





**State of Wisconsin**

**CIVIL RIGHTS COMPLIANCE REQUIREMENTS**

*For Ensuring Access and Equal Opportunity in Service Delivery and Benefits*

*By Recipients of*

*Federally Funded Programs and Activities*

**Civil Rights Compliance Period of January 1, 2018 - December 31, 2021**

Department of Health Services

Department of Children and Families Department of Workforce Development

Co-authored by: Departments of Health Services, Children and Families, and Workforce Development

**Preface**

The Civil Rights Compliance Requirements document is designed to assist local agencies and other recipients of Federal funds from the Department of Health Services, Department of Children and Families, or Department of Workforce Development to comply with Federal civil rights provisions. This document can be accessed from the websites of the three agencies.

**Web page references**

DHS: https://www.dhs.wisconsin.gov/civil-rights/requirements.htm

DCF: <http://dcf.wisconsin.gov/civil_rights/default.htm>

DWD: <http://dwd.wisconsin.gov/det/civil_rights/plans_instructions.htm>

**Note:** If you are a person with a disability and need to access this document in another format, please contact:

DHS at 608-266-1258

DCF at 608-422-6889

DWD at 608-266-6889

**ACKNOWLEDGEMENTS**

This document was prepared by an interdepartmental Civil Rights Compliance (CRC) workgroup with members from the Department of Health Services (DHS), Department of Children and Families (DCF), and Department of Workforce Development – Division of Employment and Training (DWD) (“the State Agencies”). The workgroup included Pamela McGillivray, DHS; John Tuohy, DCF; and David Duran, DWD. The workgroup thanks Evan Nordgren of DCF for his assistance in finalizing this document. The workgroup would also like to recognize Earnestine Moss, who left state service in 2017, for her long-time dedication to civil rights on behalf of the State.

**Publication Identification**

Each department has a publication and form tracking system. Listed below is a publication identification number for each department that co-authored this document. If you know the department that funds your agency, and you have questions about obtaining additional copies or you’ve lost your copy and need to request a new copy, contact the respective department you are working with and provide the appropriate publication number.

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# CIVIL RIGHTS COMPLIANCE REQUIREMENTS OVERVIEW

## INTRODUCTION

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in programs and activities that receive Federal financial assistance. Those laws include, for example, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, and Section 1557 of the Patient Protection and Affordable Care Act of 2010, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their service delivery, and from engaging in retaliation against those who oppose discriminatory practices protected by Federal civil rights laws.

The Department of Health Services (DHS), Department of Children and Families (DCF), and Department of Workforce Development (DWD) (collectively, “the State Agencies”) receive Federal financial assistance. The State Agencies must comply with Federal civil rights requirements as recipients of that financial assistance, and must ensure that their recipients of the Federal financial assistance also comply with Federal civil rights laws. Federal financial assistance includes Federal grants, sub-grants, loans, contracts, advance of funds, and other assistance. For purposes of this document, “recipients” of Federal financial assistance are those entities or individuals that receive Federal funds through a State Agency to administer a program or activity. Recipients receiving assistance from the State Agencies may subcontract those funds through subrecipients. Recipients and subrecipients must comply with these Civil Rights Compliance Requirements (“CRC Requirements”) authored by the State Agencies.

The precise nondiscrimination statutes and regulations applicable to recipients depend on which Federal agency (i.e., the U.S. Department of Health and Human Services (HHS), the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), or the U.S. Department of Labor (DOL)) funds the program or activity. But, generally, the long-established civil rights acts listed above form the framework of civil rights protections across the Federal agencies’ programs. **Appendix H** summarizes Federal civil rights laws that are applicable to the State Agencies’ programs and activities.

These CRC Requirements are intended to meet the civil rights requirements of each of those Federal agencies collectively for each of the State Agencies by getting assurances from the State Agencies’ recipients that they, too, will comply with Federal civil rights provisions. Thus, as a condition of receiving Federal financial assistance through one or more of the State Agencies, a recipient must provide an assurance that it will comply with these CRC Requirements. For larger recipients, they will also be required to complete a Civil Rights Compliance Plan (“CRC Plan”). This document provides the mechanism for the recipients to prepare such assurances and plan, and for the State Agencies to monitor the recipients’ compliance with those civil rights laws.

Recipients must also ensure that their subrecipients comply with the CRC Requirements. A recipient’s oversight responsibilities for subrecipients include, but are not limited to, collecting civil rights assurances, providing technical assistance and training, monitoring the delivery of services, and conducting investigations of complaints of discrimination. The responsibility of recipients to monitor compliance of their subrecipients with the CRC Requirements is explained on page 10.

All recipients must comply with applicable Federal civil rights laws. These CRC Requirements obligate recipients of Federal financial assistance to do the following to assure the State Agencies that they understand and agree to comply with those civil rights laws:

* Submit a Civil Rights Compliance Letter of Assurance (“CRC LOA”) to the appropriate State Agency.
* Collect a CRC LOA from any subrecipient contracted to perform services under a Federal program.
* Complete and maintain a Civil Rights Compliance Plan (“CRC Plan”), as applicable. The CRC Plan does not need to be filed with the State Agency, but must be made available upon request.
* Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to limited English proficiency (LEP) individuals.
* Communicate effectively with individuals who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the individual with a disability.
* Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
* Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
* Have in place a discrimination complaint process and provide notices of their complaint process, translated into major primary languages of the LEP individuals in their service area.
* Post required nondiscrimination statements and notices.

Complying with the above requirements is evidence that civil rights laws are being complied with, but the requirements do not supersede a recipient’s obligation to meet all applicable Federal civil rights laws.

### PURPOSE FOR COMPLETING ASSURANCES OF COMPLIANCE

Completing and implementing the assurances of compliance are conditions that must be met by all Federally funded recipients because they:

* Commit recipients and subrecipients of Federal financial assistance to comply with all applicable Federal civil rights laws;
* Allow the State Agencies to comply with their obligations under Federal civil rights laws;
* Create a uniform method for recipients of Federal financial assistance to demonstrate understanding of and compliance with the civil rights laws; and
* Provide a framework to assist State Agencies in verifying compliance of Federal civil rights laws by their recipients of Federal funds.

## REQUIREMENTS

All recipients of Federal funds passed through one or more State Agency to administer a Federal program or activity must comply with Federal civil rights laws and meet the CRC Requirements. As described below, what each recipient must submit is dependent upon the amount of the Federal funds received and the recipient’s number of employees.

