 15 days after admission and annually thereafter, or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics, 'Guidelines for Health Supervision,' available from 141 Northwest Point Boulevard, Post Office Box 927, Elk Grove Village, Illinois, 60009-0927.

Area of Non-Compliance

In 1 of 6 child records reviewed, the record of Child #8 did not contain a health examination.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

- \_\_\_ As of 07/14/19 Case Management Department will be responsible for scheduling and maintaining all health records in accordance with regulatory regulations concerning Child Health Statements.. This will include Physical exams within 15 days of placement. PVFM has contracted with a new provider that will complete Physical exams with or without insurance. This contract should help ensure that uninsured clients without active insurance receive services within the allotted time frame. This provider will begin rendering service 09/01/19 to PVFM. Program Director will be responsible for implementing contract.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *[Signature]*

**145 Vision Care****1. 55 PA Code Chapter**

3800.

145.b. Each child who is 3 years of age or older shall receive vision screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, 'Guidelines for Health Supervision,' and 'Eye Examination and Vision Screening in Infants, Children and Young Adults (RE9625).'

**Area of Non-Compliance**

*In 1 of 6 child records reviewed, the record of Child #8 did not contain a vision screening.*

*The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.*

**Provider's Plan of Corrective Action or Response**

As of 07/14/19 Case Management Department will be responsible for scheduling and maintaining all health records in accordance with regulatory regulations concerning Child Health Statements. This will include Vision exams within 15 days of placement. PVFM has contracted with a new provider that will complete Vision exams with or without insurance. This contract will ensure that uninsured clients without active insurance receive services within the allotted time frame. This provider will begin rendering service 09/01/19 to PVFM. Program Director will be responsible for implementing contract.

Status of Correction:

**PLAN ACCEPTED**8-14-19 *BJ***184 Medication Log****1. 55 PA Code Chapter**

3800.

184.b. For each prescription and over-the-counter medication including insulin administered or self-administered, documentation in the log shall include the medication that was administered, dosage, date, time and the name of the person who administered or self-administered the medication.

**Area of Non-Compliance**

*In 2 of 2 child medication records reviewed, the following was found regarding medication log documentation:*

*The medication log for Child #5 was left blank on June 12-17, 19-20, and 25-31 for the Complete Multivitamin prescribed to take one tablet daily. The medication log was left blank on June 1-2, 19-20, 25-28, and 31 for Trazodone 50mg prescribed to take once daily at bedtime. The medication log was left blank June 1-31 for Fluticasone Prop 50mcg prescribed to instill 2 sprays into each nostril for 1 week and then decrease to 1 spray daily.*

*The medication log for Child #7 was left blank on July 3-4 for the Prenatal tablets prescribed to take once daily.*

*The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.*

184 Medication Log (continued)

Provider's Plan of Corrective Action or Response

As of 07/14/19 The PVFM authorized Medication trainer will be responsible for maintaining medication log accuracy. All medication logs will be completed leaving no blank areas. This will include proper coding for refusals and home pass. Policy notice has been submitted of past errors and should be found in the Safety Assessment Manual to ensure all staff is trained and aware of citation. The Program Director will be responsible for implementation of safety plan in regard to medication error.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *DJ*

2. 55 PA Code Chapter

3800.

184. Medication log.

- a. A medication log shall be kept to include the following for each child:
  1. A list of prescription medications.
  2. The prescribed dosage.
  3. Possible side effects.
  4. Contraindicated medications.
  5. Specific administration instructions, if applicable.
  6. The name of the prescribing physician.

Area of Non-Compliance

3800.187(b)-Prescription medications and injections shall be administered according to the directions specified by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

*There was not a medication log and the following medications were not administered for the month of July for Child #5 for the Complete Multivitamin prescribed to take one tablet daily, for the Trazodone 50mg prescribed to take once daily at bedtime, and for the Fluticasone Prop 50mcg prescribed to instill 2 sprays into each nostril for 1 week and then decrease to 1 spray daily.*

*This is a repeat violation of 3800.187(b).*

*The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.*

Provider's Plan of Corrective Action or Response

As of 07/14/19 The PVFM authorized Medication trainer will be responsible for maintaining medication log accuracy. Proper documentation of discontinued medications should be updated and kept with the Medication Trainer. If a client refused to use prescribed medication as prescribed then documentation should be found in the Safety Assessment. In addition, a notification will be sent to the doctor to discontinue medication. Policy notice has been submitted of past errors and should be found in the Safety Assessment Manual to ensure all staff is trained and aware of citation. The Program Director will be responsible for implementation of safety plan in regard to medication error.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *DJ*

188 Medications Administration Training

1. 55 PA Code Chapter

3800.

188.a. A staff person who has completed and passed a Department-approved medications administration course within the past 2 years is permitted to administer oral, topical and eye and ear drop prescription medications and epinephrine injections for insect bites.

Area of Non-Compliance

In 2 of 22 tenured personnel records reviewed, the following was found regarding medication administration training:

Staff Member A had medication administration training completed on 1/5/17 and no other annual practicum training was completed again until 1/21/19. The Staff Member had administered medication to children during that time frame.

Staff Member D was trained as the medication administration train the trainer. The Staff Member did not complete annual practicum training and has administered medication to children.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

As of 07/14/19 The PVFM authorized Medication trainer will be responsible for maintaining medication log accuracy. All Student certification forms should be kept and maintained in the personnel file. In addition this recorded will be now be maintained by the Medication trainer and a copy be found in her records. PVFM also has removed the Medication Administration Train of Trainer from administering medication as 07/14/19, until further research and implementation of Trainer of Train receiving MAR reviews and observations. Policy notice has been submitted of past errors and should be found in the Safety Assessment Manual to ensure all staff is trained and aware of citation. The Program Director will be responsible for implementation of safety plan in regard to medication error.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *Dey*

51 Child Abuse and Criminal History Checks

1. 55 PA Code Chapter

3800.

51. Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

Area of Non-Compliance

*Repeat Violation*

In 1 of 22 tenured personnel records reviewed, Staff Member C had an FBI clearance that was completed on 4/29/14 and expired on 4/29/19. The Pennsylvania State clearance was completed on 6/11/14 and the ChildLine clearance was completed on 6/24/19. Both of these clearances expired on 4/29/14 due to the FBI clearance being expired. No other clearances were in the record.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

51 Child Abuse and Criminal History Checks (continued)

Provider's Plan of Corrective Action or Response

As of 07/14/2019 all tenured staff will be required to renew all clearances on the same date including Childline, PA State Criminal History and FBI. Receipt of FBI purchase will be attached to clearance as proof of purchase and should remain in the Personnel File. Tenure staff clearances will be replaced from the date of the earliest expiration date. Program Director will be responsible for implementation of this plan. Executive Director will complete quality assurance on all personnel records to ensure areas of compliance are met.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *Dey*

146 Hearing Care

1. 55 PA Code Chapter 3800.

146.b. Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, 'Guidelines for Health Supervision.'

Area of Non-Compliance Repeat Violation

In 1 of 6 child records reviewed, the record of Child #8 did not contain a hearing screening.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

As of 06/14/19 Case Management Department will be responsible for scheduling and maintaining all health records in accordance with regulatory regulations concerning Child Health Statements. This will include Hearing Exam within 15 days of placement. PVFM has contracted with a new provider that will complete Hearing Exam with or without insurance. This contract will ensure that uninsured clients without active insurance receive services within the allotted time frame. This provider will begin rendering service 09/01/19 to PVFM. Program Director will be responsible for implementing contract.

Status of Correction: **PLAN ACCEPTED** 8-14-19 *Dey*

3800.82 Poisons

1. 55 PA Code Chapter

3800.82. Poisons.

- a. Poisonous materials shall be kept locked and inaccessible to children.

