

DHS CIVIL RIGHTS COMPLIANCE FORM

CERTIFICATE LICENSE NUMBER:

CER: 00243340

LEGAL ENTITY NAME:		Saint Catherine of Siena			
RESPONSIBLE OFFICIAL:		TITLE:			
Cheryl Gollmer		Exec Director			
ADDRESS:					
317 Witmer Rd					
CITY:	COUNTY:	STATE:	ZIP CODE:		
Horsham	Montgomery	PA	19044		
PHONE #:	EMAIL ADDRESS:				
(215)474.1904	director@scsprek.org				
FACILITY					
Saint Catherine of Siena Preschool ^{org}					
ADDRESS:					
317 Witmer Rd					
CITY:	COUNTY:	STATE:	ZIP CODE:		
Horsham	Montgomery	PA	19044		
FACILITY ADMINISTRATOR/DIRECTOR:					
Cheryl Gollmer					
PHONE #:	EMAIL ADDRESS:				
(215)474.1904	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	X
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.

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 Ext#:			
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

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> GENERAL PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SCHOOL DISTRICT	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> CITY GOVERNMENT	<input type="checkbox"/> COUNTY GOVERNMENT	<input type="checkbox"/> STATE GOVERNMENT	<input type="checkbox"/> OTHER GOVERNMENT
<input checked="" type="checkbox"/> 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?

If YES, explain:

YES NO

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)?

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.

YES NO

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

1/5/2028

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



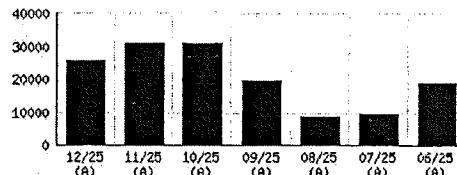
Customers are responsible for providing current contact information.

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
Payments	-711.82			25714
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

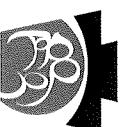
Invoice Date: 12/26/2025

Due Date: 01/15/2026



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

Mail Checks to: 617 Horsham Road • Horsham, PA 19044 • Questions: Call 215-672-8011 • Fax: 215-672-8065



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate **SAINT CATHERINE OF SIENA PRESCHOOL**

LEGAL ENTITY

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

NAME OF FACILITY OR AGENCY
COMPLETE ADDRESS OF FACILITY OR AGENCY

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.

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

dated **December 19, 2020**

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

Maximum
Occupancy
Permitted
32

Main Office

7

Total

359

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

Classroom
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 J. Shinton *Matthew Reinhardt*

Director of Code Enforcement

Fire Marshal

THIS CERTIFICATE SHOULD BE POSTED UNDER GLASS NEAR MAIN EXIT