

**CIVIL RIGHTS COMPLIANCE QUESTIONNAIRE**

Certificate/Licensing Number: \_\_\_\_\_

NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

**Type of System:**

- \_\_\_\_\_ Multi-facility (One owner, many sites)
- \_\_\_\_\_ Multi-type (One owner, many services)
- \_\_\_\_\_ Single site (One owner, one site)
- \_\_\_\_\_ Other (specify)

<b>Legal Entity Name</b>			
Responsible Official		Mr. ( )	Ms. ( ) Mrs. ( )
Title			
Address			
City	County	State	Zip Code
Phone #: ( )			
<b>Facility Name</b>			
Address			
City	County	State	Zip Code
<b>Facility Administrator/Director</b>			
Phone #: ( )		email address:	

PROGRAM:	TYPE OF Service
Personal Care Home	
Child Day Care	
Child Welfare Service (Public)	
Child Welfare Service (Private)	
Office of MHSAS	
Office of Mental Retardation	

**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 (if 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, the DPW 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, 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
- Employee orientation  Staff meetings/conferences  
 Written announcements  Other (explain)
- 7) Are restrooms, drinking fountains (e.g. human needs facilities) accessible to disabled clients/ residents/ parents/ employees/ visitors?
- 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 been granted/denied in the past 12 months? Please Explain.
- 11) Within the last 12 months, have any complaints of discrimination been filed with PHRC or EEOC? 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 (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: An unannounced facility on-site review may be conducted by BEO.** (Rev 10-08)

# Attachment I

License Number \_\_\_\_\_  
 Facility \_\_\_\_\_

**Language of Current Limited English Proficient Clients**

**Current Clients Served**

	Black		Hispanic		White		Native American		Asian/Pacific Islander		Others	
	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		Others	
	M	F	M	F	M	F	M	F	M	F	M	F
Total												

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		Others	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

**For recruitment purposes: Minority/Women/Disabled Groups Contacted**

**Current Client Information: Please fill in the number of clients served below.**

Name of Organization Contacted	Group Represented (Minority/Women/Disabled)	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 offered over the past 12 months**

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

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 1 - CENTRAL REGION**

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

**TO:** Staff

**FROM:** (► Insert Director's Name and Signature)

An open and equitable personnel systems 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 (including limited English proficiency), 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's Name)**

**(► Insert Address)**

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

PA Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front St., 5th Floor  
Harrisburg, PA 17104

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

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 2 – CENTRAL REGION**

**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**)

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

PA Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front St., 5th Floor  
Harrisburg, PA 17104

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

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 1 – SOUTHEAST REIGON**

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

**TO:** Staff

**FROM:** (► Insert Director's Name and Signature)

An open and equitable personnel systems 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 (including limited English proficiency), 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's Name)**

**(► Insert Address)**

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

PA Human Relations Commission  
110 North 8<sup>th</sup> Street  
Suite 501  
Philadelphia, PA 19107

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

Commonwealth of Pennsylvania  
DPW/ Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 2 – SOUTHEAST REGION**

**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**)

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

PA Human Relations Commission  
110 North 8<sup>th</sup> Street  
Suite 501  
Philadelphia, PA 19107

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

Commonwealth of Pennsylvania  
DPW/ Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107



**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 1 – WESTERN REGION**

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

**TO:** Staff

**FROM:** (► Insert Director's Name and Signature)

An open and equitable personnel systems 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's Name)

(► Insert Address)

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

PA Human Relations Commission  
301 Fifth Avenue  
Suite 390, Piatt Place  
Pittsburgh, PA 15222

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

Department of Public Welfare  
Bureau of Equal Opportunity  
Western Regional Office  
301 Fifth Avenue  
Suite 410, Piatt Place  
Pittsburgh, PA 15222-1210

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 2 – WESTERN REGION**

**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)

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

PA Human Relations Commission  
301 Fifth Avenue  
Suite 390, Piatt Place  
Pittsburgh, PA 15222

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Suite 372, Public Ledger Bldg.  
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Philadelphia, PA 19106

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Bureau of Equal Opportunity  
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301 Fifth Avenue  
Suite 410, Piatt Place  
Pittsburgh, PA 15222-1210