

## CIVIL RIGHTS COMPLIANCE LICENSING PROCESS 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 nondiscriminatory 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 DHS operate in compliance with state and federal civil rights laws and regulations, all licensed providers must complete an annual Civil Rights Compliance Questionnaire (CRCQ) as part of the licensing and renewal process.

All licensed providers must have current Equal Employment Opportunity and Nondiscrimination in Services policy statements. Sample copies of the policy statements are attached as guidance for development of the required policies. The samples are to be used as a guide. All policy statements must be presented on agency/facility/organization letterhead.

The CRCQ, **along with copies of the signed Equal Employment Opportunity and Nondiscrimination in Services policy statements** must be submitted to the **Bureau of Equal Opportunity (BEO)** at the regional address listed below within twenty-one (21) days of receipt of this packet of information. **All providers are encouraged to submit completed questionnaires and required attachments electronically** (via fax or appropriate email address based on provider location). The CRCQ must be completed in its entirety and signed and dated by an official of the Legal Entity. See the "Tips for Completing your CRCQ Packet" section below for more information. Failure to respond may result in the delay and/or disapproval of your facility's request to provide services in the Commonwealth of Pennsylvania.

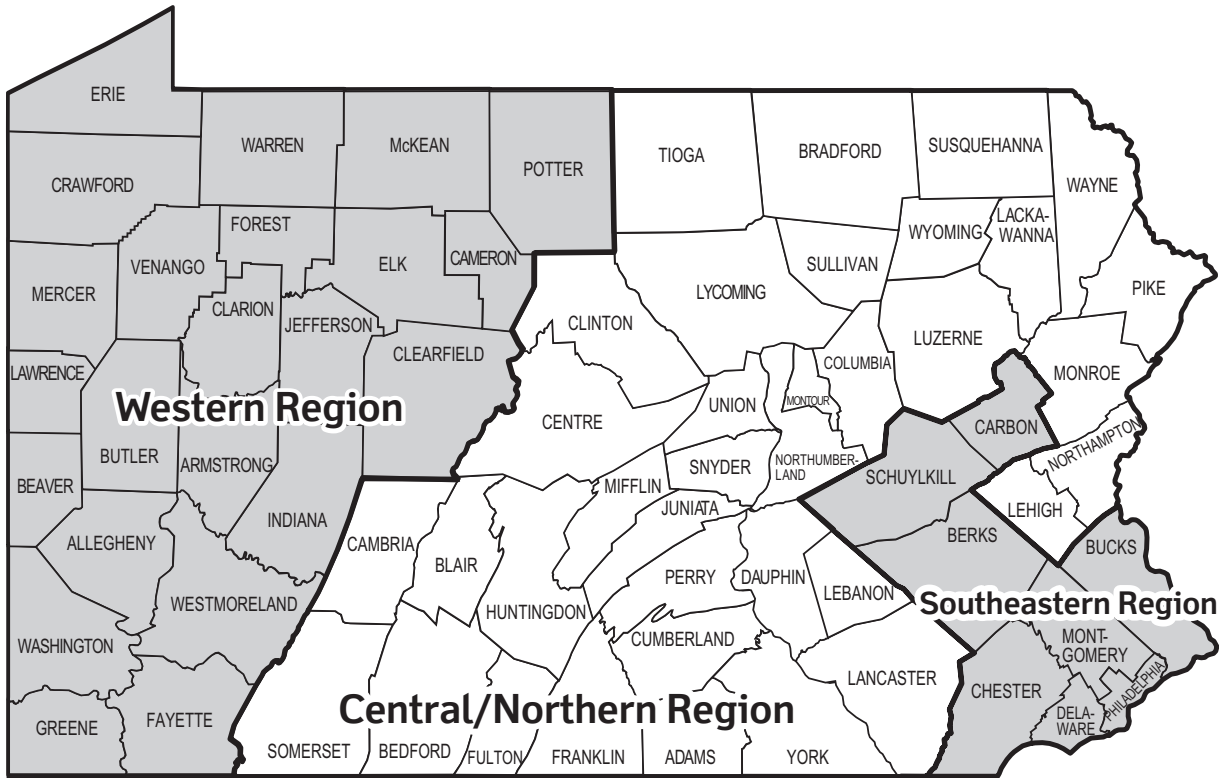
If you have any questions regarding the completion of the CRCQ, requirements for policy statements, or need technical assistance, please contact your regional BEO office as indicated below. A regional map is attached for your convenience.