There are two components of the CRC Requirements to ensure compliance with Federal civil rights laws: (1) the CRC LOA; and (2) the CRC Plan. Each will be discussed below.

**Please note**: All contractors with the State Agencies must also comply with the nondiscrimination and affirmative action provisions under Wisconsin’s Contract Compliance Law, Wis. Stat. § 16.765 and Wis. Admin. Code Ch. Adm. 50. Contractors with the State Agencies may also be required to submit an Affirmative Action (AA) Plan. **These state contract compliance requirements are distinct and separate from the CRC Requirements and compliance with the CRC Requirements does not mean the state nondiscrimination and affirmative action laws are met.**

See [the Department of Administration's Instructions for Contractors: Affirmative Action Requirements](http://www.doa.state.wi.us/Divisions/Enterprise-Operations/State-Bureau-of-Procurement/Vendor/Contract-Compliance)  or the AA Plan Contact for the State Agencies:

|  |  |  |
| --- | --- | --- |
| **AA Plan Contact**  Department of Children and Families  Bureau of Finance  201 E. Washington Ave.  PO Box 8916  Madison, WI 53708-8916  Phone: 608-422-6381 | **AA Plan Contact**  Department of Workforce Development  Division of Operations  201 E. Washington Ave.  P.O. Box 7946  Madison, WI 53702  Phone: 608-267-3758 | **AA Plan Contact**  Department of Health Services  Division of Enterprise Services  Bureau of Strategic Sourcing  Affirmative Action Plan/CRC Coordinator  1 West Wilson Street, Room 672  P.O. Box 7850  Madison, WI 53707-7850  [dhscontractcompliance@dhs.wis](mailto:dhscontractcompliance@dhs.wis)consin.gov |

### TO WHOM DO THESE CIVIL RIGHTS REQUIREMENTS APPLY?

Any entity that receives funds from one or more of the State Agencies to administer a Federal program or activity—that is, all recipients and subrecipients of Federal financial assistance—must comply with the Federal civil rights laws. See **Appendix H** for a list of Federally funded programs for which the State Agencies may pass through Federal funds to recipients. These CRC Requirements are intended to ensure compliance with Federal civil rights laws and apply to all recipients and subrecipients.

### HOW DO I PROVIDE ASSURANCE OF COMPLIANCE WITH CIVIL RIGHTS LAWS?

#### What is a CRC LOA?

A **Civil Rights Compliance Letter of Assurance, or CRC LOA,** is an agreement required of a recipient that obligates the entity to comply with Federal civil rights provisions in service delivery and programs as a condition for receiving Federal financial assistance. The CRC LOA that must be submitted to the appropriate State Agency includes the **LOA form letter** (at page 18) and **Appendices A, B, and C**.

#### Who must submit a CRC LOA?

If you receive Federal financial assistance through a State Agency for a Federally funded program or activity, you are a recipient and must provide an assurance to the State Agency of your compliance with civil rights requirements by submitting a CRC LOA.

Generally, if you provide services to clients or customers for a State Agency under a Federally funded program, the CRC LOA is required. If you perform services for a State Agency unrelated to a Federal program (e.g., services such as cleaning a state facility or IT-related services not for member enrollment), a CRC LOA is not required. If you are not sure whether this provision applies to you, you should contact the CRC Officer for the appropriate State Agency.

An entity or individual that only provides goods directly to a State Agency does not have to submit CRC LOA. If you have a contract to provide goods for a Federal program or activity that are delivered to a member or participant as part of that program, you will be required to submit a CRC LOA. If you are not sure whether this provision applies to you, you should contact the CRC Compliance Officer for the appropriate State Agency.

That means, all recipients, regardless of the size of their workforce or the amount of the contract, grant, or agreement, must complete and submit a CRC LOA and the appropriate appendices to a State Agency (explained below).

Like recipients, subrecipients are required to comply with CRC requirements. Recipients are responsible for obtaining assurances of compliance from their subrecipients. The CRC LOA for State Agencies may be used by recipients with their subrecipients. Subrecipients must complete a CRC LOA or similar assurance.

Please note: Wisconsin Tribal Governments that receive Federal financial assistance through a State Agency do not have to submit a CRC LOA. See page 11.

#### To whom do I submit the CRC LOA?

A recipient must submit the CRC LOA to the State Agency from which it receives Federal financial assistance. The CRC LOA is submitted for a multi-year period. The current period is January 1, 2018 through December 31, 2021.

A recipient that receives Federal funds from more than one State Agency should submit the CRC LOA to the State Agency from which it first receives Federal funds during the compliance period. For recipients receiving Federal funds from multiple State Agencies on an ongoing basis, submit the LOA to the State Agency providing the largest amount of funding. **Appendix B** is to assist you to identify the appropriate State Agency. The State Agencies collaborate to share CRC LOAs for mutually funded recipients, so it is necessary to submit the CRC LOA to only one State Agency.

The CRC LOA should be submitted to the appropriate State Agency at the following address:

|  |  |  |
| --- | --- | --- |
| **Children and Families**  Civil Rights Unit  201 E. Washington Ave.  P.O. Box 8916  Madison, WI 53707-8916  Email: DCFCivilRights@wisconsin.gov | **Workforce Development**  Division of Employment and Training Civil Rights  Bureau of Workforce Training, Governance and Compliance Section  201 E. Washington Ave.  Room E100  P.O. Box 7972  Madison, WI 53707-7972  Email: david2.duran@dwd.wisconsin.gov | **Health Services**  DES/BSS – AA/CRC Coordinator  1 West Wilson Street, Room 672  P.O. Box 7850  Madison, WI 53707-7850  Email:[dhscontractcompliance@dhs.wisconsin.gov](mailto:dhscontractcompliance@dhs.wisconsin.gov) |

#### What is the deadline to submit the CRC LOA?

Recipients must complete and submit a CRC LOA **within 15 working days** of the effective date of the contract, grant or other agreement to provide Federal funds, unless otherwise specified in the grant, contract or other agreement.

For recipients receiving Federal funds on an ongoing basis and for contracts that were effective before January 1, 2018, submit the CRC LOA to the appropriate State Agency within 15 working days after January 1, 2018 (the effective date of these CRC Requirements).

This deadline is for the **CRC LOA** agreement itself and the required **Appendices A, B, and C**.