Area of Non-Compliance

On 2/7/2020, Departmental staff observed an unlocked room spray, indicating "Keep out of reach of children", located in the room of Child #1.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

As of 3/1/20 PVFM CSW and Supervisor will be responsible for chemical sweeps of the facility on every shift for appropriate handle and inaccessibility of children. New protocol and documentation will be maintained in shift log book. Program Director will be responsible for implementation of plan.

Status of Correction: Plan Accepted 3-23-2020 Plan Verified 4-22-2020 Dcf

Dcf Gabi Williams 6/24/20 MW

3800.142 Health and Safety Plan

1. 55 PA Code Chapter

3800.142. If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

Area of Non-Compliance

In 1 of 3 child records reviewed, Child #2 was admitted on 1/10/2020 and had a health and safety assessment completed on 1/10/20 that indicated a history of aggressive and suicidal behaviors. A safety plan was not created until 1/13/2020.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

As of 2/20/20 PVFM Case Management Department will be responsible to implement new protocol to include the completion of Safety Plans during the admission process. Executive Director will audit records within 48 hours of a child's admission to ensure the health and safety assessment indicated any health and safety concern and safety plan was created within the required timeframe. Case Management Department will be responsible to maintain records. Executive Director will be responsible for the implementation of the plan.

Status of Correction: Plan Accepted Plan Verified 5/5/2020 DY

3800.144 Dental Care

4-30-2020 D Y MW 8/6/2020

1. 55 PA Code Chapter

3800.144. Dental care.

- b. A child who is 3 years of age or older shall have a dental examination performed by a licensed dentist and teeth cleaning performed by a licensed dentist or dental technician at least semiannually. If a child has not had a dental examination and teeth cleaning within 6 months prior to admission, a dental examination and teeth cleaning shall be performed within 30 days after admission.

Area of Non-Compliance

In 1 of 3 child records reviewed, Child #3 was admitted on 8/13/2019, and a dental examination was not completed until 10/1/2019.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Provider's Plan of Corrective Action or Response

As of 2/20/20 PVFM Case Management Department will be responsible to implement new protocol to include Dental Scheduling within 24 hours of admission. Documentation of scheduled appointment will be kept on file, in addition to refusal of services by client, or doctors' cancelations. Executive Director will audit records within 48hrs to ensure new admission's record is complete within the allotted timeframe. This should ensure dental exams occur within 30 days of admission. Case Management Department will be responsible to maintain records. Executive Director will be responsible for the implementation of the plan.

Status of Correction: Plan Accepted Plan Verified 5/5/2020 DY

4-30-2020 D Y MW 8/6/2020

Gabi Williams

08/14/2020

Date: 4/23/20

**Agency/Facility Information**

<b>Name:</b> PVFM - THE HOUSE OF RUTH	<b>License Number:</b> 32761
<b>Address:</b> 3255 CAPE HORN ROAD, RED LION, PA 17356	<b>License Expiration:</b> 10/14/2023
<b>County:</b> YORK	

**Administrator**

<b>Name:</b> [REDACTED]	<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]
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**Legal Entity**

**Name:** PINKNEYS VINEYARD OF FAITH MINISTRIES  
**Address:** 3255 CAPE HORN ROAD, P.O. BOX 146, RED LION, PA, 17356  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Inspection Information**

<b>Start Date:</b> 06/08/2023	<b>End Date:</b> 06/08/2023	<b>Type:</b> Renewal	<b>Notice:</b> Announced Visit
<b>Inspector(s):</b> [REDACTED]			

**Inspection Narrative**

*The Department of Human Services, Office of Children, Youth and Families conducted an on site inspection of Pinkney's Valley of Faith Ministries House of Ruth on 06/08/2023. The inspection consisted of the review of 4 out of 40 child records, 28 out of 28 active staff files, 6 out of 6 terminated staff files, 2 child interviews, 2 staff interviews, and a physical walk through of the facility. The following area of non compliance was noted.*

**Inspections / Reviews**

<b>06/08/2023 Renewal</b>		
<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 06/23/2023
<b>06/26/2023 - POC Submission</b>		
<b>Reviewer:</b> [REDACTED]	<b>Follow Up Type:</b> On site Verification	<b>Follow Up Date:</b> 07/31/2023

3800.53 Director

1. Requirements

3800.53.b. The director shall be responsible for administration and management of the facility, including the safety and protection of the children, implementation of policies and procedures and compliance with this chapter.

Description of Violation

There was a lapse in the agency vehicle registration for the [REDACTED] used to transport children. The previous vehicle registration expired on [REDACTED] and the current registration was renewed on [REDACTED]

The agency shall develop a plan to ensure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance and a date when this plan will be implemented.

Plan of Correction

Accept [REDACTED] - 06/18/2025

As of 6/16/25, Program Director will include vehicle inspection on agenda for monthly administration. All registrations, insurance and inspections will be addressed, appointments scheduled and or vehicle registrations for designated vehicles shall be purchased and distributed during the monthly meeting. Vehicle planning and implementation should occur 15 days prior to expiration to elevate this violation in the future. The Executive Director will be responsible for implementation of plan.

Licensee's Proposed Overall Completion Date: 06/16/2025 [REDACTED]

3800.151 Staff Health Statement

2. Requirements

3800.151. A staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service and every 2 years thereafter, stating that the person is free of serious communicable disease that may be spread through casual contact or that the staff person has a serious communicable disease that may be spread through casual contact but is able to work in the facility if specific precautions are taken that will prevent the spread of the disease to children.

Description of Violation

Staff Member A does not have a valid health statement in the file. The current health statement dated [REDACTED] was not signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

The agency shall develop a plan to ensure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance and a date when this plan will be implemented.

Plan of Correction

Accept [REDACTED] - 06/18/2025

As of 6/16/25, PVFM Executive Director will be responsible to clear all health screening for verification of designated signature approval with appropriate signature from the above listed reference, once verified the Executive Director will verify and initial health screening, that the staff member is cleared to work with children.

Licensee's Proposed Overall Completion Date: 06/16/2025 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

06/18/2025

07/15/2025

(4) Information specified in paragraph (1) may not be used for teaching or research purposes unless the information released does not contain information which would identify the child or family.

(5) Information specified in paragraph (1) may not be released to anyone not specified in paragraphs (2)—(4), without written authorization from the court, if applicable, and the child's parent and, if applicable, the child's guardian or custodian.

(6) Release of information specified in paragraph (1) may not violate the confidentiality of another child.

**§ 3800.21. Applicable health and safety laws.**

The facility shall have a valid certificate or approval document from the appropriate State or Federal agency relating to health and safety protections for children required by another applicable law, not to include local zoning ordinances.

**§ 3800.22. Waivers.**

(a) The facility may submit a written request for a waiver on a form prescribed by the Department, and the Department may grant a waiver of a specific section of this chapter if the following conditions exist:

(1) There is no significant jeopardy to the children.

(2) There is an alternative for providing an equivalent level of health, safety and well-being protection of the children.

(3) The benefit of waiving the regulation outweighs any risk to the health, safety and well-being of the children.

(b) The scope, definitions or applicability of this chapter may not be waived.

## CHILD RIGHTS

**§ 3800.31. Notification of rights and grievance procedures.**

(a) Upon admission, each child and available parent and, if applicable, an available guardian or custodian, unless court-ordered otherwise, shall be informed of the child's rights, the right to lodge grievances without fear of retaliation and applicable consent to treatment protections specified in § 3800.19 (relating to consent to treatment).

(b) Each child and parent and, if applicable, the child's guardian or custodian, shall be informed of the child's rights, the right to lodge grievances as specified in subsection (a), and applicable consent to treatment protections specified in § 3800.19 (relating to consent to treatment), in an easily understood manner, and in the primary language or mode of communication of the child, the child's parent and, if applicable, the child's guardian or custodian.

