

# CIVIL RIGHTS COMPLIANCE REQUIREMENTS Renewal

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 providers seeking licensure through DHS must complete the Civil Rights Compliance Renewal Form (CRC Renewal Form). A Renewal Form will be required to be completed annually as part of the licensing renewal process.

The CRC Renewal 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 Renewal 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 Renewal 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 Renewal 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

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:

CERTIFICATE LICENSE NUMBER:
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**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 – 2000gg-6), if applicable.

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 Renewal Form completed in its entirety?
- Have you entered your Certificate License Number?
- Have you provided a valid email address?
- Has the correct legal entity signed the CRC Renewal Form?
- If you have updated and/or changed documentation submitted with your original CRC Form, are the revised documents included?  
(Question 1)
- If you have indicated that in the last 12 months the facility has had complaints of discrimination, is the required information included?  
(Question 3)

1) The facility's compliance with civil rights law was verified by the Department at the time that the last license was issued. The facility has submitted to the department within the last 12 months all required documentation, including policies and procedures, grievance and complaint filing procedure, 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 1, submitted to the Department.

The facility HAS changed or updated the documents, referenced above in Question 1, submitted to the Department. Changed and/or updated documents are included with this Attestation.

2) The facility affirms that within the past 12 months it has updated, developed and maintained 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. For non-English speaking perspective and current clients, the facility is able to provide 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 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).

- 3) Within the last 12 months has the facility had any complaints of discrimination filed against it with Pennsylvania Human Relations Commission (PHRC), Department of Human Services Bureau of Equal Opportunity (BEO), Equal Employment Opportunity Commission (EEOC), or Office for Civil Rights (OCR). (Check one): YES  NO

If you checked yes, your facility has had complaints of discrimination filed provide the following:

- # of violations,
  - date filed,
  - agency filed with (PHRC, EEOC, etc.),
  - alleged act of harm and protected class,
  - current status (open or closed – if closed, include finding/outcome),
  - copies of the complaints filing/notices from the investigating entity(ies),
  - facility response(s) to the complaint filings,
  - copies of your policies and procedures (to include any employee or client handbooks) regarding discrimination, sexual harassment, and providing accommodations,
  - copies of your advertisements including non-discrimination clause.
- 4) The facility agrees to provide a copy of its grievance and complaint filing procedure, non-discrimination policies, practices, procedures, and advertisements which includes a non-discrimination clause upon request pursuant to 62 P.S. § 1016 (relating to right to enter and inspect) and 55 Pa. Code § 20.34 (relating to access.)
- 5) The facility will comply 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 – 2000gg-6), 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.*

# 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-PWBEAO@pa.gov](mailto:RA-PWBEAO@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).

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

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)**

**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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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)**



**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 (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth).

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  
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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

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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>South 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