#### Do I need to submit updates to the CRC LOA during the Compliance Period?

Recipients must provide updates of any changes to the entity’s address or change in the authorized representative listed in the CRC LOA to the appropriate State Agency within 10 working days of the change.

### WHO MUST COMPLETE A CIVIL RIGHTS COMPLIANCE PLAN?

#### What is a Civil Rights Compliance Plan?

A **Civil Rights Compliance Plan, or CRC Plan,** is a plan by a recipient of Federal funding through a State Agency detailing how the recipient will comply with Federal civil rights laws. Recipients must use the CRC Plan Template, provided at pages 27 to 47.

Recipients are responsible for ensuring that subrecipients complete a CRC plan, if applicable. Subrecipients may use the State Agency CRC Plan Template or a similar template.

#### Who must prepare a CRC Plan?

Recipients with 50 or more employees and who receive an aggregate of more than $50,000 in Federal funding through one or more State Agency must complete a CRC Plan.

Subrecipients with 50 or more employees and who receive more than $50,000 in Federal funds must complete and keep on file a CRC Plan. The subrecipient must produce its CRC Plan upon request by the recipient or by the appropriate State Agency. (See page 10).

#### By when must I complete the CRC Plan?

Recipients and subrecipients must complete the Plan within **60 calendar days of the effective date** of the contract, grant, or agreement under which the recipient receives Federal funds through a State Agency.

For recipients receiving Federal funds on an ongoing basis and for contracts that were effective before January 1, 2018, the CRC Plan must be completed 60 calendar days after January 1, 2018 (the effective date of these CRC Requirements).

The recipient must review and update its CRC Plan annually throughout the 2018-21 compliance period to ensure continued compliance with all CRC Requirements.

#### Do I submit the CRC Plan to the State Agency?

It is not necessary to submit the CRC Plan to the State Agency. The CRC Plan must be kept on file and made available to the appropriate State Agency upon request.

### MUST I DISPLAY WRITTEN NONDISCRIMINATION STATEMENTS?

All recipients and subrecipients must display and publish the applicable nondiscrimination statements, depending on the Federal agency that funds the program or activity. Examples of the nondiscrimination statements are provided in **Appendix D**.

### WHAT OBLIGATIONS DOES A RECIPIENT HAVE TO ENSURE COMPLIANCE OF ITS SUBRECIPIENTS?

Each recipient who contracts with or otherwise pays a subrecipient to administer the Federally funded program or activity is responsible to ensure that its subrecipient complies with these CRC Requirements by doing the following:

* + Incorporate by reference the CRC Requirements into their contracts, grants or other agreements.
  + Require subrecipients to submit a CRC LOA within **15 business days** of the effective date of the contract or other agreement with subrecipient. If the subrecipient has submitted a CRC LOA on its own to a State Agency, the subrecipient may provide a copy of that CRC LOA to the recipient to demonstrate compliance. If not, the recipient shall require the subrecipient to submit the CRC LOA **to the recipient**. The recipient must be able to produce all subrecipient CRC LOAs to the appropriate State Agency upon request.
  + Monitor the compliance of subrecipients with civil rights laws.
  + Investigate complaints made by applicants, participants and customers against subrecipients.
  + Use CRC training tools and pursue CRC technical assistance.
  + Recipients may impose additional policies and procedures on their subrecipients to ensure compliance with civil rights requirements, as long as the additional policies and procedures do not conflict with these CRC Requirements, Federal, and/or state civil rights discrimination laws and regulations.

### WILL THERE BE COMPLIANCE REVIEW AND MONITORING?

The State Agencies shall take appropriate steps to ensure that:

* Recipients timely submit the CRC LOA.
* Recipients ensure their subrecipients are in compliance with the CRC Requirements.
* Recipients who are required to prepare a CRC Plan have timely completed the CRC Plan;
* Recipients comply with the substantive requirements of the Federal civil rights laws, including, but not limited to: providing services without regard to a member’s or applicant’s race, color, national origin, sex, disability, age, and, depending on the source of the Federal funding, religious creed, and political affiliation or belief; ensuring meaningful access to LEP individuals by providing qualified interpreters at no cost to the beneficiary of the service or activity; and ensuring equal access to individuals with disabilities.
* Recipients provide compliance information upon request of the State Agency.

The appropriate State Agency may select and schedule desk or onsite compliance reviews of recipients or subrecipients. Recipients scheduled for compliance review may be provided advance notice of an onsite visit and may be subject to a CRC audit to determine the level of compliance. The State Agencies reserve the right to conduct unscheduled onsite visits either to investigate a discrimination complaint or to follow-up on previous unresolved findings from a compliance review, and anticipate a recipient’s coordination with such investigation.

### ARE THERE ANY EXCEPTIONS FOR WISCONSIN TRIBAL GOVERNMENTS?

The State Agencies have a government-to-government relationship with Wisconsin Indian Tribes. Through a consultation and collaboration process, the State Agencies will work directly with the Tribes to ensure civil rights compliance. Therefore, Tribal Governments do not need to submit a CRC LOA or prepare a CRC Plan.

If a Tribal Government contracts with a subrecipient, the tribe need not request a CRC LOA from the subrecipient. As sovereigns, Tribal Governments will determine how to ensure subrecipient compliance with Federal civil rights laws.

### WHAT ARE THE CONSEQUENCES FOR FAILURE TO COMPLY WITH CRC REQUIREMENTS?

Federal civil rights laws require the State Agencies to ensure that their recipients are in compliance with those laws.

The CRC LOA is assurance that a recipient understands and commits to abide by the applicable civil rights laws as a condition of receiving Federal financial assistance through the State Agency or Agencies. If you have questions, you should contact the appropriate State Agency for guidance.

Each State Agency reserves the right to enforce the CRC LOA, **which could include terminating the agreement with the recipient to provide Federal programs and activities through the State Agency.**

### WHOM CAN I CONTACT FOR TECHNICAL ASSISTANCE?

For technical assistance in completing the CRC LOA, the CRC Plan or meeting these CRC Requirements, contact the appropriate State Agency listed below.

