pennsylvania
DEPARTMENT OF HUMAN SERVICES

CIVIL RIGHTS COMPLIANCE LICENSING PROCESS FOR PROVIDERS

Dear Provider:

All 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 the Department of Human Services (DHS) operate in compliance with state and federal civil rights laws and regulations, all licensed providers must complete an annual Civil Rights Compliance Questionnaire 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 only. All policy statements must be typed on agency/facility/organization letterhead.

The questionnaire, 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 (submit originals, no fax copies accepted). The questionnaire, including signed Equal Employment Opportunity and Nondiscrimination in Services policy statements, must be completed in its entirety; signed and dated by an official of the Legal Entity. 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 Civil Rights Compliance Questionnaire or have need of technical assistance, please contact your Regional BEO Office below. A region map is attached for your convenience.

Central/Northern Regional Manager
Commonwealth of Pennsylvania
DHS - BEO Central/Northern Regional Office
625 Forster Street, P.O. Box 2675
Room 225, Health & Welfare Building
Harrisburg, PA 17105-2675

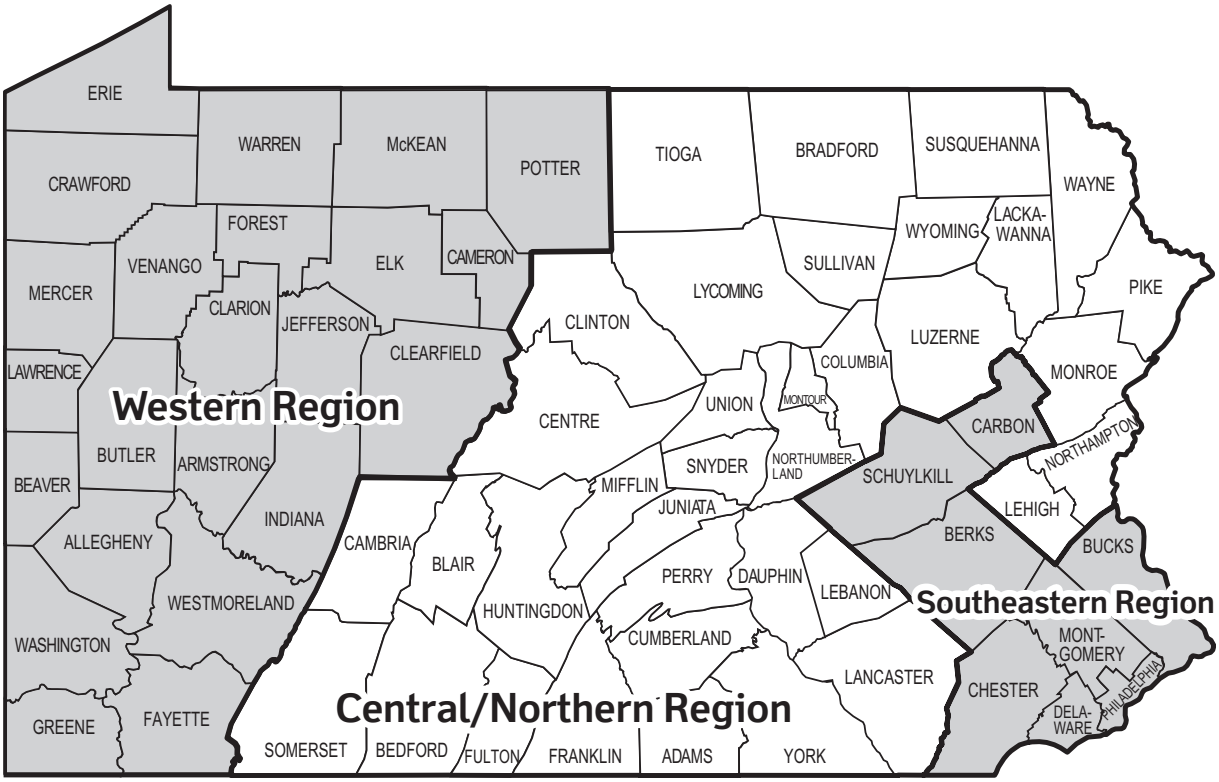
All questions regarding your license should be directed to your local program office or the DHS Human Services Licensing Office at 717-705-0383 or, if a childcare facility, the Office of Child Development & Early Learning (OCDEL) at 1-800-222-2117.

Sincerely,

Lori S. Millar
Director

Department of Human Services, Bureau of Equal Opportunity

CIVIL RIGHTS COMPLIANCE LICENSING



Central/Northern Region

Central/Northern Regional Manager
Commonwealth of Pennsylvania
DHS - BEO Central/Northern Regional Office
625 Forster Street, P.O. Box 2675
Room 225, Health & Welfare Building
Harrisburg, PA 17105-2675
717-787-1127
RA-PWBEOCRCQCentral@pa.gov

Adams
Bedford
Blair
Bradford
Cambria
Centre
Clinton
Columbia
Cumberland
Dauphin
Franklin
Huntingdon
Juniata
Lackawanna
Lancaster
Lebanon
Lehigh
Luzerne
Lycoming
Mifflin
Monroe
Montour
Northampton
Northumberland
Perry
Pike
Snyder
Somerset
Sullivan
Susquehanna
Tioga
Union
Wayne
Wyoming
York

CIVIL RIGHTS COMPLIANCE QUESTIONNAIRE

CERTIFICATE/LICENSING NUMBER:

☐ New ☐ Renewal

LEGAL ENTITY NAME:			
RESPONSIBLE OFFICIAL: ☐ Mr. ☐ Ms. ☐ 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 Proficiency, 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
   ☐ Written Announcements
   ☐ Postings (specify locations)
   ☐ Staff Meetings/Conferences
   ☐ Interpreter Services
   ☐ Sign Language
   ☐ Language Card
   ☐ Other (explain)

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 by BEO.

CERTIFICATE/LICENSING NUMBER:
FACILITY:

ATTACHMENT I

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

(► 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

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101

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

(► 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)

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