

# CIVIL RIGHTS

## COMPLIANCE ATTESTATION

FOR DEPARTMENT OF HUMAN SERVICES PROVIDERS (RENEWAL)

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.

On an annual basis, the following Attestation must be completed in its entirety and signed and dated by an official of the Legal Entity. Failure to return an attestation with your licensing renewal information may result in the delay and/or rejection of your facility's request to provide services in the Commonwealth of Pennsylvania.

If you have questions regarding the completion of the Attestation, or need technical assistance, please contact a civil rights compliance specialist through [RA-PWDHSCivilRights@pa.gov](mailto: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.



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 Attestation. 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 Attestation completed in its entirety?
- Have you provided a valid email address?
- If you have multiple locations, has each location and certificate/license number been listed on the form? (Question 2)
- If you have updated and/or changed documentation submitted with your original CRC Form, are the revised documents included? (Question 4)

## DHS CIVIL RIGHTS COMPLIANCE ATTESTATION

1) I \_\_\_\_\_, \_\_\_\_\_, am the person responsible for the legal entity of \_\_\_\_\_ ("facility"). I understand that a Certificate of Compliance will not be granted unless there has been compliance with civil rights laws and applicable regulations pursuant to 55 Pa. Code 20.36 and 55 Pa. Code Appendix A ("civil rights laws").

2) The facility is located at \_\_\_\_\_ and the certificate license number is \_\_\_\_\_. Contact email for this facility is: \_\_\_\_\_ . If the facility has multiple locations, please complete 2a.

a. Additional Location(s)	Certificate/License Number
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*If you have additional locations, please add an attachment with location and certificate/license number.*

3) The facility is a \_\_\_\_\_ (example such as personal care home, child day care, office) and offers the following types of services/admissions/referrals:

\_\_\_\_\_

4) The facility's compliance with civil rights law was verified by the Department at the time that the last license was issued. The facility previously submitted all required documentation, including policies and procedures and the facility's non-discrimination policy statements. Since that time (check one):

- The facility has NOT changed and/or updated the documents, referenced above in Question 4, submitted to the Department.
- The facility HAS changed or updated the documents, referenced above in Question 4, submitted to the Department. Changed and/or updated documents are included with this Attestation.

- 5) The facility affirms that it has developed and maintains a “Non-Discrimination in Services” policy statement for services, referrals, and/or admissions **and** a “Non-Discrimination in Employment” policy statement, signed by the person responsible for the legal entity, that advises clients/residents/parents/guardians, the public and employees of the following:
- a. That services, referrals, admissions, 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.
  - b. That reasonable physical accommodations and program accessibility to staff or clients with physical disabilities will be provided such that:
    - i. The facility’s restrooms, drinking fountains, and any other human needs facilities are accessible to clients/residents/parents/employees/visitors with disabilities;
    - ii. If the facility serves non-English speaking clients, it provides meaningful access to its programs and services. (Meaningful access involves some combination of services for oral interpretation and written translation of vital documents)
    - iii. The facility has a policy to integrate minorities, persons with disabilities, and/or individuals with Limited English Proficiency into programs and activities; and
    - iv. The facility’s non-discrimination policy states that reasonable accommodation will be provided for individuals with a physical disability (e.g. hearing, speech, vision, mobility impairments).
  - c. The procedure by which staff and clients 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.
    - i. The facility informs clients, residents, 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 DHS Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC).
    - ii. The facility informs its employees 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).
- 6) Within the last 12 months, the facility (check one):  HAS  HAS NOT had any complaints of discrimination filed against it with PHRC, BEO, EEOC, or OCR.
- 7) The facility agrees to provide a copy of its non-discrimination policies upon request pursuant to 62 P.S. § 1016 (relating to right to enter and inspect) and 55 Pa. Code § 20.34 (relating to access.).
- 8) The facility will comply 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.

I declare, under penalty of perjury, pursuant to 18 Pa. C.S. § 4904(a) (relating to unsworn falsification to authorities), that the foregoing averments are true and correct, to the best of my knowledge, information, and belief. I understand the penalty for unsworn falsification to authorities is a misdemeanor of the second or third degree, and I can be penalized by fine, imprisonment, or a combination of these for making any false statements in this attestation. I understand that submitting false information on this attestation may also subject me to licensing action up to and including license revocation and/or emergency removal of clients/residents.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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