**For Assistance:**

|  |  |  |
| --- | --- | --- |
| **Children and Families**  Civil Rights Unit  201 E. Washington Ave.  P.O. Box 8916  Madison, WI 53707-8916  608-422-6889 (Voice)  711 (TTY)  800-947-3529 (toll free)  DCFCivilRights@wisconsin.gov | **Workforce Development**  Division of Employment and Training Civil Rights  Bureau of Workforce Training,  Governance and Compliance Section  201 E. Washington Ave.  Room E100  P.O. Box 7972  Madison, WI 53707-7972  Email: david2.duran@dwd.wisconsin.gov | **Health Services**  CRC Office  1 West Wilson, Room 651  P.O. Box 7850 Madison, WI 53707-7850  608-266-1258 (Voice)  711 or 1-800-947-3529 (TTY)  608-267-1434 (Fax)  [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov) |

## DEFINITIONS

The following definitions are used this this document:

**“American Community Survey (ACS)”** is an ongoing survey conducted by the U.S. Census Bureau that provides data every year. The ACS provides data to communities, state governments, and Federal programs by asking people about their age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, language spoken at home, place of employment and method of commute, residence, and other personal matters. This statistical information is used to help governments and entities make planning decisions.

**“Applicant”** is an individual who is interested in being considered for any Federally-funded aid, benefit, service, or training by a recipient, and who has signified that interest by submitting personal information in response to a request by the recipient.

**“Auxiliary aids or services”** include:

1. Qualified interpreters on-site or through video remote interpreting (VRI) services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective means of making aurally delivered materials available to individuals with hearing impairments; and
2. Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

**“Babel notice”** means a short notice included in a document or electronic medium (*e.g.,* Web site, “app,” email) in multiple languages informing the reader that the communication contains vital information, and explaining how to access language services to have the contents of the communication provided in other languages.

**“Beneficiary”** means the individual or individuals intended by Congress to receive aid, benefits, services, or training from a recipient under a Federal program.

**“Disability”** with respect to an individual, means:

* A physical or mental impairment that substantially limits one or more of the major life activities; or
* A record of such an impairment; or
* Being regarded as having such impairment.

**“Ethnic Categories”** based on the U.S. Office of Management and Budget (OMB) requirements the ethnic categories are as follows:

* **Hispanic/Latino**—A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
* **Not Hispanic/Latino**—A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. See also "Race Categories." For the purpose of this plan, data in Ethnic and Race Categories are combined under the heading "Minorities."

**“Entity,”** as used here,means any person, corporation, partnership, joint venture, sole proprietorship, unincorporated association, consortium, and/or entity authorized by State or local law; any local government; and/or any agency, instrumentality or subdivision of such a government.

**“Equal Opportunity Coordinator”** includes, but is not limited to Equal Opportunity, Civil Rights, and 504 Rehabilitation Act Coordinators.

**“Federal Financial Assistance”** includes, but is not limited to:

* Grants and loans of Federal funds.
* Grants or donations of Federal property and interests in property.
* The detail of Federal personnel, sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property or the furnishing of services without consideration or at a nominal consideration, that is reduced for the purpose of assisting the state department, local agency, or other primary recipients and subrecipients or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the state department, local agency, or other primary recipient or subrecipient.
* Any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of assistance.
* Federally Assisted Activities and Programs, includes any program, project, or activity for the provision of services, financial aid, or other benefits to individuals (whether provided through a state department, local agency, or other subrecipient receiving Federal financial assistance or provided by others through contracts or other arrangements with the state department, local agency or other subrecipient), and including work opportunities, cash, loans, or other assistance to individuals.
* For the purposes of this definition, services, financial aid, or other benefits provided to individuals are those provided with the aid of Federal financial assistance or with the aid of any non-Federal funds, property, or other resources required to be expended or made available for the program to meet matching requirements or other conditions that must be met in order to receive the Federal financial assistance, and to include any services, financial aid, or other benefits to individuals provided in or through a facility with the aid of Federal financial assistance or such non-Federal resources.

**“Indian Tribe''** is any tribe, band, or other group of American Indians subject to the jurisdiction of the United States and Federally recognized as possessing powers of self-government.

“**Interpretation**” is the act of listening to something in one language (source language) and orally translating it into another language (target language).

**“Language Group”** is a group of potential or actual recipients of service who speak a language other than English.

**“Limited English Proficiency (LEP) Individual”** means a customer who cannot speak, read, write, or understand the English language at a level that permits them to access program services and benefits in a meaningful way.

**“Major LEP Language Groups”** are LEP persons served or encountered in the eligible service population that speak a language other than English and are encountered with the greatest frequency. The greater the number or proportion of LEP persons served or encountered, the more likely language services are needed.

**“Program or Activity”** means all of the operations of a Federally funded program administered by a contractor for one of the State Agencies. Contractors may include state or local governmental entities, educational institutions, for-profit or non-profit entities, or other organizations. The operations include the entire corporation, partnership or sole proprietorship under which the contractor operates and all facilities of the contractor.

**“Qualified Interpreter”** means an interpreter who is able to interpret effectively, accurately, and impartially, either for individuals with disabilities or for individuals who are limited English proficient. The LEP interpreter must be an individual who is able to provide the following: demonstrated proficiency in English and a second language; demonstrated knowledge in both languages of relevant specialized terms and concepts; and demonstration of completion of training on the skills and ethics of interpretation. The interpreter must be able to interpret both receptively and expressively, using any necessary specialized vocabulary, either in-person, through a telephone, a video remote interpreting (VRI) service, or via internet, video, or other technological methods.

**“Race Categories”** The following are the minimum categories for data collection on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting based on the U.S. Office of Management and Budget (OMB):

* Black/African American or African—A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
* American Indian or Alaska Native—A person descending from any of the original peoples of North, South or Central America who possess a quarter degree or more of documented tribal dissonancy or is enrolled with a Federally and state recognized tribe.
* Asian—A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
* Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

For the purpose of this plan, data collected for reporting ethnic categories are Hispanic or Latino and Not Hispanic or Latino. Also see Ethnic Categories definition.

**“Recipient,**” as used here, refers to those entities who receive Federal funds passed through from one or more State Agencies (or, in the case of DWD, the Governor) to administer a program or activity. This does not include the actual individual client or beneficiary of the program or activity.

The term “subrecipient” (defined below) refers to those entities who receive Federal funds to administer a program or activity from an entity other than a State Agency (or the Governor).

