

# DHS CIVIL RIGHTS COMPLIANCE FORM

CERTIFICATE LICENSE NUMBER:

CER. 00243340

LEGAL ENTITY NAME:

Saint Catherine of Siena

RESPONSIBLE OFFICIAL:

Cheryl Gollmer

TITLE:

Exec Director

ADDRESS:

317 Witmer Rd

CITY:

Harsham

COUNTY:

Montgomery

STATE:

PA

ZIP CODE:

19044

PHONE #:

(215) 674. 1904

EMAIL ADDRESS:

director@scsprek.org

FACILITY

Saint Catherine of Siena Preschool

ADDRESS:

317 Witmer Rd

CITY:

Harsham

COUNTY:

Montgomery

STATE:

PA

ZIP CODE:

19044

FACILITY ADMINISTRATOR/DIRECTOR:

Cheryl Gollmer

PHONE #:

(215) 674. 1904

EMAIL ADDRESS:

director@scsprek.org

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

X

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:

- The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2), amendments 16 Pa. Code, Chapter 41, Subchapter § 41.201 - 41.207.
- The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).
- Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000d-2000d-4), if applicable.
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable
- Americans with Disabilities Act of 1990 (42 U.S. Code § 12102)
- ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)
- Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.
- 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.

Cheryl Gollmer Director  
RESPONSIBLE OFFICIAL NAME/TITLE (PRINT)

Cheryl Gollmer  
SIGNATURE

1/5/2026  
DATE

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



Office Of Child Development and Early Learning  
**APPLICATION FOR CERTIFICATE OF COMPLIANCE  
TO OPERATE A Child Care Center**

**APPLICATION PURPOSE**

**MPI #** 104531300-0001

Renew Existing Certificate that expires on 02-14-2026

**1. LEGAL ENTITY INFORMATION**

1A. Name and Physical Address of Legal Entity <i>Do not enter P.O. Box for any physical address fields.</i>	1B. Mailing Address of Legal Entity
Name: SAINT CATHERINE OF SIENA	Address Line 1: 321 Witmer Rd <i>If applicable, P.O. Box can be entered in Address Line 1.</i>
Address Line 1: 321 WITMER RD	Address Line 2:
Address Line 2:	Address Line 3:
Address Line 3:	City: Horsham
City: HORSHAM	State: PA
State: PA	Zip Code: 19044
Zip Code: 190443402	County: Montgomery
County: Montgomery	
Telephone #: 2156741904 Extn #:	
Cell Phone #: 2155191387	
E-Mail Address: DIRECTOR@SCSPREK.ORG	
Fax #:	

**2. TAX IDENTIFIER**

Child Care Centers and Group Child Care Homes enter: FEIN \*\*\*\*\*3114

Family Child Care Homes enter: SSN \_\_\_\_\_ or FEIN \_\_\_\_\_

*Tax type, tax number and IRS documentation must be provided in order to participate in the subsidized child care program or resource and referral, or both.*

**3. TYPE OF OPERATION**

☐ PROFIT

☒ NON-PROFIT

**4. TYPE OF OWNERSHIP/CONTROL**

- ☐ INDIVIDUAL ☐ GENERAL PARTNERSHIP ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP  
☐ ASSOCIATION ☐ CORPORATION ☐ SCHOOL DISTRICT ☐ LIMITED LIABILITY COMPANY  
☐ CITY GOVERNMENT ☐ COUNTY GOVERNMENT ☐ STATE GOVERNMENT ☐ OTHER GOVERNMENT  
☒ OTHER

*Ownership information below is mandatory when Type of Ownership selected is "Individual" or "General Partnership".*

**List all the Individual Name(s):**

First Name:	Middle Name:	Last Name:	Suffix:	DOB (mm/dd/yyyy):
First Name:	Middle Name:	Last Name:	Suffix:	DOB (mm/dd/yyyy):
First Name:	Middle Name:	Last Name:	Suffix:	DOB (mm/dd/yyyy):
First Name:	Middle Name:	Last Name:	Suffix:	DOB (mm/dd/yyyy):
First Name:	Middle Name:	Last Name:	Suffix:	DOB (mm/dd/yyyy):

**5. PRIOR LICENSE STATUS**

Has the Location(s) (item 11), or Legal Entity (item 1), or the person responsible (Operator) (item 12), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non - renewed in Pennsylvania or any other state?

☐ YES ☒ NO

*If YES, explain:*

**6. HAS THE LEGAL ENTITY, OWNER, OR OPERATOR**

☐ YES ☒ NO

ever been convicted of a felony or convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law (23 Pa.C.S.Ch.63)?