**§ 3800.243. Content of records.**

Each child's record shall include:

- (1) Personal information including:
  - (i) The name, sex, admission date, birth date and Social Security Number.
  - (ii) The race, height, weight, color of hair, color of eyes and identifying marks.
  - (iii) The dated photograph of the child taken within the past year.
  - (iv) Language or means of communication spoken and understood by the child and the primary language used by the child's family, if other than English.
  - (v) Religious affiliation.
  - (vi) The name, address and telephone number of the person to be contacted in the event of an emergency.
- (2) Health records.
- (3) Dental, vision and hearing records.
- (4) Health and safety assessments.
- (5) ISPs.
- (6) Restrictive procedure plans.
- (7) Restrictive procedure records relating to the child.
- (8) Reports of reportable incidents.
- (9) Consent to treatment, as specified in § 3800.19 (relating to consent to treatment).
- (10) Court order, if applicable.
- (11) Admission and placement information specified in §§ 3800.222 and 3800.223 (relating to description of services; and admission).
- (12) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 3800.31 (relating to notification of rights).
- (13) Service records of the contracting agency.
- (14) Education records.

**§ 3800.244. Record retention.**

- (a) Information in the child's record shall be kept for at least 4 years or until any audit or litigation is resolved.
- (b) A child's record shall be kept for at least 4 years following the child's departure or until any audit or litigation is resolved.

**§ 3800.245. Locked records.**

A child's record shall be kept in a locked location when unattended.



## CITY OF PHILADELPHIA

DEPARTMENT OF HUMAN SERVICES  
1515 Arch Street, Philadelphia, PA 19102  
215-683-4DHS (4347)  
[www.phila.gov/dhs](http://www.phila.gov/dhs)

Commissioner

KIMBERLY ALI

March 6, 2026

Ramona Holloway, Program Director  
Pinkney's Vineyard of Faith Ministries  
House of Ruth  
3255 Cape Horn Road  
P.O. Box 146  
Red Lion, PA 17356  
Sent Via Email: [ramonah@pvfm.org](mailto:ramonah@pvfm.org)

Dear Ms. Holloway,

We write regarding language access practices at Pinkney's Vineyard of Faith Ministries ("Pinkney's"). The City of Philadelphia Department of Human Services ("DHS") has learned that Pinkney's staff members have, at times, relied solely on Google Translate to communicate with limited English proficient ("LEP") youth enrolled in Pinkney's DHS-contracted programming. While DHS did not substantiate a complaint regarding Pinkney's language access practices, this letter is intended to ensure that Pinkney is aware of its language access obligations moving forward.

Pinkney's is required to provide meaningful language access to its programs and activities. This obligation arises from three sources: (1) Pinkney's contract with DHS, City Contract No. 2320108-04 (along with all attachments and exhibits thereto, the "Contract"), specifically the Professional Services Contract General Provisions for DHS Contracts (the "General Provisions") attached thereto and incorporated therein, (2) DHS's language access policy, and (3) applicable state and federal law.

Under Section 15.7 of the General Provisions, and independently as a recipient of federal Title IV-E funding, Pinkney's is required to comply with the provisions of Title VI of the Civil Rights Act of 1964 ("Title VI"). Title VI prohibits recipients of federal funds from discriminating against youth on the basis of national origin. Title VI's ban on national origin discrimination requires providers to make reasonable efforts to provide services that are accessible to LEP individuals. Title VI's requirements are also reflected in DHS's language access policy, which DHS requires Pinkney's to comply with. The language access policy requires DHS and its providers to use "qualified interpretation services" at all stages of service delivery. Neither the Contract, nor DHS's policy, nor Title VI permits using Google Translate as a stand-in for qualified interpretation services.

Rather, these authorities taken together require the use of qualified human interpreters and translators to deliver language services. Machine translation tools like Google Translate do not satisfy this standard on their own because they do not provide reliable interpretation for LEP

individuals. Research has consistently found that Google Translate can produce significant errors in sensitive contexts, including misinterpreted terms of art, poor handling of dialect variation, and inaccurate translation of specialized terminology. These risks are particularly acute in a residential care setting, where miscommunication can directly affect a youth's understanding of their rights, their treatment, and their safety.

Separately, using Google Translate to interpret confidential and/or sensitive information may not comply with HIPAA and the Pennsylvania Code regulations requiring Pinkney's to keep children's records confidential.

We understand that Pinkney's employs bilingual staff. Bilingual staff can be excellent resources for delivering in-person language services, so long as they are qualified interpreters. When in-person interpreters are unavailable, DHS encourages Pinkney's to explore remote human interpretation services. The City contracts with several such providers, which may be able to extend their City-negotiated rates to Pinkney's.

As part of its annual evaluation of Pinkney's, DHS will review Pinkney's language access policy and practices to ensure compliance with the contractual and Title VI requirements described above.

We welcome the opportunity to discuss these concerns and identify solutions that work for Pinkney's and the youth it serves.

In Service,



Kimberly Ali,  
Commissioner  
City of Philadelphia Department of Human Services

cc: Brittan Haller, Chief of Performance Management and Technology  
Robin Chapolini, Deputy Commissioner, Child Welfare Operations  
Nadine Perese, Chief Financial Officer  
Katherine Garzon, Chief of Staff, Commissioner's Office

ated, are being deprived by a school board of the equal protection of the laws, or

(2) signed by an individual, or his parent, to the effect that he has been denied admission to or not permitted to continue in attendance at a public college by reason of race, color, religion, sex or national origin,

and the Attorney General believes the complaint is meritorious and certifies that the signer or signers of such complaint are unable, in his judgment, to initiate and maintain appropriate legal proceedings for relief and that the institution of an action will materially further the orderly achievement of desegregation in public education, the Attorney General is authorized, after giving notice of such complaint to the appropriate school board or college authority and after certifying that he is satisfied that such board or authority has had a reasonable time to adjust the conditions alleged in such complaint, to institute for or in the name of the United States a civil action in any appropriate district court of the United States against such parties and for such relief as may be appropriate, and such court shall have and shall exercise jurisdiction of proceedings instituted pursuant to this section, provided that nothing herein shall empower any official or court of the United States to issue any order seeking to achieve a racial balance in any school by requiring the transportation of pupils or students from one school to another or one school district to another in order to achieve such racial balance, or otherwise enlarge the existing power of the court to insure compliance with constitutional standards. The Attorney General may implead as defendants such additional parties as are or become necessary to the grant of effective relief hereunder.

**(b) Persons unable to initiate and maintain legal proceedings**

The Attorney General may deem a person or persons unable to initiate and maintain appropriate legal proceedings within the meaning of subsection (a) of this section when such person or persons are unable, either directly or through other interested persons or organizations, to bear the expense of the litigation or to obtain effective legal representation; or whenever he is satisfied that the institution of such litigation would jeopardize the personal safety, employment, or economic standing of such person or persons, their families, or their property.

**(c) "Parent" and "complaint" defined**

The term "parent" as used in this section includes any person standing in loco parentis. A "complaint" as used in this section is a writing or document within the meaning of section 1001, title 18.

(Pub. L. 88-352, title IV, §407, July 2, 1964, 78 Stat. 248; Pub. L. 92-318, title IX, §906(a), June 23, 1972, 86 Stat. 375.)

AMENDMENTS

1972—Subsec. (a)(2). Pub. L. 92-318 inserted "sex" after "religion,".

**§ 2000c-7. Liability of United States for costs**

In any action or proceeding under this subchapter the United States shall be liable for costs the same as a private person.

(Pub. L. 88-352, title IV, §408, July 2, 1964, 78 Stat. 249.)

**§ 2000c-8. Personal suits for relief against discrimination in public education**

Nothing in this subchapter shall affect adversely the right of any person to sue for or obtain relief in any court against discrimination in public education.

(Pub. L. 88-352, title IV, §409, July 2, 1964, 78 Stat. 249.)

**§ 2000c-9. Classification and assignment**

Nothing in this subchapter shall prohibit classification and assignment for reasons other than race, color, religion, sex or national origin.