Recipients and subrecipients include, but are not limited to:

* Local county departments of health and human/social services, community programs, aging services, and child support agencies;
* Municipalities;
* Universities, technical colleges, public school districts, and other educational agencies;
* Private-for-profit and not-for-profit organizations;
* Hospitals, HMOs, community health centers, Medicaid providers;
* Nursing homes, long term care providers, CBRFS, and family care providers;
* Child care centers and child residential care providers;
* State and local workforce investment boards;
* Local workforce investment area (LWIA) grant recipients;
* One-stop Job Center operators and partners;
* Service providers, including eligible training providers;
* On-the-job training (OJT) employers;
* Job Corps contractors and center operators, excluding the operators of Federally-operated Job Corps centers;
* Job Corps national training contractors;
* Outreach and admissions agencies, including Job Corps contractors that perform these functions;
* Placement agencies, including Job Corps contractors that perform these functions;
* Refugee Service Grant recipient, including Mutual Assistance Associations (MAAs), CBOs, FBOs and Refugee Resettlement Agencies; and
* Other Federal grant recipients.

**“Safe Harbor”** means the recipient or subrecipient has taken the following actions that are considered to be strong evidence of compliance with the recipient's written translation obligations:

The recipients and subrecipients are providing written translations of vital documents for each eligible LEP language group that constitutes 5 percent or more or 1,000 people, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; **or**

For those LEP groups with fewer than 50 persons in a language group that reaches the

5 percent trigger above, the recipient is not required to translate vital written materials but must provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

**“Service Area”** is the geographic area from which customers of a recipient’s service are drawn (e.g., countywide, multi-county).

**“Subrecipient”** is a non-Federal entity that receives Federal financial assistance from a recipient (other than a State Agency or the Governor) to carry out part of a Federal program or activity, but does not include an individual that is a beneficiary of such program.

**“Vital document”** is any paper or electronic form that contains information critical for accessing the recipient’s programs, services or benefits; letters or notices that require a response; letters and notices pertaining to approval, denial, reduction, or termination of services or benefits; and documents that inform participants of free language assistance.

**“Vital information”** means information, whether written, oral or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service, and/or training; necessary for an individual to obtain any aid, benefit, service, and/or training; or required by law. Examples of documents containing vital information include, but are not limited to: applications, consent and complaint forms; notices of rights and responsibilities; notices advising LEP individuals of their rights under the specific program, including the availability of free language assistance; rulebooks; written tests that do not assess English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant, or employee.

**“Written Translation”** is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

# LETTER OF ASSURANCE REQUIREMENTS

## INSTRUCTIONS

Your CRC LOA must include the following Forms and Appendices:

* 1. Civil Rights Compliance Letter of Assurance (**Next page**)
  2. Recipient Contact Information and Signature Page (**Appendix A**)
  3. Funding Relationship to DCF, DHS or DWD (**Appendix B**)
  4. Funded Program Checklist **(Appendix C)**

### CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

|  |  |  |
| --- | --- | --- |
| Children and Families  DCF-F-154-E (R. 11/2017) | Health Services  F-00165 | Workforce Development  DETS-16705-E (R. 12/1/2013) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “Recipient”) agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services, the Department of Children and Families, and/or the Department of Workforce Development (the “State Agencies”) and that it is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period of January 1, 2018, to December 31, 2021, or as long as Federal financial assistance is extended to Recipient, whichever is shorter, and that the State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

**RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:**

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.

8. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities.

9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient’s service area.

Recipient identifies the following person as the contact to assist in complying with Civil Rights Compliance Requirements:

|  |  |  |
| --- | --- | --- |
| Name | | Title |
| Telephone Number  - - | Email Address | |

Recipient identifies the following person to assist in complying with all applicable limited English proficiency requirements (may be the same person):

|  |  |  |
| --- | --- | --- |
| Name | | Title |
| Telephone Number  - - | Email Address | |

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

**By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions**.

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

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**SIGNATURE** – Authorized Representative Date

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS

(Instructions for F-00164)

### INSTRUCTIONS FOR COMPLETING THE CRC PLAN

#### Recipient Contact Information (Appendix A)

The same Recipient Contact Information and Signature Page completed for the CRC LOA should be used for this CRC Plan.

#### Funding Relationship to DHS, DCF or DWD (Appendix B)

The same Funding Relationship to DHS, DCF or DWD form completed for the CRC LOA should be used for this CRC Plan.

#### Funded Programs Checklist (Appendix C)

The same Funded Programs Checklist completed for the CRC LOA should be used for this CRC Plan.

#### Data Collection Section

Each recipient and subrecipient must collect and keep civil rights compliance data to allow the State Agencies to ascertain whether the recipient or subrecipient has complied or is complying with applicable civil rights laws.

Recipients and subrecipients must gather the following data:

* Disability of applicants and participants with disabilities:
  + Information on the disability of an individual is confidential and voluntary. However, you may report the aggregate number of disabled individuals in the program or activity.
  + Participants and applicants who are disabled may self-identify or be asked to identify their disability.
* Race and ethnicity data collection of participants and applicants.
  + In collecting race and ethnicity data, refer to [ethnicity codes required by the Federal Office of Management and Budget](https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf).
* Sex or gender, as self-identified by the individual.
* Individuals with limited English proficiency:
  + Recipients and subrecipients are required to collect and report the number of LEP participants and the frequency of encounters in which the entity serves an individual LEP group.
  + Recipients and subrecipients should evaluate program applications and other data collection systems carefully to ensure that intake forms and data reporting systems are capturing and accurately collecting primary languages of LEP applicants and participants.
  + Recipients and subrecipients must collect data on the number of encounters they have with LEP individuals who are in need of an interpreter and how that service was provided (e.g., interpreter on-site; interpreter provided through LanguageLine).
  + Title I-financial assisted program recipients must record the limited English proficiency and preferred language of each applicant, registrant, participant, and/or terminated participant.

#### Customer Service Population Data Analysis

All recipients must complete a separate Customer Service Population Analysis (CSPA) for each program, service or activity funded through DHS, DCF or DWD. Do not submit the completed CSPA form(s) to DHS, DCF or DWD. The data may be requested at the time that a CRC review is conducted. Completing the CSPA provides recipients and subrecipients the opportunity to review individual program accessibility and determine whether there are barriers prohibiting protected groups from participating.

To complete the Customer Service Population Analysis Table, fill in **ALL** the blanks. Recipients should use the most recent racial and ethnic categories, based on the 2010 U.S. Census and other available data sources. Applicants and participants should be given the opportunity to self-identify, including those who wish to identify as “Multiracial” or “More Than One Race.” However, the data for Multiracial or More Than One Race will be aggregated into the five minimum race categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. Please note that there will be multiple counts for those who identify themselves as multiracial, persons with disabilities, and/or women, since one individual may have more than one of these characteristics. Recipients should not correct for duplication.