All questions regarding your license 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.

Bureau of Equal Opportunity  
625 Forster Street | Harrisburg, PA 17105 | 717.787.1127 | Fax: 717.772.4366 | [www.dhs.pa.gov](http://www.dhs.pa.gov)

Equal Opportunity Employer/Program  
Auxiliary Aids and Services are available upon request to individuals with disabilities.

**CIVIL RIGHTS COMPLIANCE LICENSING**



**Western Region**

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

Phone: 412-565-7607

Fax: 412-880-0207

**Central/Northern Region**

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

Phone: 717-787-1127

Fax: 717-772-4366

**Southeastern Region**

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

Phone: 717-787-1127

Fax: 717-772-4366

## STEPS FOR COMPLETING YOUR CIVIL RIGHTS COMPLIANCE QUESTIONNAIRE PACKET

- **Submit your completed forms in only one format** – Email or fax the packet; **Do not email and then fax the same packet.** This creates duplicates and slows processing. Please remember to sign the Civil Rights Compliance Questionnaire (CRCQ).
- Providers who submit CRCQs through PELICAN or HCSIS will need to submit all required attachments using either an email address or fax number listed above. You will need to include your CRQ number which will populate when you complete and submit a CRCQ in PELICAN. Save this number for your records.
- When completing your CRCQ, **please either type the information or print clearly.** Processing your CRCQ will be delayed if the information is illegible.
- Answer all questions completely. **When you answer question #8 on page 2, please keep in mind it is pertaining to all children/individuals (minorities, disabled, and limited English proficient) being included in all programs and activities and reasonable accommodations being made to be inclusive of everyone.**
- **Be sure to include** a copy of your **Nondiscrimination in Services Policy Statement** addressed to whomever you serve and your **Equal Employment Opportunity Policy Statement** addressed to your staff. You may use the attached sample policies by placing them on your letterhead and inserting your director's name and signature. Be sure to include the correct PHRC address. Both policy statements are required to be posted in your facility. If you advertise as either an employer or provider, include **a copy of your advertisement.** Remember to complete and submit **Attachment 1.** We cannot issue a compliance letter if any of these items are missing.
- In an attempt to create a more efficient electronic process, we are not mailing hard copies of letters – **all compliance letters will be emailed** so it is imperative that you **include a valid email address on your CRCQ.** When looking for your letter, please be sure to check all email accounts included on the CRCQ. In most cases, the letter will be emailed to the responsible official.
- If you believe you should have received a compliance letter and did not, **please check all email accounts provided on your CRCQ, along with the email address used to submit the CRCQ, before contacting our office.** We process hundreds of questionnaires weekly and taking time to resend compliance letters will reduce our response time for all providers.
- If you have a licensing on-site review scheduled and have not received your compliance letter, please check all email accounts as noted above. **If you confirm you have not received the letter and need to contact our office, please do not wait until the day before your on-site review is scheduled.** We are busy processing questionnaires, along with other duties, and cannot always turn your request around in one day.

# CIVIL RIGHTS COMPLIANCE QUESTIONNAIRE

CERTIFICATE/LICENSING NUMBER:
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New  Renewal

LEGAL ENTITY NAME:	
RESPONSIBLE OFFICIAL: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	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	

NOTE: If additional space is required, please attach a separate 8 1/2" x 11" sheet to complete answers. Please denote license number on additional sheets. Be sure to number your corresponding answer.

## Nondiscrimination in Employment and Services

- 1) Has the facility developed a nondiscrimination in service policy statement **and** a nondiscrimination 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 nondiscriminatory manner, without regard to race, sex, color, national origin (address issue of Limited English Proiciency, in the service policy only), ancestry, religious creed, disability, and age?

Yes - **Provide copy(ies)**  No

- 2) How are the policies disseminated to clients/residents/parents/guardians, the general public and employees of the facility? **Check all that apply.**

Employee/Client Orientation       Staff Meetings/Conferences       Language Card  
 Written Announcements       Interpreter Services       Other (explain)  
 Postings (specify locations)       Sign Language

- 3) Does the facility currently serve non-English speaking clients?