(Pub. L. 88-352, title IV, §410, July 2, 1964, 78 Stat. 249; Pub. L. 92-318, title IX, §906(a), June 23, 1972, 86 Stat. 375.)

AMENDMENTS

1972—Pub. L. 92-318 inserted "sex" after "religion,".

SUBCHAPTER V—FEDERALLY ASSISTED PROGRAMS

**§ 2000d. Prohibition against exclusion from participation in, denial of benefits of, and discrimination under federally assisted programs on ground of race, color, or national origin**

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

(Pub. L. 88-352, title VI, §601, July 2, 1964, 78 Stat. 252.)

COORDINATION OF IMPLEMENTATION AND ENFORCEMENT OF PROVISIONS

For provisions relating to the coordination of implementation and enforcement of the provisions of this subchapter by the Attorney General, see section 1-201 of Ex. Ord. No. 12250, Nov. 2, 1980, 45 F.R. 72995, set out as a note under section 2000d-1 of this title.

EX. ORD. NO. 13160. NONDISCRIMINATION ON THE BASIS OF RACE, SEX, COLOR, NATIONAL ORIGIN, DISABILITY, RELIGION, AGE, SEXUAL ORIENTATION, AND STATUS AS A PARENT IN FEDERALLY CONDUCTED EDUCATION AND TRAINING PROGRAMS

Ex. Ord. No. 13160, June 23, 2000, 65 F.R. 39775, provided:

By the authority vested in me as President by the Constitution and the laws of the United States of America, including sections 921-932 of title 20, United States Code; section 2164 of title 10, United States Code; section 2001 *et seq.*, of title 25, United States Code; section 7301 of title 5, United States Code; and section 301 of title 3, United States Code, and to achieve equal opportunity in Federally conducted education and training programs and activities, it is hereby ordered as follows:

SECTION 1. *Statement of policy on education programs and activities conducted by executive departments and agencies.*

# Presidential Documents

## Title 3—

Executive Order 12250 of November 2, 1980

## The President

### Leadership and Coordination of Nondiscrimination Laws

By the authority vested in me as President by the Constitution and statutes of the United States of America, including section 602 of the Civil Rights Act of 1964 (42 U.S.C. 2000d-1), Section 902 of the Education Amendments of 1972 (20 U.S.C. 1682), and Section 301 of Title 3 of the United States Code, and in order to provide, under the leadership of the Attorney General, for the consistent and effective implementation of various laws prohibiting discriminatory practices in Federal programs and programs receiving Federal financial assistance, it is hereby ordered as follows:

#### 1-1. *Delegation of Function.*

1-101. The function vested in the President by Section 602 of the Civil Rights Act of 1964 (42 U.S.C. 2000d-1), relating to the approval of rules, regulations, and orders of general applicability, is hereby delegated to the Attorney General.

1-102. The function vested in the President by Section 902 of the Education Amendments of 1972 (20 U.S.C. 1682), relating to the approval of rules, regulations, and orders of general applicability, is hereby delegated to the Attorney General.

#### 1-2. *Coordination of Nondiscrimination Provisions.*

1-201. The Attorney General shall coordinate the implementation and enforcement by Executive agencies of various nondiscrimination provisions of the following laws:

- (a) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*).
- (b) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*).
- (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794).
- (d) Any other provision of Federal statutory law which provides, in whole or in part, that no person in the United States shall, on the ground of race, color, national origin, handicap, religion, or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.

1-202. In furtherance of the Attorney General's responsibility for the coordination of the implementation and enforcement of the nondiscrimination provisions of laws covered by this Order, the Attorney General shall review the existing and proposed rules, regulations, and orders of general applicability of the Executive agencies in order to identify those which are inadequate, unclear or unnecessarily inconsistent.

1-203. The Attorney General shall develop standards and procedures for taking enforcement actions and for conducting investigations and compliance reviews.

1-204. The Attorney General shall issue guidelines for establishing reasonable time limits on efforts to secure voluntary compliance, on the initiation of sanctions, and for referral to the Department of Justice for enforcement where there is noncompliance.

1-205. The Attorney General shall establish and implement a schedule for the review of the agencies' regulations which implement the various nondiscrimination laws covered by this Order.

1-206. The Attorney General shall establish guidelines and standards for the development of consistent and effective recordkeeping and reporting requirements by Executive agencies; for the sharing and exchange by agencies of compliance records, findings, and supporting documentation; for the development of comprehensive employee training programs; for the development of effective information programs; and for the development of cooperative programs with State and local agencies, including sharing of information, deferring of enforcement activities, and providing technical assistance.

1-207. The Attorney General shall initiate cooperative programs between and among agencies, including the development of sample memoranda of understanding, designed to improve the coordination of the laws covered by this Order.

#### *1-3. Implementation by the Attorney General.*

1-301. In consultation with the affected agencies, the Attorney General shall promptly prepare a plan for the implementation of this Order. This plan shall be submitted to the Director of the Office of Management and Budget.

1-302. The Attorney General shall periodically evaluate the implementation of the nondiscrimination provisions of the laws covered by this Order, and advise the heads of the agencies concerned on the results of such evaluations as to recommendations for needed improvement in implementation or enforcement.

1-303. The Attorney General shall carry out his functions under this Order, including the issuance of such regulations as he deems necessary, in consultation with affected agencies.

1-304. The Attorney General shall annually report to the President through the Director of the Office of Management and Budget on the progress in achieving the purposes of this Order. This report shall include any recommendations for changes in the implementation or enforcement of the nondiscrimination provisions of the laws covered by this Order.

1-305. The Attorney General shall chair the Interagency Coordinating Council established by Section 507 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794c).

#### *1-4. Agency Implementation.*

1-401. Each Executive agency shall cooperate with the Attorney General in the performance of the Attorney General's functions under this Order and shall, unless prohibited by law, furnish such reports and information as the Attorney General may request.

1-402. Each Executive agency responsible for implementing a nondiscrimination provision of a law covered by this Order shall issue appropriate implementing directives (whether in the nature of regulations or policy guidance). To the extent permitted by law, they shall be consistent with the requirements prescribed by the Attorney General pursuant to this Order and shall be subject to the approval of the Attorney General, who may require that some or all of them be submitted for approval before taking effect.

1-403. Within 60 days after a date set by the Attorney General, Executive agencies shall submit to the Attorney General their plans for implementing their responsibilities under this Order.

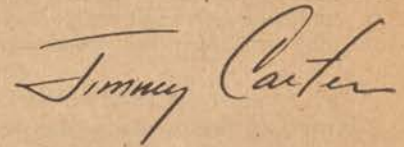
#### *1-5. General Provisions.*

1-501. Executive Order No. 11764 is revoked. The present regulations of the Attorney General relating to the coordination of enforcement of Title VI of the Civil Rights Act of 1964 shall continue in effect until revoked or modified (28 CFR 42.401 to 42.415).

1-502. Executive Order No. 11914 is revoked. The present regulations of the Secretary of Health and Human Services relating to the coordination of the implementation of Section 504 of the Rehabilitation Act of 1973, as amended, shall be deemed to have been issued by the Attorney General pursuant to this Order and shall continue in effect until revoked or modified by the Attorney General.

1-503. Nothing in this Order shall vest the Attorney General with the authority to coordinate the implementation and enforcement by Executive agencies of statutory provisions relating to equal employment.

1-504. Existing agency regulations implementing the nondiscrimination provisions of laws covered by this Order shall continue in effect until revoked or modified.



THE WHITE HOUSE,  
November 2, 1980.

[FR Doc. 80-34551  
Filed 11-3-80; 11:33 am]  
Billing code 3195-01-M

local, tribal, and foreign law enforcement agencies; Federal/State probation and judicial offices; Congress; contract and consulting physicians, including hospitals; and attorneys for claimants.

**SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:**

The Attorney General has exempted this system from subsections (c)(3) and (4), (d), (e)(2), (e)(3), (e)(4)(H), (e)(8), (f) and (g) of the Privacy Act pursuant to 5 U.S.C. 552a(j). Rules have been promulgated in accordance with the requirements of 5 U.S.C. 553(b), (c) and (e) and have been published in the **Federal Register** and codified at 28 CFR 16.97(a) and (b).