**A SEPARATE CUSTOMER SERVICE POPULATION ANALYSIS TABLE SHOULD**

**BE COMPLETED FOR EACH PROGRAM OR ACTIVITY**. You can make extra copies of the table as necessary. The number of completed CSPA Table(s) should reflect the number of program(s) identified in the Funded Program Checklist.

To complete this analysis, recipients must first define the service area and determine what segment of the county or a multi-county area best represents its potential customers. To the extent possible, the analysis should be done for specific areas within a county if the program or activity is targeted to specific areas. For multi-county service areas, including consortia of county agencies, the counties can be combined into a service area.

To complete the analysis, recipients must also define what portion of the population of the service area is likely to be served or encountered by its program. For example, a recipient could operate a facility and program that is open to the entire population, or its programs and services could be limited to an eligible population of a certain age, disability, gender, minority, family size, or income group.

Points to consider in the summary of the customer analysis:

* The differences between the percent of the population (by category) eligible to be encountered and the percent of the population (by category) actually served in your service area must be calculated.
* The percentage of each category is calculated based on the total number of eligible population and the population actually served, respectively, as entered in the first line of the table.
* The difference between the percentages eligible for each category less the percentage served for each category is listed in the last row of the table. (Calculate the percentage difference, not the number difference).
* If the population of each category actually served is plus or minus 2 percentage points of the eligible population, that category of population is being effectively served.
* If the population in a category actually served is more than 2% greater than the eligible population, that category may be over-represented in the program’s customer population. 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.
* If a category of population actually served is more than the absolute value of -2% (for example, -3%, -4%, etc.), that category is under-represented in the program’s customer population. In the CRC Plan, the recipient should evaluate what factors may be contributing to that category being under-represented.

**Summary for Customer Service Data Analysis—**Complete a separate table as indicated for each program operated by the recipient.

**Note**: It is important to indicate the specific data source you used to complete your analysis. It will assist the State Agencies in reviewing the customer service analysis tables in the CRC Plan. The State Agencies suggest using the following data sources: [U.S. Census Bureau](https://www.census.gov/2010census/); [American Fact Finder](https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml); [American Community Survey](https://www.census.gov/programs-surveys/acs/).

#### Limited English Proficiency (LEP) Customer Data Analysis

The purpose of the LEP analysis is to assist recipients with determining the level of obligation and the methods of providing oral interpretation and written translation language assistance to customers. The LEP analysis will also help your agency to determine which language groups are likely to be encountered to ensure that you provide meaningful access to LEP individuals in your service area.

The LEP analysis assists recipients plan for the translations of vital documents to meet the Federal “safe harbor” guidelines for written translation. The requirement that recipients translate vital documents is one way to provide meaningful access to LEP customers. Providing interpretation services at no cost to the LEP customer is a separate and distinct requirement, which generally entails providing qualified interpreters (in person or by telephone) at no cost to the LEP individual. In particular, for recipients whose customers access the service primarily in person or by telephone, such as an Income Maintenance (IM) Consortium, the analysis should examine the degree to which members of these language groups are being served and the steps the recipient needs to take to provide meaningful access to those individuals. If the language group is likely to be encountered, **the recipient should be prepared to provide oral interpretation language assistance (in person or by telephone) at no cost to the LEP applicant or member**.

**Note**: WIOA recipients of DWD and their subrecipients must include a “Babel Notice” indicating that language assistance is available for LEP individuals in all communications containing vital information, such as hard copy letters or decisions or those communications posted on Websites, that explains and provides a local number to contact to access the recipient's language services. Recipients may use the sample Babel Notice provided in **Appendix E**.

**Summary for LEP Data Analysis—**Complete a separate table as indicated for each program operated by the agency.

**Note**: It is important to indicate the specific data source you used to complete your analysis. It will assist the State Agencies in reviewing the customer service analysis tables in the CRC Plan. The State Agencies suggest using the following data sources: [U.S. Census Bureau](https://www.census.gov/2010census/); [American Fact Finder](https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml); [American Community Survey](https://www.census.gov/programs-surveys/acs/).

**Written Translation** - “**Safe Harbor**”: Recipients and subrecipients are required to provide written translations of “vital documents.” Vital documents are generally documents that affect access to, retention in, or termination or exclusion from a recipient’s program or activity. Vital documents include, but are not limited to, applications, consent forms, complaint forms, intake forms, certification materials, applications, notices and other correspondence produced by the entity that pertain to the commencement, continuation or termination of services or benefits or that require a response from an LEP individual, and notices regarding the availability of free language services for LEP individuals. Written translations of vital documents must be provided for each eligible LEP language group that constitutes 5 percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered by programs in the recipient’s service area. If there are fewer than 50 persons in the language group that reaches the 5 percent trigger, instead of translating the vital document, the recipient may provide written notice to the LEP language group of the right to receive competent oral language interpretation of those written materials at no cost.

**Note**: DHS, DCF and DWD are responsible for the translation of vital documents issued by the DHS, DCF and DWD, respectively. Recipients and subrecipients are responsible for translating their own vital documents.

Even if the vital documents are not required to be translated into a language group under the safe harbor rules, the recipient has an obligation to provide meaningful access to LEP persons in that language group. This can be accomplished by providing oral interpretation of those written materials at no cost to the LEP person.

**Oral Interpretation**: Your entity must have policies and procedures regarding oral interpretation. Recipients are required to notify and provide an LEP applicant or participant with an oral interpreter free of charge when an interpreter is requested. This is the most immediate need among LEP communities. The State Agencies strongly recommend that recipients and subrecipients undertake concerted effort to seek, find, and employ qualified interpreters who are trained in the appropriate program, medical or legal terminology; have received training on translators’ code of ethics and client confidentiality; and are competent in the culture of the LEP participant. Agency policies and procedures should address how staff will provide language access to customers by phone, by video, and on a walk-in basis.

Recipients using call centers and/or automated interactive phone systems must ensure sufficient instructions are provided to LEP customers in their language to enable their navigation and/or prompting of the system in an accurate and meaningful manner.

Recipients may partner with community-based organizations that serve LEP populations to assist with oral interpretation. Oral interpretation services may also be purchased on an as-needed basis. If a recipient serves a particular language group on a regular basis, a best practice is to employ bilingual staff.

