**APPENDIX B: CRC PLAN TEMPLATE**

The following pages comprise the CRC Plan Template. You are not required to use this template, but any plan you do produce must include the information in the instructions, namely data collection, customer service population data analysis for each program or activity for which you receive funding, Limited English Proficiency customer data analysis, nondiscrimination notifications, include the name, contact and function of an equal opportunity coordinator and LEP Coordinator, analysis of the meaningful access to programs and services, a self-evaluation of accessibility, complaint or grievance procedures, and training.

**DATA COLLECTION**

|  |  |  |
| --- | --- | --- |
| **Service Delivery**  Our agency has a system that records the following: |  |  |
| The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data) | Yes | No |
| Number of potentially eligible or likely to be affected or encountered | Yes | No |
| Number of LEP individuals encountered by phone vs. walk-in | Yes | No |
| Language spoken and/or dialect of LEP participants | Yes | No |
| Number of eligible LEP participants by separate programs and the frequency of encounters | Yes | No |
| Interpretation needs and preferred language of LEP participants | Yes | No |
| The number of times interpretation services were offered and provided to LEP individuals and the language group for the service | Yes | No |
| The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement | Yes | No |
| Number of sign language interpretation requests received from deaf and hard of hearing participants | Yes | No |
| Other accommodation requests and needs from participants with disabilities | Yes | No |
|  | | |
| **If you responded “No” to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:** | | |

**Customer Service Population Data Analysis**

|  |
| --- |
| List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):  *These categories may be* ***over****-represented in the program’s customer population.[[1]](#footnote-1)* |
|  |
| List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, ‑3.00% or -4.00%):  *These populations may be* ***under****-represented in the program’s customer population.* |
|  |
| What factors may be contributing to any under-/over-representation?[[2]](#footnote-2) |
|  |
| Do you believe these results indicate potentially eligible participants are or are not being served? |
|  |
| What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (**Note**: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.) |
|  |
| It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table: |
|  |

**This Customer Service Data Analysis was prepared by:**

**PRINT NAME** of Preparer

I am the (Administrator, Coordinator or Director) of the civil rights compliance program.

Yes No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed to ensure that this requirement was met.

Yes No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

Yes No

**PRINT NAME** of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE** of Authorized Representative Date Signed

**LEP DATA ANALYSIS GOES HERE**

**Nondiscrimination Notification**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in **Appendix D**. | Yes | No | N/A |
| 2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in **Appendix E**. | Yes | No |  |
| 3. We disseminate the LEP policy in the following ways: |  |  |  |
| a) The nondiscrimination policy is included in our operating procedures manual. | Yes | No |  |
| b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages. | Yes | No |  |
| 1. The appropriate “Justice For All” poster designated for USDA-FNS-specific programs is posted as follow:    * Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the “Justice For All” Poster 475B    * Entities administering WIC programs must post the “Justice For All” poster 475C.   Posters are available from [the USDA](https://www.fns.usda.gov/cr/and-justice-all-posters-guidance-and-translations). | Yes | No | N/A |
| 1. The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients. | Yes | No |  |
| 1. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)? | Yes | No | N/A |
| 1. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: [FNS Nondiscrimination Statement](http://www.hhs.gov/ocr/office/file/index.html) and in **Appendix D**. | Yes | No | N/A |
| **If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:** | | |  |

**Function of an Equal Opportunity Coordinator and LEP Coordinator**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties.   * + Indicate date EOC received CRC Training   + Indicate date LEPC received CRC Training | | Yes | | No | |  | |
| 2. Our EOC and LEPC have the following responsibilities: | |  | |  | |  | |
| a) Handling service delivery and language access complaints. | | Yes | | No | |  | |
| b) Disseminating equal opportunity and language access information to provider staff and interested persons. | | Yes | | No | |  | |
| c) Preparing equal opportunity and language access plans and reports. | | Yes | | No | |  | |
| e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity. | | Yes | | No | |  | |
| f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training. | | Yes | | No | |  | |
| g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records. | | Yes | | No | |  | |
| h) Monitoring the civil rights compliance of funded subrecipients, if entity has any. | | Yes | | No | | N/A | |
| i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery. | | Yes | | No | |  | |
|  |  | |  | |  | |
| **If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:** | | | | |  | |

