

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)

Legal Entity Name			
Responsible Official		Mr. ()	Ms. () Mrs. ()
Title			
Address			
City	County	State	Zip Code
Phone #: ()			
Facility Name			
Address			
City	County	State	Zip Code
Facility Administrator/Director			
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 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 | ___ 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 8th 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 8th 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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