[FR Doc. 02-15299 Filed 6-17-02; 8:45 am]

BILLING CODE 4410-05-P

**DEPARTMENT OF JUSTICE**

**Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons**

**AGENCY:** Department of Justice.

**ACTION:** Policy guidance document.

**SUMMARY:** The Department of Justice (DOJ) adopts final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (DOJ Recipient LEP Guidance). The DOJ Recipient LEP Guidance is issued pursuant to Executive Order 13166, and supplants existing guidance on the same subject originally published at 66 FR 3834 (January 16, 2001).

**DATES:** Effective June 12, 2002.

**FOR FURTHER INFORMATION CONTACT:**

Merrily A. Friedlander, Chief, Coordination and Review Section, Civil Rights Division, 950 Pennsylvania Avenue, NW-NYA, Washington, DC 20530. Telephone 202-307-2222; TDD: 202-307-2678.

**SUPPLEMENTARY INFORMATION:** Under DOJ regulations implementing Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, *et seq.* (Title VI), recipients of Federal financial assistance have a responsibility to ensure meaningful access to their programs and activities by persons with limited English proficiency (LEP). See 28 CFR 42.104(b)(2). Executive Order 13166, reprinted at 65 FR 50121 (August 16, 2000), directs each Federal agency that extends assistance subject to the requirements of Title VI to publish guidance for its respective recipients

clarifying that obligation. Executive Order 13166 further directs that all such guidance documents be consistent with the compliance standards and framework detailed in DOJ Policy Guidance entitled "Enforcement of Title VI of the Civil Rights Act of 1964—National Origin Discrimination Against Persons with Limited English Proficiency." See 65 FR 50123 (August 16, 2000).

Initial guidance on DOJ recipients' obligations to take reasonable steps to ensure access by LEP persons was published on January 16, 2001. See 66 FR 3834. That guidance document was republished for additional public comment on January 18, 2002. See 67 FR 2671. Based on public comments filed in response to the January 18, 2002 republication, DOJ published revised draft guidance for public comment on April 18, 2002. See 67 FR 19237.

DOJ received 24 comments in response to its April 18, 2002 publication of revised draft guidance on DOJ recipients' obligations to take reasonable steps to ensure access to programs and activities by LEP persons. The comments reflected the views of individuals, organizations serving LEP populations, organizations favoring the use of the English language, language assistance service providers, and state agencies. While many comments identified areas for improvement and/or revision, the overall response to the draft DOJ Recipient LEP Guidance was favorable. Taken together, a majority of the comments described the draft guidance as incorporating "reasonable standards" or "helpful provisions" providing "useful suggestions instead of mandatory requirements" reflecting "common sense" and a "more measured tone" over prior LEP guidance documents.

Two of the comments urged withdrawal of the draft guidance as unsupported by law. In response, the Department notes here as it did in the draft Recipient LEP Guidance published on April 18, 2002 that the Department's commitment to implement Title VI through regulations reaching language barriers is long-standing and is unaffected by recent judicial action precluding *individuals* from bringing judicial actions seeking to enforce those agency regulations. See 67 FR at 19238-19239. This particular policy guidance clarifies existing statutory and regulatory requirements for LEP persons by providing a description of the factors recipients should consider in fulfilling their responsibilities to LEP persons.

Of the remaining 22 comments, three supported adoption of the draft guidance as published, and 19, while

supportive of the guidance and the Department's leadership in this area, suggested modifications which would, in their view, either (1) clarify the application of the flexible compliance standard incorporated by the draft guidance to particular areas or situations, or (2) provide a more definitive statement of the minimal compliance standards in this area. Several areas were raised in more than one comment. In the order most often raised, those common areas of comment were (1) recipient language assistance plans, (2) use of informal interpreters, (3) written translation safe harbors, and (4) cost considerations. The comments in each of these area are summarized and discussed below.

*Recipient Language Assistance Plans.*

A large number of comments recommended that written language assistance plans (LEP Plans) be required of all recipients. The Department is cognizant of the value of written LEP plans in documenting a recipient's compliance with its obligation to ensure meaningful access by LEP persons, and in providing a framework for the provision of reasonable and necessary language assistance to LEP persons. The Department is also aware of the related training, operational, and planning benefits most recipients would derive from the generation and maintenance of an updated written language assistance plan for use by its employees. In the large majority of cases, the benefits flowing from a written language assistance plan has caused or will likely cause recipients to develop, with varying degrees of detail, such written plans. Even small recipients with limited contact with LEP persons would likely benefit from having a plan in place to assure that, when the need arises, staff have a written plan to turn to—even if it is only how to access a telephonic or community-based interpretation service—when determining what language services to provide and how to provide them.

However, the fact that the vast majority of the Department's recipients already have or will likely develop a written LEP plan to reap its many benefits does not necessarily mean that every recipient, however small its staff, limited its resources, or focused its services, will realize the same benefits and thus must follow an identical path. Without clear evidence suggesting that the absence of written plans for every single recipient is impeding accomplishment of the goal of meaningful access, the Department elects at this juncture to strongly recommend but not require written language assistance plans. The

**EXECUTIVE ORDER NO. 4-01**  
**ACCESS TO FEDERALLY FUNDED**  
**CITY PROGRAMS AND ACTIVITIES FOR**  
**INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY**

**WHEREAS**, Title VI of the Civil Rights Act of 1964 prohibits those who conduct programs or activities that receive federal funds from discriminating against persons on the basis of sex, race or national origin; and

**WHEREAS**, regulations enacted pursuant to Title VI prohibit practices that have the effect of discriminating against protected persons, as well as prohibiting intentional discrimination; and

**WHEREAS**, limited proficiency in the English language can prevent such persons from meaningfully accessing City services and activities; and

**WHEREAS**, on August 11, 2000, President Clinton issued an Executive Order declaring that Title VI regulations prohibit as discriminatory the refusal of a federal funding recipient to take reasonable steps to ensure that persons with limited English proficiency can participate in the recipient's programs; and

**WHEREAS**, the City's immigrant population is credited in part with stemming the City's population loss during the 1990's, and a significant number of these new residents are of limited English proficiency; and

**WHEREAS**, according to the 2000 Census, Hispanic American residents now compose approximately 8.5% of the City's population; Asian American residents now compose approximately 4.5% of the City's population; and English is not the primary language for a significant number of these residents; and

**WHEREAS**, the City's immigrant residents and its Hispanic American and Asian American communities play an important role in the City's economic, civic and cultural life, and thus are entitled to the benefit of City services; and

**WHEREAS**, the City wants to reduce language barriers that may be preventing its residents with limited English proficiency from meaningfully accessing federally funded City services that are available to all Philadelphians;

**NOW, THEREFORE,** by the power invested in me by the Philadelphia Home Rule Charter, it is hereby ORDERED that:

**SECTION 1.**

In accordance with the federal government's interpretation of the requirements of regulations promulgated under Title VI, all City departments, boards and commissions ("City agencies") shall take reasonable steps to provide meaningful access to their federally funded programs and activities for persons with limited English proficiency. Such steps shall include:

(a) Assessments of programs or activities that receive federal funds to determine how and to what extent persons of limited English proficiency may currently be prevented from meaningfully accessing those programs or activities, and to determine the level of tangible and financial resources required to address the needs of persons of limited English proficiency served by those program or activities;

(b) Using such assessments, all City agencies shall develop Compliance Plans that detail the steps they will take to ensure that persons who are not proficient in English can effectively participate in and benefit from federally assisted programs and activities.

**SECTION 2.** The Managing Director and the City Solicitor shall direct the efforts of City agencies to comply with Section 1 of this Executive Order.