*If YES, explain:*

**7. IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?**

☐ YES ☒ NO

*If YES, explain:*

**8. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU OR ANY OTHER PERSON WHO WILL BE PRESENT IN YOUR FACILITY WHEN CHILDREN ARE IN CARE?**

8a. DIAGNOSED OR RECEIVING THERAPY OR MEDICATION FOR MENTAL ILLNESS?

☐ YES ☒ NO

*If YES, explain:*

Note: DIRECTORS, OWNERS, AND OPERATORS SHOULD ANSWER THIS QUESTION BASED ON THE STAFF HEALTH ASSESSMENT FORMS THEY HAVE ON FILE. THEY SHOULD NOT QUESTION OR SURVEY STAFF DIRECTLY OR CONDUCT ANY ACTIVITY WHICH MAY BE A VIOLATION OF ADA OR HIPAA LAWS.

8b. EVIDENCE OF DRUG OR ALCOHOL RELATED ADDICTION DURING THE PAST 12 MONTHS?

☐ YES ☒ NO

*If YES, explain:*

Note: DIRECTORS, OWNERS, AND OPERATORS SHOULD ANSWER THIS QUESTION BASED ON THE STAFF HEALTH ASSESSMENT FORMS THEY HAVE ON FILE. THEY SHOULD NOT QUESTION OR SURVEY STAFF DIRECTLY OR CONDUCT ANY ACTIVITY WHICH MAY BE A VIOLATION OF ADA OR HIPAA LAWS.

9. DO YOU NOW OR HAVE YOU PREVIOUSLY HAD A PROVIDER AGREEMENT WITH AN ELRC? ☐ YES ☒ NO

#### 10. HOUSEHOLD INFORMATION

10A. Is your facility located in a residence? YES ☐ NO ☒

10B. If answered "Yes" to question 10A, list all individuals, including yourself if applicable, who are living in the residence who are at least 18 years of age.  
(Include only those who live in the residence at least 30 days in a calendar year.)

First Name	Middle Name	Last Name	Suffix	Date of Birth (mm/dd/yyyy)

#### 11. LOCATION INFORMATION

##### 11A. Name and Physical Address of Location

*Do not enter P.O. Box for any physical address fields.*

Name: SAINT CATHERINE OF SIENA PRESCHOOL

Address Line 1: 317 WITMER RD

Address Line 2:

Address Line 3:

City: HORSHAM

State: PA

Zip Code: 190443402

County: Montgomery

MUNICIPALITY:  
(CITY/TOWNSHIP/  
BOROUGH)

Telephone #: 2156741904

Extn #:

Cell Phone #: 2155191387

E-Mail Address: DIRECTOR@SCSPREK.ORG

Fax #:

##### 11B. Mailing Address of Location

Address Line 1: 317 Witmer Rd

*If applicable, P.O. Box can be entered in Address Line 1.*

Address Line 2:

Address Line 3:

City: Horsham

State: PA

Zip Code: 19044

County: Montgomery

#### 12. FACILITY WATER SUPPLIER

Is the facility a customer of a water supplier (i.e. does the facility receive a bill for water service)?

☒ YES ☐ NO

If YES, submit a copy of the most recent billing notice or a letter from the water supplier to verify that they provide water to the location address.

**13. RESPONSIBLE PERSON/LEGAL ENTITY DESIGNEE**

CHERYL

FIRST NAME

EXECUTIVE DIRECTOR

TITLE

GOLLMER

LAST NAME

7/10/1971 12:00:00 AM

DATE OF BIRTH (MM/DD/YYYY)

**DECLARATION** *(Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)*

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above-named facility in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the American With Disabilities Act of 1990.

Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true to the best of my knowledge.

Cheryl Gollmer Executive Director - Cheryl Gollmer  
print or type - NAME / TITLE  
(Where the Legal Entity is a corporation, the individual must be a corporate officer)

317 Witmer Rd Horsham PA 19044  
ADDRESS

Cheryl Gollmer  
SIGNATURE OF THE LEGAL ENTITY/REPRESENTATIVE

1/5/2026  
DATE (mm/dd/yyyy)

Mail Check To: 617 Horsham Road  
Horsham, PA 19044



Call: 215-672-8011

**HORSHAM WATER & SEWER AUTHORITY**  
www.horshamwater-sewer.com

ST. CATHERINES  
REV. JOSEPH F RYMDEIKA  
321 WITMER ROAD  
HORSHAM PA 19044-3402



CID: 197302  
Customer Account: 3145200-0  
Total By Due Date: 633.62  
Invoice Date: 12/26/2025  
Due Date: 01/15/2026

☐ Check here and see reverse  
side for address change or  
comments.