Certain circumstances may require the recipient or subrecipient to assure that accurate interpretation is occurring. In instances where the LEP person insists on using an adult family member or friend as interpreter, recipients and subrecipients must ensure that the LEP individual understands that the agency would otherwise provide a qualified interpreter free of charge. In situations like this, recipients or subrecipients may wish to review the LEP individual’s interpretation rights and decision as to those rights using a written form. See **Appendix E** for an example.

**IMPORTANT:** Service provider agencies may not require that an LEP individual provide his own interpreter or rely on a family member or a friend (or other accompanying adult) to interpret or facilitate the communication. Children should not be relied on to serve as interpreters under normal circumstances (an exception may be made when there is an emergency or imminent threat to safety or welfare and there is no qualified interpreter, and only while awaiting a qualified interpreter). **The recipient should not rely on staff other than qualified bilingual/multilingual staff to communicate with LEP individuals.**

The State Agencies **strongly recommend the use of well trained, qualified, competent interpreters**. Using a non-professional interpreter may not provide meaningful access as the information may be conveyed incorrectly. Recipients should take into consideration issues of accuracy, conflict of interest, ethics, and confidentiality when arranging interpretation services.

The State Agencies encourage recipients to:

* Periodically check the DHS, DCF and DWD websites for reference materials.
* Go to [LEP.gov](http://lep.gov), a Federal government interagency website, for LEP resources and information.
* Be aware of recent LEP refugee and immigrant populations in your service area that may not be reflected in census data but whom you may encounter in your programs and activities.

#### Nondiscrimination Notification

Complete the Checklist by checking “Yes” or “No” for each statement and provide clarifying information and/or appendices as appropriate.

Every recipient must use the appropriate Nondiscrimination Statement or Notice, depending on the source of the Federal funding. Please see **Appendix C** to assist determining which Federal Agency (HHS, USDA-FNS, or DOL), funds your program or activity. **Appendix D** provides the required nondiscrimination statements for HHS, USDA-FNS, and DOL.

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

Complete the Checklist by checking “Yes” or “No” for each statement and provide clarifying information and/or appendices as appropriate.

#### Meaningful Access to Programs and Services

The checklist provided in the template form is to assist you to evaluate your program’s meaningful access to services by individuals who are LEP.

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

Recipients of Federal financial assistance must *not* on the basis of disability:

* Exclude a person with a disability from a program or activity;
* Deny a person with a disability the benefits of a program or activity;
* Afford a person with a disability an opportunity to participate in or benefit from a benefit or service that is not equal to what is afforded others;
* Provide a benefit or service to a person with a disability that is not as effective as what is provided others;
* Provide different or separate benefits or services to a person with a disability unless necessary to provide benefits or services that are as effective as what is provided others; and
* Apply eligibility criteria that tend to screen out persons with disabilities unless necessary for the provision of the service, program or activity.

Recipients must:

* Provide services and programs in the most integrated setting appropriate to the needs of the qualified individual with a disability;
* Ensure that programs, services, activities, and facilities are accessible;
* Make reasonable modifications in their policies, practices, and procedures to avoid discrimination on the basis of disability, unless it would result in a fundamental alteration of the program;
* Provide auxiliary aids to persons with disabilities, at no additional cost, where necessary to afford an equal opportunity to participate in or benefit from a program or activity;
* Designate a responsible employee to coordinate their efforts to comply with Section 504 and the ADA;
* Adopt grievance procedures to handle complaints of disability discrimination in their programs and activities; and
* Provide notice that indicates:
  + That the covered entity does not discriminate on the basis of disability
  + How to contact the employee who coordinates the covered entity’s efforts to comply with the law
  + Information about the grievance procedures

See [HHS Disability Rights Guidance](https://www.hhs.gov/civil-rights/for-individuals/disability/index.html); see also [FNS Disabilities Requirements Webinar](https://www.fns.usda.gov/snap/snap-Federal-disability-requirements-webinar/); see also [DOL Disability Employment Policy Resources](https://www.dol.gov/odep/resources/EARN.htm).

Regulations implementing Section 504 and the ADA require recipients to evaluate their current services, policies and practices that do not or may not meet the nondiscrimination on the basis of disability requirements, and based on that evaluation, proceed to make the necessary modifications to come into compliance.

For more information about compliance with nondiscrimination on the basis of disability see: [DOJ ADA Primer](https://www.ada.gov/regs2010/titleII_2010/title_ii_primer.html).

The checklist in the CRC Plan template is to assist in determining a recipient’s compliance with nondiscrimination in services and programs on the basis of disability. Complete the checklist for each statement and provide clarifying information as appropriate.

#### Discrimination Complaint/Grievance Procedures

The Discrimination Complaint Form and Procedures provided in **Appendix F** is a model. Each State Agency has its own complaint procedures for addressing discrimination complaints. The recipient must develop and implement an effective system for handling complaints and grievances and may use the model in **Appendix F**.

Complainants who disagree with an informal discrimination complaint investigation decision and who decide to pursue a formal complaint with the appropriate State Agency should be assisted in referring the complainant to the appropriate State Agency for further investigation, if warranted. DHS, DCF and DWD complaint forms are accessible on each State Agency’s website. To download or locate each agency’s complaint form and instructions go to the links below:

DHS: Instructions for Completing the Civil Rights Compliant Forms

[Civil Rights Complaint Form](https://www.dhs.wisconsin.gov/forms/f8/f80983.doc)

DCF: [Civil Rights Information](https://dcf.wisconsin.gov/civilrights)

DWD: [Civil Rights Complaints](https://dwd.wisconsin.gov/det/civil_rights/complaints.htm)

Complete the Discrimination Complaint/Grievance Checklist by checking “Yes” or “No” for each statement and provide clarifying information and/or appendices as appropriate.

If you use the model Discrimination Complaint Form and Procedures provided in **Appendix F**, attach it to your CRC Plan, including all translations needed in accordance with your agency's LEP requirements for written translations of vital documents. You are encouraged to use this model. If you do not use this model, include your agency's version as **Appendix F** to your CRC Plan. However, your form must include the same information as the model, and must be translated to languages that meet the recipient’s LEP obligation threshold for written translations of vital documents. If you have questions, please contact the appropriate representatives identified on page 12 (Technical Assistance).

Copies of the Equal Opportunity and LEP policies posted for the public must be completed and signed. Copies of the complaint policies, procedures, posters, and forms must be posted in highly visible and conspicuous places that are available for customers, patients, or program participants to read.

