

# CIVIL RIGHTS COMPLIANCE REQUIREMENTS

FOR DEPARTMENT OF  
HUMAN SERVICES  
PROVIDERS

All Department of Human Services (DHS) licensed providers within the Commonwealth of Pennsylvania are required to ensure employment in a non-discriminatory manner without regard to an individual's race (to include hair type, hair texture, or hair style), color, age (40 and over), sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex development), ancestry, national origin (including Limited English Proficiency), religious creed (to include all aspects of religious observances and practice, as well as belief), disability, and retaliation.

To ensure that agencies and facilities licensed by the DHS operate in compliance with state and federal civil rights laws and regulations, all new providers seeking licensure through DHS must complete the Civil Rights Compliance Form (CRC Form) as part of their initial licensing application process. A (CRC Renewal Form) will be required to be completed annually as part of the licensing renewal process.

The CRC Form must be completed in its entirety and signed and dated by an official of the Legal Entity. All providers are required to submit completed forms and required attachments electronically.

The CRC Form must be submitted with all required attachments including copies of the signed "Non-Discrimination in Employment" and "Non-Discrimination in Services" policy statements. The APPENDICES included at the end of this packet contain sample policies that may be used to satisfy this requirement. Please note that all policy statements must be presented on agency, facility, organizational letterhead.

Failure to return a completed CRC Form with all required appendices may result in the delay and/or rejection of your facility's request to provide services in the Commonwealth of Pennsylvania.

If you have any questions regarding the completion of the CRC Form, requirements for policy statements, or need technical assistance, please contact a civil rights compliance specialist through email at [RA-PWDHSCivilRights@pa.gov](mailto:RA-PWDHSCivilRights@pa.gov) or via phone at 717-787-1579.

All questions regarding licensure should be directed to DHS Human Services Licensing Office at 717-705-0383, or if a childcare facility, the Office of Child Development and Early Learning (OCDEL) at 1-800-222-2117 (Central Region/Harrisburg), 1-800-222-2149 (Western Region), 1-800-222-2108 (Northeast Region/Scranton) or 1-800-346-2929 (Southeast Region/North & South).



# DHS CIVIL RIGHTS COMPLIANCE FORM

CERTIFICATE/LICENSING NUMBER:  FOR DHS OFFICE USE ONLY
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LEGAL ENTITY NAME:			
RESPONSIBLE OFFICIAL:	TITLE:		
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP CODE:
PHONE #: (      )	EMAIL ADDRESS:		
FACILITY			
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP CODE:
FACILITY ADMINISTRATOR/DIRECTOR:			
PHONE #: (      )	EMAIL ADDRESS:		

## TYPE OF SYSTEM:

- Multi-facility (One owner, many sites)
- Multi-type (One owner, many services)
- Single site (One owner, one site)
- Other - Specify:

PROGRAM:	TYPE OF SERVICE:
Personal Care Home	
Assisted Living	
Child Day Care	
Child Welfare Service (Public)	
Child Welfare Service (Private)	
Office of Mental Health & Substance Abuse Services	
Office of Developmental Programs	

A license will not be issued to your facility unless it complies with the following statutes and regulations that prohibit discrimination based on race, color, religious creed, disability, ancestry, national origin, age, sex, or pregnant workers:

- a. The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2), amendments 16 Pa. Code, Chapter 41, Subchapter § 41.201 - 41.207.
- b. The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).
- c. Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§2000d-2000d-4), if applicable.
- d. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable
- e. Americans with Disabilities Act of 1990 (42 U.S. Code § 12102)
- f. ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)
- g. Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.
- h. Pregnant Workers Fairness Act (42 U.S.C. §§ 2000gg), if applicable. Which was signed into law on December 29, 2022.

To satisfy this requirement, complete the following information in its entirety. Type or print clearly. Include a valid email address on your CRC Form. If additional space is required for any of the required answers, attach a separate 8 1/2" x 11" sheet to complete answers. Denote license number (if applicable) on additional sheets. Number your corresponding answer.

### BEFORE YOU SUBMIT YOUR APPLICATION:

- Is the CRC Form completed in its entirety?
- Have you provided a valid email address?
- Has the correct legal entity signed the CRC Form?
- Is the "Non-Discrimination in Employment" policy statement included in this submission? Is it on your letterhead addressed to your staff with director's name/signature? (Question 1)
- Is the "Non-Discrimination in Services" policy statement included in this submission? Is it on your letterhead addressed to whoever is receiving your services with director's name/signature? (Question 1)
- Have you included one sample of an advertisement which includes your non-discrimination clause? (Question 7)
- Did you include the written procedure regarding the filing of complaints by staff? (Question 9)
- If you have a Board, have you submitted a copy of the policy used to select Board members and one sample of materials used to orient the Board to civil rights compliance requirements?