**SECTION 3. EFFECTIVE DATE.** All City agencies shall report within 120 days to the Managing Director and the City Solicitor as to the status of their office's compliance with Title VI.

9/29/01  
\_\_\_\_\_  
Date

\_\_\_\_\_  
John F. Street, Mayor



Department of  
**Human Services**

City of  
**Philadelphia**  
L I F E · L I B E R T Y · A N D Y O U ™

**Departmental Policy Directive**

Subject:	<b>Policy and Procedure for Effective Communication with Limited English Proficient (LEP), Deaf, and Hard of Hearing People</b>	Page:	<b>1 of 6</b>
Approved by:	<b>Anne Marie Ambrose, Commissioner, DHS</b> <i>AMA</i>	Issue Date:	<b>July 22, 2010</b>
From:	<b>The Policy and Planning Support Center Paul Bottalla, Director</b>	Effective:	<b>August 1, 2010</b>

### Purpose

The purpose of this guide is to inform staff of the services available to effectively communicate with limited English proficient (LEP), deaf, and hard of hearing people. It provides procedural guidelines to aid in accessing services and to ensure compliance with the DHS policy of non-discrimination.

### Revisions

This guide replaces "Procedure for Effective Communication with Limited English Proficient (LEP) Clients" issued 11/15/04 and "Policy and Procedure for Effective Communication with Deaf or Hard of Hearing Clients" issued 3/20/08. Changes include the following:

- Qualified and approved language proficient employees are the preferred resource for providing interpretation services to LEP, deaf, and hard of hearing people and are used when staffing needs permit.
- There are new providers for interpreter services and there is a priority order for their use.

### Discussion

Effective communication is essential in our work. Ascertaining the needs of LEP, deaf, and hard of hearing people and providing appropriate services makes it imperative that staff correctly identify a person's primary language, language limitation, or disability. People may mask their inability to understand in an effort to appear compliant or cooperative as well as out of embarrassment or shame at their limitations or disabilities.

Consistent with federal, state, and local law the Department of Human Services (DHS) does not discriminate in its policies or provision of services to clients. To ensure meaningful access to the Department's services for all clients, it provides language assistance services for LEP, deaf, and hard of hearing people.

DHS complies with Title VI of the Civil Rights Act, the Americans with Disabilities Act (ADA), and the Language Access Policy and Plan for all Departments issued by the Managing Director's Office.

### Definitions

**Bilingual:** the ability to use two languages fluently. This includes sign language.

**Communication Access Realtime Translation (CART):** the translation of the spoken word into text using a stenotype machine, notebook computer, television, or Realtime software. A trained professional translates the text, which appears on a monitor and can be read by the deaf or hard-of-hearing person.

**Deaf/Hearing Teams:** a deaf interpreter working as a team member with an interpreter who is hearing. The deaf/hearing team is used effectively when communicating with a person who does not know American Sign Language (ASL) or knows a language other than English.

**DHS Global Ambassador:** the coordinator of interpretation and translation services for DHS and serving as the DHS representative to the citywide program, "Global Philadelphia." This program seeks to improve access to services for LEP, deaf, and hard of hearing persons. The ambassador is available to DHS staff to provide technical assistance and answer questions regarding communication with LEP, deaf, and hard of hearing persons, and arrange for document translations.

**Interpretation:** the immediate communication of meaning from one language into another. An interpreter conveys meaning orally. Qualified interpreters include both language proficient employees and contracted interpreters.

**Language Proficient Employees:** employees certified and approved by the Department to interpret. They volunteer their services and have completed mandatory interpreter training.

**Limited English Proficient (LEP):** persons who are unable to communicate effectively in English because their primary language is not English and they are not bilingual. They may have difficulty speaking, reading, writing, or understanding English.

**Primary Language:** an individual's native tongue or the language in which an individual most effectively communicates.

**Relay Services:** an operator service that allows people who are deaf or hard of hearing to place and receive calls via a third party using a TTY/TTD, personal computer, or other assistive telephone device. Clients must have this service in their home.

**Sign Language Interpreter:** a qualified and skilled person familiar with legal and specialized terminology. They are trained to understand and express not only the message, but also convey the emotion of the message.

**Telephonic Interpretation:** contracted service which allows for over-the-phone interpretation 24 hours a day, 7 days a week.

**Translation:** the replacement of written text from one language into an equivalent written text.

## Policy

DHS and its Providers may not discriminate against LEP, deaf, and hard of hearing people by communicating less frequently or avoiding communication. To ensure effective communication in every aspect of service delivery, DHS provides language assistance services to staff for all clients who require them. Qualified interpretation services are to be provided at all stages of service delivery including meetings, home evaluations and visits, and written communications.

DHS staff must:

- Identify a person's primary language or method of communication at the point of initial contact.
- Not assume a person's language capacity even if the person appears to understand English.
- Obtain qualified interpreter services when communicating with LEP, deaf, and hard of hearing people even when such assistance is not requested or is refused.
- Provide clients with translated documents and letters and arrange for the translation of client specific documents.

- Document the primary language, language limitations, and disabilities of clients.
- Document any interpreter services provided and refusals for them in the case record, electronic case management system, and any form where the information is relevant.

LEP, deaf, and hard of hearing people **must** be informed by DHS staff of the availability of interpreter services and available assistive technology.

- It is not the responsibility of clients to request interpreter services. Staff may never suggest or require that clients provide an interpreter at any time.

LEP, deaf, and hard of hearing people may have someone they want to use or already use as their interpreter. If they decline DHS' offer of interpreter services, staff document the refusal and record the name and relationship of the person designated to interpret.

- A refusal of qualified interpreter services does not constitute a waiver of any person's right to request one in the future. DHS staff must inquire at each contact if clients who formerly declined an interpreter have reconsidered and now want to utilize one.
- DHS staff must consider issues of competence, conflicts of interest, confidentiality, and the possibility of an inadequate interpretation when evaluating the request of LEP, deaf, and hard of hearing people to use an unqualified interpreter. If staff believe that the designated person is inappropriate, they must conference with their supervisor and, if appropriate, arrange for the use of a qualified interpreter in conjunction with the nonqualified interpreter.

**Persons who are never to be used as interpreters include:**

- All children and youth.
- Unqualified and untrained staff from provider agencies.
- Any subjects of an abuse or neglect report currently being investigated.

### **Providers**

Providers must ensure effective communication and meaningful access to their services by providing translation and interpretation services for all who require them during all phases of service delivery.

- Providers are responsible for the payment of interpreters during the delivery of services at all provider initiated contacts with the family both in the home and elsewhere.
  - If the Provider fails to enlist interpreter services and DHS staff have ample notice or can arrange it on an emergency basis, they are responsible to do so. When this occurs, DHS staff should report this to PREP.

### **Interpreters for Court Hearings**

DHS staff must notify the Court Representative, the Legal Assistant filing the petition, or the City Solicitor that an interpreter is needed for a court hearing. Requests for interpreters or assistive technology are made for all LEP, deaf, and hard of hearing people.

- If while in court, DHS staff become aware that an interpreter has not been arranged for the hearing, they must inform the DHS Court Representative or the City Solicitor so that one can be secured.
- The subsequent need for an interpreter is the responsibility of the Court. The Solicitor must ensure that the court order for each hearing reflects a request for an interpreter or assistive technology.

### **Resources**

#### **In-person interpreter services**

These services are to be obtained in the following order:

- Qualified and Approved Language Proficient Employees: DHS staff that have completed training and are listed as a language proficient employee.

These staff:

- Interpret only, they do not provide counseling, supervision, or advice nor share in the responsibility of the case.
  - Can only be used when staffing needs are met and supervisory approval has been obtained before accepting an assignment. Approvals are on an assignment-by-assignment basis.
  - Are responsible for their own work and making up any work missed.
- Qualified Contracted In-Person Interpreters or Qualified Contracted Sign Language Interpreters.