**Meaningful Access to Programs and Services**

|  |  |  |
| --- | --- | --- |
| Our entity provides meaningful access to individuals with limited English proficiency by: |  |  |
| * + 1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English. | Yes | No |
| 1. Prominently display an “I Speak” poster and a “Your Right to an Interpreter” poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients. | Yes | No |
| 2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers. | Yes | No |
| 3. Providing culturally trained bilingual and/or bicultural qualified staff. | Yes | No |
| 4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services. | Yes | No |
| 5. Preparing a listing of our vital documents requiring written translation and updating the inventory list annually to reflect which documents have been translated and prioritizing those needing translation. | Yes | No |
| 6. Developing policies on confidentiality and code of ethics for oral interpretation for contracted vendors and/or community volunteers used for interpreting by individual agency programs. | Yes | No |
| 7. Our agency uses the following methods to ensure written translation services: |  |  |
| A) Contract with an outside translation services to translate the agency’s vital documents. | Yes | No |
| B) Partner with community associations for paid or voluntary translation of vital documents. | Yes | No |
| C) Other: Specify |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 8. Our entity uses the following methods for oral interpretation: | |  |  |
| A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources. | | Yes | No |
| 1. Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)    * Spanish • Korean    * Hmong • Laotian    * Arabic • Polish    * French • Russian    * Chinese • Vietnamese    * German • Bosnian/Serbian/Croatian    * Pennsylvanian Dutch • Hindi    * Albanian • Tagalog    * Other languages: (Specify) | | Yes | No |
|  | |
| C) Use a language line for languages not often used in the service area. | | Yes | No |
| D) Partner with other community organizations for paid or voluntary oral interpretation services. | | Yes | No |
| 1. Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed. | | Yes | No |
| 1. Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available. | | Yes | No |
| 1. Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language. | | Yes | No |
| 1. Other: Specify | |  |  |
| 9. List methods used to communicate important benefit information to customers. Check all that apply:  Video Television  Web Sites Radio  Posters Community Newspaper  Voice Mail Messages Other: Specify Interactive Voice Response (IVR) | |  | |
|  |  |  |
| **If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:** | | |

**Self-Evaluation of Accessibility to Programs and Services**

|  |  |  |  |
| --- | --- | --- | --- |
| ACCESS ELEMENT |  |  | |
| 1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions? | Yes | No | |
| 1. Are all your programs or activities accessible to individuals with disabilities? | Yes | No | |
| 1. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate? | Yes | No | |
| 1. Have you maintained on file the following information:  * A list of interested persons consulted. * A brief description of the areas examined and any problems identified, and a description of any modifications made. | Yes | No |
| 1. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA? | Yes | No |
| 1. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability? | Yes | No |
| 1. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities? | Yes | No |
| 1. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website? | Yes | No |
| 1. Has your entity included a nondiscrimination clause in your contracts with subrecipients? | Yes | No | |
| 1. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:  * For deaf or hard of hearing:   + Sign language, oral, and cued speech interpreters (provided by the entity)   + Video remote interpreting services   + Open and closed captioning of videos   + Real time captioning * For blind or visually impaired and others with print disabilities:   + Braille   + Large print/magnification software   + Audio recordings   + Accessible electronic formats that can be read by screen reading software   + Screen reading software available for applicants and members of the benefits program   + Optical readers | Yes | No | |
| 1. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities? | Yes | No |
| 1. Does your entity have a policy or procedure to handle requests for auxiliary aids and services? | Yes | No | |
| 1. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide? | Yes | No |
| 1. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in **Appendix G**) | Yes | No |
| **If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:** | | |

**Discrimination Complaint/Grievance Procedures**

|  |  |  |
| --- | --- | --- |
| * + 1. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in **Appendix F,** or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:     - DCF Complaint [http://dcf.wisconsin.gov/civil\_rights/complaint-procedures](https://dcf.wisconsin.gov/civilrights/complaint-procedures)     - DHS Complaint <http://dhs.wisconsin.gov/civilrights/index.htm>     - US HHS Region V Office of Civil Rights, Chicago Complaint [http://www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/complaints/index.html)     - USDA, Office of Civil Rights, Washington D.C. <https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf> | Yes | No |
| * + 1. Our entity’s complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments. | Yes | No |
| * + 1. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class. | Yes | No |
| * + 1. All participants in complaint investigations are advised of and protected from retaliation. | Yes | No |
| * + 1. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified. | Yes | No |
| * + 1. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint. | Yes | No |
| * + 1. Corrective action is taken when evidence of discrimination has been found. | Yes | No |
| * + 1. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process. | Yes | No |
| * + 1. Customers are permitted to have representatives of their choice during their interviews in the complaint process. | Yes | No |
| * + 1. Our staff will assist complainants during the complaint process if necessary. | Yes | No |
| Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary. | Yes | No |

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| --- |
| **If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:** |

**Training Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program? | Yes | No |  |
| 1. Do new staff receive training on federal CRC requirements? | Yes | No |  |
| 1. Do all staff receive CRC refresher training at the following intervals? |  |  |  |
| * 1. Once every three years for entities receiving federal funds from the US DHHS. | Yes | No | N/A |
| * 1. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP) | Yes | No | N/A |
| 1. Does the entity provide CRC training for subrecipient agency staff? | Yes | No | N/A |
| **If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:** | | | |

1. Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented. [↑](#footnote-ref-1)
2. Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data. [↑](#footnote-ref-2)