Yes (explain method used to communicate with them)  No

- 4) If the facility advertises its services and employment opportunities to the public, does the facility include the nondiscrimination clause in brochures, media notices and/or posters?

Yes (provide sample of AD)  No (explain)

5) Are clients, residents, parents/guardians informed that complaints of discrimination may be filed with the U.S. Department of Health and Human Services' Office of Civil Rights, (OCR) the DHS Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC)?

Yes (explain how the content is disseminated)

No (please explain)

6) Has information been provided to all 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 (please explain)

7) Are restrooms, drinking fountains (e.g. human needs facilities) accessible to clients/residents/parents/employees/visitors with disabilities?

Yes

No (explain)

8) How are minorities and persons with disabilities or with Limited English Proficiency integrated into programs and activities? Please explain.

9) What methods are employed to make services accessible to those who may have mobility or sensory impairments?  
**CHECK ALL THAT APPLY**

Building modifications

Program relocation within the structure

Other (specify)

Auxiliary aids

Program relocation to another structure

10) Does the facility's nondiscrimination policy state that a reasonable accommodation will be provided for employees/clients with a disability (e.g. hearing, speech, vision, mobility impairments)?

Have any requests for a reasonable accommodation been granted/denied in the past 12 months? If so, please explain.

11) Within the last 12 months, have any complaints of discrimination been filed with PHRC, EEOC or OCR? List each and explain in detail the current status.

### Governing Board - If Applicable

1) What policy or criteria is used to select board members?

2) If the facility has a board, describe methods and materials used to orient the board to its Civil Rights compliance requirements.

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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: An unannounced facility on-site review may be conducted.**

# ATTACHMENT I

CERTIFICATE/LICENSING NUMBER:
FACILITY:

Current Clients Served	Black		Hispanic		White		Native American		Asian/Pacific Islander		Other	
	M	F	M	F	M	F	M	F	M	F	M	F
Total												

Total Client Admissions in the Past 12 Months	Black		Hispanic		White		Native American		Asian/Pacific Islander		Other	
	M	F	M	F	M	F	M	F	M	F	M	F
Total												

### Language of Current Limited English Proficient Clients

Spanish	Chinese (Specify Dialects)	Russian	Cambodian	Vietnamese	Other (Specify Language)

### Board Composition - Should be reflective of community and client base - if NO board, mark N/A

Board Member (Names may be omitted)	Race*	Sex	Disability	Group Represented	Date Term Expires

\* Race Code: B = Black; H = Hispanic; W = White; NA = Native American; A/PI = Asian/Pacific Islander

### Employment Information - Current Employees

Job Title/Classification	Total Staff		Black		Hispanic		White		Native American		Asian/Pacific Islander		Other	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

**For Employee Recruitment Purposes: Minority/Women/Individuals with Disabilities**

Name of Organization Contacted	Group Represented (Minority/Women/Individuals with Disabilities)	Purpose of Contact	Method of Contact Phone/Mail	Date of Contact	Name of Person Contacted

Workforce should show parity in keeping with community/client base served.

**Current Employees Enrolled in Training Programs - listing of any courses taken over the past 12 months**

Course Title	Total		Black		Hispanic		White		Native American		Asian/Pacific Islander		Other	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

**Completed by MH/MR Only**

Service Offered Under License Number:	Total		Black		Hispanic		White		Native American		Asian/Pacific Islander		Other	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

# APPENDICES

## (▶ USE PROVIDER LETTERHEAD)

### SAMPLE # 1

**SUBJECT:** Nondiscrimination Policy Statement  
Equal Employment Opportunity

**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)

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

U.S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Equal Employment Opportunity Commission  
Philadelphia District Office  
801 Market Street, Suite 100  
Philadelphia, PA 19107-3126

(▶ **Insert** the appropriate Regional PA Human Relations Commission Office based on the county where your facility is located – see attached page)



**(▶ USE PROVIDER LETTERHEAD)**

**SAMPLE # 2**

**SUBJECT:** Nondiscrimination in Services

**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)

(▶ **Insert** Address)