1) Has the facility developed a “Non-Discrimination in Services” policy statement and a “Non-Discrimination in Employment” policy statement, signed by the responsible official that advises clients/residents/parents/guardians, the public and employees that services and employment are provided in a non-discriminatory manner, without regard to race (to include hair type, hair texture, or hair style), color, age (40 and over), sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex development), ancestry, national origin (including Limited English Proficiency), religious creed (to include all aspects of religious observances and practice, as well as belief), disability, and retaliation.

Yes (Your application will be returned if statements are not provided.)

No (explain)

The “**Non-Discrimination in Services**” policy should be addressed to whoever you serve, and the “**Non-Discrimination in Employment**” policy should be addressed to your staff. The APPENDICES included in this packet contain sample policies that may be used to satisfy this requirement. Place the correct policy statement addressed to the correct individuals on facility letterhead and insert the director’s name and signature.

**Both policy statements are required to be posted in your facility.**

2) Does the facility’s “Non-Discrimination in Services” policy and “Non-Discrimination in Employment” policy also include that reasonable physical accommodations and program accessibility to staff or clients with disabilities will be provided (e.g. hearing, speech, vision, mobility impairments)?

Yes

No (explain)

3) Does the facility’s “Non-Discrimination in Services” policy and “Non-Discrimination in Employment” policy also include that protected classes and persons with disabilities or with Limited English Proficiency are integrated into programs and activities?

Yes

No (explain)

4) How is the facility accessible to clients, residents, parents, employees, and/or visitors with disabilities? Explain how they are able to access restrooms, drinking fountains if applicable, entry and other parts of the facility.

5) How does your facility provide meaningful access to non-English speaking clients, so they are able to access its programs and services? Meaningful access involves oral interpretation and written interpretation for important documents?

6) Please list the vendors you use for your oral and written interpretation services?

7) Does the facility advertise its services and employment opportunities to the public and include a non-discrimination clause in its brochures, media notices, and/or posters? Please provide one sample of an advertisement which includes a non-discrimination clause. (Website or Social Media links are not permitted)

Yes (Your application will be returned if a sample is not provided.)

No (explain)

8) Does the facility have a written procedure in which it informs individuals of their rights under the Pregnant Worker's Fairness Act (PWFA) and informs that the facility will provide reasonable accommodations to a qualified employee's or applicants known limitation related to, affected by, arising out of pregnancy, childbirth, or related medical conditions, absent undue hardship on the operation of the business of the covered entity.

Yes (Please provide the written procedure)

No (explain)

9) Does the facility have a procedure by which staff can file complaints alleging discrimination to include harassment, sexual harassment, retaliation and have their complaints investigated and resolved objectively which includes the name/title of the person within the facility/organization assigned to receive and investigate the complaint, the turnaround timeframe once the complaint is received, and the final conclusion or determination? The required non-discrimination policies are not considered a written procedure.

Yes (Your application will be returned if procedure is not provided.)

No (explain)

10) How does the facility inform clients, residents, and parents/guardians that complaints of discrimination may be filed with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR), the BEO/DHS Office of Civil Rights Compliance, and/or the Pennsylvania Human Relations Commission (PHRC)?

Yes (Please specify the method used.)

No (explain)

11) How does the facility inform its staff regarding their rights to file complaints of employment discrimination based on Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended with the PHRC or Equal Employment Opportunity Commission (EEOC)?

Yes (Please specify method used to inform staff.)

No (explain)

### Governing Board - If Applicable

1) Does this facility have a Board?

Yes

No

2) If you answered Yes to Question #1 above, please send copies of policies regarding selection of Board members and one sample of materials used to orient the Board to its civil rights compliance requirements. (Your application will be returned if a copy of your policy and one sample of materials used to orient the Board is not provided.)

**The information submitted is, to the best of my knowledge, true and I intend to be bound by it.**

\_\_\_\_\_  
RESPONSIBLE OFFICIAL NAME/TITLE (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*I will retain copies of all forms and documentation submitted to the Department.*

# APPENDICES

## SAMPLE # 1



USE PROVIDER LETTERHEAD)

**SUBJECT:** Non-Discrimination in Employment Policy Statement

**TO:** Staff

**FROM:**  Insert Director's Name and Signature)

An open and equitable personnel system will be established and maintained. Personnel policies, procedures, and practices will be designed to prohibit discrimination on the basis of race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex), and retaliation.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following:

 Insert Provider/Facility Name)

 Insert Address)

 Insert Telephone Number)

 Insert Fax Number)

 Insert Email Address)

**Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity**

Room 225, Health & Welfare Building  
P.O. Box 2675 Harrisburg, PA 17120  
Inquiries: (717) 787-1127  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

**(Within 90 days from the date of incident)**

**Pennsylvania Human Relations Commission**

333 Market Street, 8<sup>th</sup> Floor  
Harrisburg, PA 17101  
<https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx>

Inquiries: (717) 787-4410  
TTY users only: (717) 787-7279

**(Within 180 days from the date of incident)**

**Office for Civil Rights**

U.S. Department of Health and Human Services  
Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Room 509 HHH Bldg  
Washington, D.C. 20201  
Customer Response Center: (800) 368-1019  
TDD: (800) 537-7697

<https://www.hhs.gov/ocr/complaints>

Email: [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)

**(Within 180 days from the date of incident)**

**U.S. Equal Employment Opportunity Commission**

801 Market Street, Suite 1000  
Philadelphia, PA 19107

Inquiries: (800) 669-4000

TTY users only: (800)669-6820

<https://www.eeoc.gov/filing-charge-discrimination>

Email: [PDOContact@eeoc.gov](mailto:PDOContact@eeoc.gov)


**(Within 300 days from the date of incident)**

## SAMPLE # 2



USE PROVIDER LETTERHEAD)

**SUBJECT:** Non-Discrimination in Services Policy Statement


**TO:** Patients/Clients/Residents/Parents  
 **Insert** One of the above, as applicable)

**FROM:**  **Insert** Director's Name and Signature)

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

 **Insert** Provider/Facility Name)

 **Insert** Address)

 **Insert** Telephone Number)

 **Insert** Fax Number)

 **Insert** Email Address)

### Office for Civil Rights

U.S. Department of Health and Human Services  
Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Room 509 HHH Bldg  
Washington, D.C. 20201  
Customer Response Center: (800) 368-1019  
TDD: (800) 537-7697

<https://www.hhs.gov/ocr/complaints>

Email: [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)

**(Within 180 days from the date of incident)**

**Commonwealth of Pennsylvania**  
**Department of Human Services**  
**Bureau of Equal Opportunity**  
Room 225, Health & Welfare Building  
P.O. Box 2675 Harrisburg, PA 17120  
Inquiries: (717) 787-1127  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

**(Within 90 days from the date of incident)**

### Pennsylvania Human Relations Commission

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Harrisburg, PA 17101  
<https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx>  
Inquiries: (717) 787-4410  
TTY users only: (717) 787-7279

**(Within 180 days from the date of incident)**

**SUBJECT:** Non-Discrimination in Employment Policy Statement

**TO:** Staff

**FROM:**

An open and equitable personnel system will be established and maintained. Personnel policies, procedures, and practices will be designed to prohibit discrimination on the basis of race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex), and retaliation.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following:

**Facility Contact Information**

**Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity**  
Room 225, Health & Welfare Building  
P.O. Box 2675 Harrisburg, PA 17120  
Inquiries: (717) 787-1127  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)  
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**(Within 180 days from the date of incident)**

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801 Market Street, Suite 1000  
Philadelphia, PA 19107  
Inquiries: (800) 669-4000  
TTY users only: (800)669-6820  
<https://www.eeoc.gov/filing-charge-discrimination>  
Email: [PDOContact@eeoc.gov](mailto:PDOContact@eeoc.gov)  
**(Within 300 days from the date of incident)**

**SUBJECT:** Non-Discrimination in Services Policy Statement

**TO:** Patients/Clients/Residents/Parents and all applicable

**FROM:**

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

**Facility Contact Information**

**Office for Civil Rights**

U.S. Department of Health and Human Services  
Centralized Case Management Operations  
200 Independence Avenue, S.W.

Room 509 HHH Bldg  
Washington, D.C. 20201

Customer Response Center: (800) 368-1019  
TDD: (800) 537-7697

<https://www.hhs.gov/ocr/complaints>

Email: [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)

**(Within 180 days from the date of incident)**

**Commonwealth of Pennsylvania**

**Department of Human Services**

**Bureau of Equal Opportunity**

Room 225, Health & Welfare Building

P.O. Box 2675 Harrisburg, PA 17120

Inquiries: (717) 787-1127

Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

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Inquiries: (717) 787-4410

TTY users only: (717) 787-7279

**(Within 180 days from the date of incident)**



## ADDITIONAL INFORMATION/RESOURCES

### CRC APPLICATION:

Entities seeking a **new** license should utilize a Civil Rights Compliance (CRC) form (HS 2126). The **new** application, supporting documents and CRC form must be emailed to the DHS office that issues your license.

For licensing **renewals**, a licensee should submit a CRC Renewal form (HS 2125). The **renewal** application and Renewal Form must be emailed to the DHS office that issues your license.

