

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, color, sex, age, religious creed, national origin, ancestry, or disability. In addition, all licensed providers are required to maintain non-discrimination in services without regard to an individual's race, color, sex, age, religious creed, national origin (including Limited English Proficiency), ancestry, or disability.

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. An Attestation Form will be expected 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 encouraged 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/organization 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 RA-PWDHSCivilRights@pa.gov or 717-787-1127.

All questions regarding licensure should be directed to your local program office or the 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.



DHS CIVIL RIGHTS COMPLIANCE FORM

CERTIFICATE/LICENSING NUMBER: FOR DHS OFFICE USE ONLY

LEGAL ENTITY NAME:			
RESPONSIBLE OFFICIAL:		TITLE:	
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP CODE:
PHONE #:		EMAIL ADDRESS:	
FACILITY NAME:			
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, or sex:

- a. The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2).
- 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. Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.

To satisfy this requirement, please complete the following information in its entirety. Please be sure to either type or print clearly. Be sure to include a valid email address on your CRC Form. If additional space is required for any of the required answers, please attach a separate 8 1/2" x 11" sheet to complete answers. Please denote license number (if applicable) on additional sheets. Be sure to 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 clients and staff? (Question 8)
 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, sex, color, national origin (address issue of Limited English Proficiency, in the service policy only), ancestry, religious creed, disability, and age?

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 physical disabilities will be provided?

Yes No (explain)

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

Yes No (explain)

- 4) Are restrooms, drinking fountains, and any other human needs facilities accessible to clients, residents, parents, employees, and/or visitors with disabilities?

Yes No (explain)

- 5) Does the facility’s “Non-Discrimination in Services” policy and “Non-Discrimination in Employment” policy state that a reasonable accommodation will be provided for individuals with a disability (e.g. hearing, speech, vision, mobility impairments)?

Yes No (explain)

- 6) If the facility serves non-English speaking clients, does it provide meaningful access to its programs and services? (Meaningful access involves some combination of services for oral interpretation and written translation of vital documents.)

Yes No (explain) N/A (explain)

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.

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

No (explain)

8) Does the facility have a procedure by which staff can file complaints alleging discrimination and have their complaints investigated and resolved objectively which includes the name of the person assigned to investigate the complaint? Please provide a copy of the written procedure.

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

No (explain)

9) 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)

10) 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

(▶ USE PROVIDER LETTERHEAD)

SAMPLE # 1

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, color, religious creed, disability, ancestry, national origin, age, or sex. 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

U.S. Equal Employment Opportunity
Commission
801 Market Street, Suite 1000
Philadelphia, PA 19107-3126
Inquiries: (800) 669-4000
TTY users only: (800) 669-6820
<https://www.eeoc.gov/federal-sector/overviewfederal-sector-eeo-complaint-process>
Email: PDOContact@eeoc.gov

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509F 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

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
<https://www.phrc.pa.gov/File-a-complaint>
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279

(▶ USE PROVIDER LETTERHEAD)

SAMPLE # 2

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, color, religious creed, disability, ancestry, national origin (including Limited English Proficiency), age, or sex.

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)	Office for Civil Rights
(▶ Insert Address)	U.S. Department of Health and Human Services
(▶ Insert Telephone number)	Centralized Case Management Operations
(▶ Insert Fax number)	200 Independence Avenue, S.W.
(▶ Insert Email Address)	Room 509F HHH Bldg
	Washington, D.C. 20201
	Customer Response Center: (800) 368-1019
	TDD: (800) 537-7697
	https://www.hhs.gov/ocr/complaints
	Email: ocrmail@hhs.gov

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

Pennsylvania Human Relations Commission (PHRC)
333 Market Street, 8th Floor
Harrisburg, PA 17101
<https://www.phrc.pa.gov/File-a-complaint>
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279