**Other services and help aids available:**

- Telephonic interpretation for LEP persons and Relay Services for deaf and hard of hearing persons: these are only to be used as it coincides with regular telephone communication for any client, in an emergency when in-person interpreters are not available, or the need for interpreter services was not previously known.
- Deaf/Hearing Teams.
- Communication Access Realtime Translation (CART).
- Document Translation.
- Language Identification Cards.

**PROCEDURES**

***QUALIFIED AND APPROVED LANGUAGE PROFICIENT EMPLOYEES***

*The list of qualified and approved Language Proficient Employees is found on DHS Central by following the path: DHS Central/Translation Services/Language Proficient Employees.*

- *Contact the selected employee by e-mail and copy the direct supervisor to request assistance. Include in the e-mail the language needed, date, time and location of interpretation, case name, estimated duration of service, and any additional information that may be helpful.*
  - *Language proficient employees contact the requestor to confirm the appointment if supervisory approval has been given or decline the request. Supervisory approval is limited to a single event and must be obtained for each assignment.*
- *Language Proficient Employees:*
  - *Have attended mandatory interpreter training and are approved to provide these services.*
  - *Continue to be responsible for the performance of their normal duties when accepting any volunteer assignment.*
  - *Are compensated with overtime or compensatory time for those hours acting as interpreters after their normal duty hours.*

***CONTRACTED IN-PERSON INTERPRETERS AND CART SERVICES***

*These providers are available 24-hours a day, 7 days a week for scheduled appointments and emergency services. They are found in the "The Guide for Interpreter Services" located on DHS Central/Translation Services/Language Services.*

- *Providers must be contacted in the priority order in which they are listed in the Guide.*
- *For any problems accessing in-person interpreter services, contact the DHS Global Ambassador at 215-683-5869.*

*When contacting the provider and arranging for the service:*

- *Identify yourself as calling from DHS; specify the language that is needed, and scheduling information.*
  - *Note: notice requirements differ and must be adhered to when requesting services.*
- *Complete the "Request for Contracted Interpreter Services" form completely and submit it to the Administrative Services Supervisor in the Accounts Payable Unit, 2<sup>nd</sup> Floor-OPB (3-6894).*
  - *For court-ordered requests, a copy of the DRO must accompany the form when submitted.*

- *Requests must be submitted in a timely manner. The agency bills DHS directly.*

#### ***Non-Emergency/Scheduled Appointments***

*The primary provider must be contacted first, if they are unable to accommodate the request, contact the other agencies listed.*

- *Appointments must be scheduled at least two full business days in advance.*
- *Providers must be notified of a cancellation 2 full business days in advance to avoid a charge.*

#### ***Emergency Interpretation Services***

- *During normal business hours: use "The Guide for Interpreter Services" and the providers in priority order.*
- *After hours and weekends: contact the "after 5:00 p.m." phone number for the provider listed in the "The Guide for Interpreter Services."*

#### ***TELEPHONIC INTERPRETATION***

*Contact the appropriate provider, as listed in "The Guide for Interpreter Services." Step by step reference guides are available to help access these services. City cell phones are equipped with speakers to allow for all parties to hear the translation and actively participate.*

#### ***COURT***

*Requests for interpreters for court hearings are directed to the Law Department by contacting the assigned Solicitor, Court Representative, or the legal assistant preparing the petition for filing.*

- *Requests must be made as early as possible in advance of the court hearing. Subsequent needs for interpreters are the responsibility of the Court.*

#### ***PROVIDERS***

*Providers are responsible for securing interpreter services when providing services and at Provider initiated events, like an ISP meeting.*

- *Providers are encouraged to avail themselves of the provision in City contracts for language-related services which allows non-profit organizations to enter into contracts with City language service agencies at City negotiated rates.*

#### ***DOCUMENTATION***

*DHS must document in the case record, electronic case management system and on other relevant documents:*

- *The need for any interpreter services.*
- *Requests made for interpreter and translation services or the inability to obtain one and efforts made.*
- *Services provided including the name of the interpreter and the agency. For telephonic interpretation use the interpreter identification number. This must be documented at every contact with LEP, deaf, and hard of hearing persons.*
- *Refusals of qualified interpreter services and the name and relationship of the person designated by the LEP, deaf, or hard of hearing person to interpret.*
- *Status determinations for CPS and GPS require CYD staff to identify the family's primary language and if the family requires interpreter services.*

#### ***ADDITIONAL SERVICES AND HELP AIDS***

*Document Translation: Vital documents and letter have been translated into the many languages and are available on DHS Central.*

- *For client-specific documents: contact the DHS Global Ambassador at 215-683-5869, who will assess the*

*need for the translation, process the request, if appropriate, and forward the translated documents to the requestor.*

*Language Identification Cards: aid in identifying a client's primary language.*

- *Each card carries the phrase "Point to Your Language, an Interpreter will be called" printed in many languages. Clients can then point to their language.*

*Language Identification and Quick Access Guides for telephonic interpretation are located on each floor. Additional supplies can be obtained by contacting the DHS Global Ambassador at 215-683-5869.*

Questions regarding this guide:

Samuel Harrison III, Policy and Planning Administrator	x4112
Bari Rose-Epstein, Policy and Planning Supervisor	x4116
June de Vries, Policy and Planning Program Analyst	x4117

15.6 **Northern Ireland.**

- (a) In accordance with Section 17-104 of the Code, Provider (including any parent company, subsidiary, exclusive distributor or company affiliated with Provider) (1) confirms that it does not have, and agrees that it will not have at any time during the Term of this Contract, any investments, licenses, franchises, management agreements or operations in Northern Ireland; and (2) agrees that no product to be provided to the City under this Contract will originate in Northern Ireland, unless Provider has implemented the fair employment principles embodied in the MacBride Principles.
- (b) In the performance of this Contract, Provider agrees that it will not use any suppliers, Subcontractors or subconsultants at any tier (1) who have (or whose parent, subsidiary, exclusive distributor or company affiliate have) any investments, licenses, franchises, management agreements or operations in Northern Ireland; or (2) who will provide products originating in Northern Ireland unless said supplier, Subcontractor or subconsultant has implemented the fair employment principles embodied in the MacBride Principles.
- (c) Provider agrees to cooperate with the City's Director of Finance in any manner which the said Director deems reasonable and necessary to carry out the Director's responsibilities under Section 17-104 of the Code. Provider expressly understands and agrees that any false certification or representation in connection with this Section 15.6 and any failure to comply with the provisions of this Section 15.6 shall constitute a substantial breach of this Contract entitling the City to all rights and remedies provided in this Contract or otherwise available at law, including, but not limited to, Section 17-104 of the Code, or in equity.

15.7 **Limited English Proficiency.** Provider understands and agrees that no individual who is limited in English language proficiency shall be denied access to Services provided under this Contract on the basis of that limitation. As a condition of accepting and executing this Contract, Provider shall comply with all provisions of Title VI of the Civil Rights Act of 1964, Executive Order No. 12250 of the President of the United States, Mayor's Executive Order No. 04-01, and all regulations promulgated thereunder, as the Act and regulations may be amended from time to time, which are applicable (a) to Provider; (b) to the benefits, services, activities and programs provided in connection with this Contract; (c) to the City, or the Commonwealth; and (d) to the benefits, services, activities and programs of the City or of the Commonwealth, and if any funds under this Contract are provided by the federal government, which are applicable to the federal government and its benefits, services, activities and programs. Without limiting the applicability of the preceding sentence, Provider shall comply with 45 C.F.R. 80 et. seq. and all other

regulations promulgated under Title VI of the Civil Rights Act of 1964, as they may be amended from time to time, which are applicable to the benefits, services, programs and activities provided by the City through contracts with outside contractors. If Provider will have any public-facing interactions under this Contract, Provider agrees to complete, on a yearly basis, the Annual Report Worksheet for Contractors and Grantees, to be provided by the Department.