If your license is issued by...	Submit your application AND your CRC form (if new license) or CRC Attestation (if license renewal) to:
The Bureau of Adult Residential Licensing (OLTL)	<a href="mailto:RA-PWLICADBHSLPRO@pa.gov">RA-PWLICADBHSLPRO@pa.gov</a>
The Office of Children, Youth, and Families (OCYF)	<a href="mailto:RA-PWLICADOCYFPRO@pa.gov">RA-PWLICADOCYFPRO@pa.gov</a>
The Office of Mental Health and Substance Abuse Services (OHMSAS)	<a href="mailto:RA-PWLICADOMHSASPRO@pa.gov">RA-PWLICADOMHSASPRO@pa.gov</a>
The Office of Developmental Programs* (ODP)	<a href="mailto:RA-odplicensing@pa.gov">RA-odplicensing@pa.gov</a>
The Office of Child Development and Early Learning* (OCDEL)	<p><i>Child care providers should include their MPI number in the subject line and email the appropriate regional office:</i></p> <p><b>Northeast Region:</b> <a href="mailto:RA-ocdelcertncscrant@pa.gov">RA-ocdelcertncscrant@pa.gov</a></p> <p><b>Central Region:</b> <a href="mailto:RA-ocdelcertnchbg@pa.gov">RA-ocdelcertnchbg@pa.gov</a>  <b>Counties:</b> Dauphin, Cumberland, Lancaster, York, Adams, Lebanon and York  <a href="mailto:RA-ocdelcertncsel@pa.gov">RA-ocdelcertncsel@pa.gov</a></p> <p><b>Counties:</b> Snyder, Perry, Juniata, Centre, Mifflin, Tioga, Lycoming, Northumberland, Union and Clinton</p> <p><b>Southeast Region:</b> <a href="mailto:RA-ocdelcertse@pa.gov">RA-ocdelcertse@pa.gov</a></p> <p><b>Western Region:</b> <a href="mailto:RA-ocdelcertwpittsbu@pa.gov">RA-ocdelcertwpittsbu@pa.gov</a>  <b>Counties:</b> Allegheny, Armstrong, Beaver, Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren, Washington and Westmoreland  <a href="mailto:RA-ocdelcdertwhollid@pa.gov">RA-ocdelcdertwhollid@pa.gov</a></p> <p><b>Counties:</b> Bedford, Blair, Cambria, Franklin, Fulton, Huntingdon and Somerset</p>

### BEO TECHNICAL ASSISTANCE:

If you have questions specifically related to the completion or status of your CRC/CRC Renewal you can contact BEO at:

**BEO Mainline – (717) 787-1579**  
**BEO Email – RA-PWDHSCIVILRIGHTS@PA.GOV**

## **WEBLINKS:**

[DHS OA-Bureau of Equal Opportunity](#) –The Bureau of Equal Opportunity (BEO)

[HS2125 and HS2126 Forms](#) - CRC Application and Renewal application

[Pennsylvania Human Relations Act \(PHRA\)](#) – The Pennsylvania Human Relations Act (PHRA) (43 P.S. §§ 951-962.2).

[PHRA, 16 Pa. Code, Chapter 41, Subchapter § 41.201 - 41.207](#) - The Pennsylvania Human Relations Act Title 16 Pa. Code, Chapter 41, Subchapter § 41.201 - 41.207.

[Age Discrimination](#) - The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).

[Rehabilitation Act of 1973](#) – Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794)

[Title VI Of The Civil Rights Act Of 1964](#) - Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§2000d-2000d-4).

[Americans with Disabilities Act of 1990](#) - Americans with Disabilities Act of 1990 (42 U.S. Code § 12102).

[ADA Amendments Act of 2008 \(ADAAA\)](#) - ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)

[Title VII Of The Civil Rights Act Of 1964](#) - Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17).

[Pregnant Workers Fairness Act](#) - Pregnant Workers Fairness Act (42 U.S.C. §§ 2000gg).

[Office of Civil Rights \(OCR\)](#) – The Office for Civil Rights

[U.S. Equal Employment Opportunity Commission \(EEOC\)](#) – United States Equal Employment Opportunity Commission

[Pennsylvania Human Relations Commission \(PHRC\)](#) – The Pennsylvania Human Relations Commission

[2024 Limited English Proficiency Policy Statement](#)- DHS Policy and Procedures for Communication with Persons with Limited English Proficiency

[DHS Language Access Plan](#) -Language Access Plan

[Importance of Language Access Services](#) – Limited English Proficiency You Tube Video

["One moment please" Tool](#)” – One Moment Please Language Translation

[I Speak Poster](#) – I Speak Language Translation

[Preferred Language Flyer](#) – Preferred Language Translation