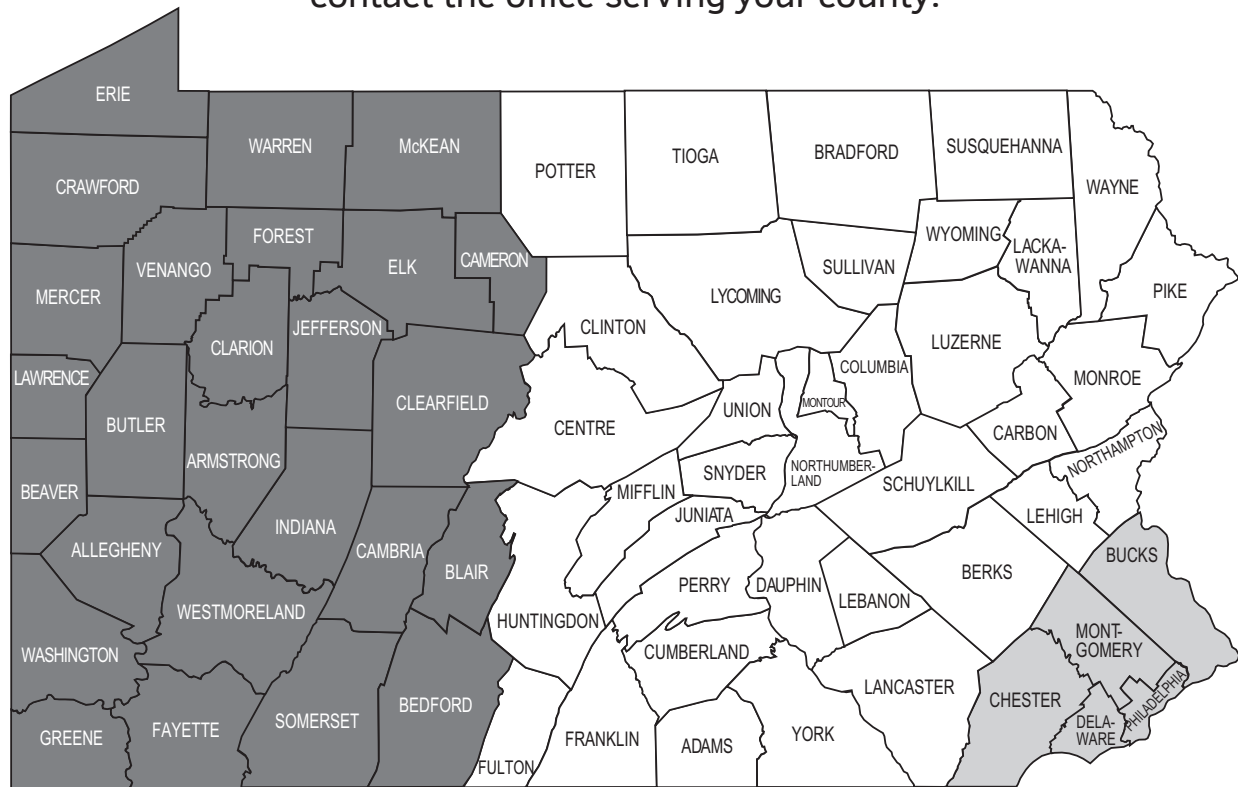
U.S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

(▶ **Insert** the appropriate Regional PA Human Relations Commission Office based on the county where your facility is located – see attached page)

# PA Human Relations Commission Offices\*

\*To file a discrimination complaint, or ask questions about your situation, contact the office serving your county:



**Counties Served by Pittsburgh Regional Office**  
 301 Fifth Avenue  
 Suite 390, Piatt Place  
 Pittsburgh, PA 15222  
 (412) 565-5395  
 (412) 565-5711 TTY users only

**Counties Served by Philadelphia Regional Office**  
 110 North 8th Street, Suite 501  
 Philadelphia, PA 19107  
 (215) 560-2496  
 (215) 560-3399 TTY users only

**Counties Served by Harrisburg Regional Office**  
 333 Market Street, 8th Floor  
 Harrisburg, PA 17101-2210  
 (717) 787-9780  
 (717) 787-7279 TTY users only

**Executive Offices\*\***  
 333 Market Street, 8th Floor  
 Harrisburg, PA 17101-2210  
 (717) 787-4410  
 (717) 787-7279 TTY users only  
 phrc@pa.gov  
 \*\*General inquiries, training requests

**PA Fair Housing Hotline**  
 toll-free 855-866-5718  
[www.phrc.pa.gov](http://www.phrc.pa.gov)