**15.8 Business, Corporate and Slavery Era Insurance Disclosure.**

- (a) In accordance with Section 17-104(2) of the Code, Provider shall complete an affidavit certifying and representing that Provider (including any parent company, subsidiary, exclusive distributor or company affiliated with Provider) has searched any and all records of Provider or any predecessor company regarding records of investments or profits from slavery or slaveholder insurance policies during the slavery era. The names of any slaves or slaveholders described in those records must be disclosed in the affidavit.
- (b) Provider expressly understands and agrees that any false certification or representation in connection with this Section 15.8 and/or any failure to comply with the provisions of this Section 15.8 shall constitute a substantial breach of this Contract entitling the City to all rights and remedies provided in this Contract or otherwise available at law, including, but not limited to, Section 17-104 of the Code, or in equity and the Contract will be deemed voidable.

**15.9 Terms and Conditions Relating to Protected Health Information.**

- (a) The City is a “hybrid entity” as defined in 45 CFR §164.103 and has designated certain portions of the City as “Covered Units” that perform covered functions and are subject to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”). The Covered Units are listed on the City’s website (<http://www.phila.gov/privacypolicy/>). The City may, at any time, modify its list of Covered Units without providing notice outside of the website. Other parts of the City may also be subject to HIPAA to the extent they provide services to a Covered Unit or another covered entity involving the creation, receipt, maintenance, or transmission of protected health information.
- (b) To meet its obligations under HIPAA, the City requires its business associates to agree to the Terms and Conditions Relating to Protected Health Information (“City PHI Terms”) posted on the “About” tab on eContract Philly, <https://philawx.phila.gov/econtract/>. The City PHI Terms are hereby incorporated in this Section as if fully set forth herein.

(I) Refrain from obstructing or discouraging any person/employee from filing a complaint or otherwise cooperating with activities of the OYO

## **SECTION 5. DUTIES OF PROVIDERS**

In accordance with all applicable confidentiality requirements and other provisions of federal, state and local laws and regulations, all City contracts (and subcontracts for CBH) with entities for the provision of residential placement services to Philadelphia youth involved in the child welfare, juvenile justice or behavioral health system shall state that the City contractor or subcontractor shall:

(A) Allow the OYO full access to the facility as necessary to carry out the powers and duties articulated in this Order, including, but not limited to, the right to visit the facility and any education program or school associated with the facility and to inspect/copy any relevant records, reports, or documents that the facility creates or maintains.

(B) Cooperate fully and promptly with any OYO request made in the exercise of the OYO's oversight authority, including facilitating OYO meetings and interviews with youth and staff and responding to any OYO inquiry, consistent with federal and state law.

(C) Consistent with DHS, DBHIDS, and CBH contract requirements, promptly inform the OYO of receipt of any complaint or grievance regarding a residential facility, school affiliated with a residential facility, or a youth resident.

(D) Consistent with DHS, DBHIDS, and CBH contract requirements, promptly inform the OYO of any evaluation or investigation of any condition or incident affecting youth in residential placement.

(E) Consistent with applicable law, maintain all communications with the OYO in confidence.


(F) Provide all youth in residential placements with information about the OYO, available avenues for assistance, youth rights and protections, and other matters relevant to residential placements and the youth experience.

(G) Refrain from retaliating against any person/employee for cooperating with activities of the OYO.

(H) Refrain from obstructing or discouraging any person/employee from filing a complaint or otherwise cooperating with activities of the OYO.

(I) Refrain from restricting or discouraging youth access to the OYO.

**MEMORANDUM**

TO:	Services Providers	DATE: June 4, 2026
FROM:	Kimberly Ali, DHS Commissioner 	
SUBJECT:	Language Access Guidance-Interpreters and Translators	

It has come to our attention that language access standards for the Department of Human Services (“DHS”) providers may be unclear and/or may not be followed by all providers on a consistent basis. This guidance clarifies the requirements for interpreters and translators under your contract with the City, as well as under applicable federal, state, and local law.

DHS’s mission is to serve Philadelphia’s children, youth, families, and communities by building on their strengths and advancing safe and supportive environments. Effective communication is vital to that mission. DHS and its providers must ensure that limited English proficient (“LEP”) individuals have meaningful access to DHS services.

These obligations arise from Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d), its implementing regulation at 45 C.F.R. § 80.3, Pennsylvania regulations at 55 Pa. Code §§ 3800.31–33, City of Philadelphia Executive Order No. 04–01 and policy, and your contract with the City.

Your contract with the City states: “Provider understands and agrees that no individual who is limited in English language proficiency shall be denied access to Services provided under this Contract on the basis of that limitation.” (See the City of Philadelphia Professional Services Contract General Provisions for Department of Human Services Improving Outcomes for Children Community Umbrella Agency (“CUA General Provisions”) and the City of Philadelphia Professional Services Contract General Provisions for Department of Human Services Contracts (“DHS General Provisions”) Section 15.7, Limited English Proficiency)

**DHS’ Language Access Expectations**

The following expectations apply to all DHS providers. DHS’s Performance Management & Technology team (“PMT”) will assess provider compliance with these expectations as part of the provider’s annual evaluation and in response to any service concerns. Providers should be prepared to demonstrate that they have policies and records in place that address each of the items below.

**Identify language needs early.** Record each individual’s preferred spoken and written language at the initial point of contact. Update and share this information with all relevant staff.

**Provide interpretation and translation at no cost to the individual.** You must provide language access services whenever someone expresses or demonstrates a non-English language preference, when a referring individual identifies such a preference, or when someone struggles to communicate effectively in English. This means translating program materials, consent forms, grievance forms, facility rules, statements of the child’s rights, and all other important service documents using qualified translators into the individual’s preferred language.

**Use qualified interpreters.** When bilingual staff are unavailable or the situation calls for it, you must use professional interpreter services. All applicable federal, state, and local standards require “qualified” or “competent” interpreters who can communicate accurately and exercise professional judgment. **Machine translation tools such as Google Translate do not meet this standard and may not be used as a sole means of providing interpretation.** Additionally, entering protected information into such tools raises privacy concerns under the Child Protective Services Law and other confidentiality requirements. You must use qualified human interpreters, whether through bilingual staff or professional interpretation services.

**Do not use informal interpreters.** Minor children are strictly prohibited from acting as interpreters. Use of family members, friends, or untrained individuals is strongly discouraged. You may not require an individual to provide their own interpreter.

**Have a process to engage remote interpretation services.** Providers must have access to on-demand telephonic or video interpretation services so that language access is available even when an in-person interpreter is not. This means having an account or arrangement with a remote interpretation vendor and ensuring that staff know how to use it. Services may not be withheld or delayed due to interpreter unavailability.

**Train your staff.** All relevant staff must receive annual training on identifying LEP individuals, accessing interpreter services, and documentation requirements. Supervisors must verify that bilingual staff are authorized and competent before they provide language access services.

**Maintain records.** You must keep interpreter usage logs, staff training records, translated documents, and case notes reflecting bilingual or interpreted services. These records must be available for PMT.

### **City-Negotiated Rates for Language Access Providers**

Providers may take advantage of a provision in City contracts that allows nonprofit organizations to enter into contracts with City language service agencies at City-negotiated rates. This can reduce the cost of securing qualified interpretation and translation services. Contact DHS for more information about accessing these rates.

### **Providers Bear the Cost**

Providers are responsible for paying for qualified interpreter and translation services during the delivery of services and at all provider-initiated contacts with families. Language access services

must be provided at no cost to the youth, parents, guardians, or family members you serve. (See CUA General Provisions and DHS General Provisions Sections 3.2(b), Compliance with Title VI of the Civil Rights Act of 1964, and 15.7, Limited English Proficiency.)

### **Compliance and Monitoring**

As noted above, PMT will assess compliance with these requirements through its annual evaluations of DHS providers and in response to specific service concerns. Noncompliance may result in corrective action or other remedies permitted under the contract.

If you have specific questions about your program and how this guidance applies or about the legal requirements, please contact your organization's leadership team and attorney/general counsel.