**Please return this portion with check payable to Horsham Water & Sewer Authority**



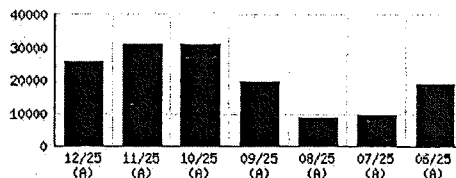
Customers are responsible for providing current contact information.

**Please retain this portion for your records**

Previous Read Date  
11/19/2025

Current Read Date  
12/19/2025

		Previous Read	Current Read	Reading Type	Usage
Previous Balance	711.82	289073	314787	Actual	25714
Payments	-711.82				
Adjustments	0.00				
Prior Balance	0.00				
PFAS Surcharge	131.10				
PFC credit WM2	-131.10				
WBASE	106.30				
Tier 1 up to 17,778	100.52				
SBASE	197.17				
SWR TIER 1	229.63				
Current Charges	633.62				
Pay This Amount	633.62				



Service Location: 321 WITMER RD,



- Checks returned for any reason will result in the imposition of a \$30 processing fee.
- It is against Township Ordinance to connect sump pumps; floor or roof drains to sanitary sewer lines.
- This shall advise of the Authority's ability to lien your property in the collection of delinquent amount owed. To avoid the imposition of a lien, lien filing fees and termination of service, full payment of all delinquent monies must be paid in full by the due date.
- If a lien is filed, the Authority may request its attorney to begin the process of enforcing the lien.

Customer Account: 3145200-0  
Invoice Date: 12/26/2025  
Due Date: 01/15/2026



**IT IS ILLEGAL FOR SUMP PUMPS TO DISCHARGE TO THE PUBLIC SEWER SYSTEM.**

HORSHAM WATER &  
SEWER AUTHORITY  
www.horshamwater-sewer.com





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

## CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SAINT CATHERINE OF SIENA**

LEGAL ENTITY

To operate **SAINT CATHERINE OF SIENA PRESCHOOL**

NAME OF FACILITY OR AGENCY

Located at **317 WITMER RD, HORSHAM, PA 19044-3402**

COMPLETE ADDRESS OF FACILITY OR AGENCY

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **CHILD CARE SERVICES- CENTER**

TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **133** or the License Capacity permitted by the Certificate of Occupancy, whichever is smaller.

LICENSE CAPACITY

Restrictions: **NO MORE THAN 100 TOILET TRAINED CHILDREN AT ONE TIME**

This Certificate is granted in accordance with the Human Services Code of 1967, P.L.31, as amended, and Regulations

**55 Pa. Code Chapter 3270**

MANUAL NUMBER AND TITLE OF REGULATIONS

and shall remain in effect from **8/14/2025**

until **2/14/2026**

unless sooner revoked for non-compliance with applicable laws and regulations.

Certification ID: **CER-00243340**

MPI ID: **104531300-0001**

*Shanti A. Brown*

DEPUTY SECRETARY

NOTE: This Certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



HORSHAM TOWNSHIP  
OFFICE OF CODE ENFORCEMENT

# OCCUPANCY PERMIT

St. Catherine of Siena Early Childhood Education Center  
317 Witmer Road, Horsham PA, 19044

Classrooms (10)

32 / room

Religious Office

32

Main Office

7

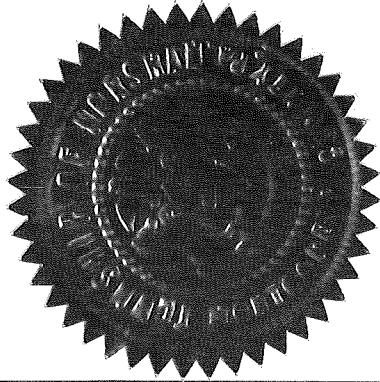
Total

359

Maximum

Occupancy

Permitted



HAS BEEN INSPECTED AND APPROVED BY THE OFFICE OF  
CODE ENFORCEMENT/ZONING AND MAY BE OCCUPIED AS A

Educational

THIS CERTIFICATE MAY BE WITHDRAWN FOR FAILURE TO  
MAINTAIN AND OPERATE THIS BUILDING IN COMPLIANCE  
WITH ALL APPLICABLE LAWS, FIRE PROTECTION AND ZON-  
ING REGULATIONS ISSUED PURSUANT THERETO, ISSUED AT  
HORSHAM TOWNSHIP

THIS 5th DAY OF March 2019

*Michael D. Skinton* *Matthew Reinhardt*

Director of Code Enforcement

Fire Marshal

THIS CERTIFICATE SHOULD BE POSTED UNDER GLASS NEAR MAIN EXIT