Age discrimination complaints involving recipients that administer USDA-FNS programs, services and activities must be filed directly with the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C.

20250-9410. Call toll free 866-623-9992 to request a form, 202-690-7442 (Fax), Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at: 800-877-8339, or 800-845-6136 (Spanish).

#### Training Requirements

Complete the Checklist by checking “Yes” or “No” for each statement and providing clarifying information.

### CIVIL RIGHTS COMPLIANCE PLAN TEMPLATE

|  |  |  |
| --- | --- | --- |
| Children and Families  DCF-F-155-E (R. 11/2017) | Health Services  F-00164 | Workforce Development  DETS-16706-E (R. 12/1/2013) |

**Recipient Contact Information and Signature Page - APPENDIX A**

The same Recipient Contact Information and Signature Page previously completed for the CRC LOA should be used for the CRC Plan.

**Funding Relationship to DHS, DCF or DWD - APPENDIX B**

The same Funding Relationship to DHS, DCF or DWD form previously completed for the CRC LOA should be used for the CRC Plan.

**Funded Programs Checklist - APPENDIX C**

The same Funded Programs Checklist previously completed for the CRC LOA should be used for the CRC Plan.

**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:** | | |

**Instructions for Completion of Data Collection Table**

Each recipient shall keep customer data records to enable the State Agencies to determine the recipient’s or subrecipient’s compliance with equal opportunity in service delivery. Recipients must collect racial, ethnic, gender, LEP, and disability data to illustrate the extent to which members of protected groups are beneficiaries of or participants in each Federally funded program. Recipients and subrecipients are not required to submit the data information to DHS, DCF or DWD, unless requested. The data collection requirement is needed to complete the Customer Service Population Analysis (CSPA) and LEP Customer Data Analysis (CDA) forms.

The data must be collected, retained and reported for each Federally funded program or activity for which the recipient or subrecipient receives pass-through funds from a State Agency. The data should be kept as part of the CRC Plan and will be reviewed when a desk audit is performed or an onsite monitoring visit is conducted.

For recipients that extend Federal financial assistance to another subrecipient, the subrecipient shall collect, retain and submit such data to the recipient that issued the contract.

Recipients and subrecipients must develop and maintain a data collection system to capture and report data in the following categories:

**Race and ethnicity of participants**

Changes in data collection requirements have resulted in a separation of data about ethnicity (i.e., Hispanic/Latino or not Hispanic/Latino) from data on race. In some cases, this will make comparisons difficult because older data collection systems included Hispanic/Latino as a racial group. Recipients and subrecipients must have a system to report the race and ethnicity of their participants.

The ethnicity codes required by the Federal Office of Management and Budget are:

* + - Hispanic/Latino
    - Not Hispanic/Latino

The race codes required by the Federal Office of Management and Budget are:

* + - American Indian or Alaska Native
    - Asian
    - Black or African American
    - Native Hawaiian or other Pacific Islander
    - White
    - More than one race (Recipient agencies are encouraged to collect more detailed information on population groups based on the U.S. Census 2010 race and ethnicity categories, provided that those who identify themselves as “Multiracial” or “More Than One Race” are aggregated into the five minimum set of race categories mentioned above.)

Other information that must be collected:

* + - Sex/Gender
    - Persons with Disabilities in need of accommodations
    - Primary Language
    - Preferred Language

All recipients are required to have a data collection system that records:

* + - The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient’s service area.
    - The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
    - A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold.
    - The number of language interpretation services that were offered and, separately, provided to LEP individuals, how the interpretation services were provided, and the language group for the service.
    - The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
    - The number of accommodation requests received and services provided to applicants and participants with disabilities.
    - The primary language spoken by and language preferred to be used by staff with the applicant, customer, patient, or participant.

#### Customer Service Population Analysis

**Instructions for Completing Customer Service Population Analysis**

The purpose of the CSPA is to determine if recipient is serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

**Step 1**

* Recipients should complete a separate CSPA data chart for each program checked on the Funded Programs Checklist.
* Define the geographic service area for the program/activity.
* Define the data source(s) used to determine the eligible population likely to be served and the eligible population served and the time period for the data.

**Note: If the eligible populations are the same for multiple programs**, recipients can list multiple programs on the program/activity line.

**Step 2**

* **“Eligible Population Likely to be Served or Likely to be Affected or Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
* **“Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered”** is computed by dividing the number of each category (race/ethnicity, women, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

**Step 3**

* **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants in a **one-year calendar period**.
* **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., race/ethnicity, women, and persons with disabilities) served by the total number of eligible population served in the service area.

**Step 4**

* Calculate the difference between the percent of the population (by category) eligible to be encountered and the percent of the population (by category) actually served in your service area for each line on the table.
* The percentage of each category is calculated based on the total number of eligible population and the population actually served, respectively, as entered in the first line of the table.
* The difference between the percent eligible for each category less the percentage served for each category is listed in the last row of the table. (Calculate the percentage difference, not the number difference).

**Customer Service Population Analysis (CSPA) Data Chart**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program or Activity:** |  | | | | | | | |
| **Service Area:** |  | | | | | | | |
|  | | | | | | | | |
|  | | **Eligible Population likely to be Served or Encountered in Service Area** | |  | **Population Served in Most Recent Calendar or Program Year** | |  |  |
| **Category** | | **Number** | **Percentage** |  | **Number** | **Percentage** |  | **Percentage Difference (=%Elig. - %Served)** |
| Total Eligible Population | |  | 100% |  |  | 100% |  | N/A |
| **Breakdown by Race** | | | |  |  | |  |  |
| White | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
| Black or African American | |  |  |  |  |  |  |  |
| American Indian or Alaska Native | |  |  |  |  |  |  |  |
| Asian | |  |  |  |  |  |  |  |
| Native Hawaiian or Pacific Islander | |  |  |  |  |  |  |  |
| More Than One Race | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
| Subtotal, Non-White | |  |  |  |  |  |  |  |
|  | | | |  |  | |  |  |
| Hispanic/Latino (Regardless of Race) | |  |  |  |  |  |  |  |
| **Breakdown by Sex** | | | |  |  | |  |  |
| Female | |  |  |  |  |  |  |  |
| Male | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
| **Disabilities** | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Data Source:** |  |

**Customer Service Population Data Analysis**

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

|  |
| --- |
|  |

**Note**: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories 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 (includes 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 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

#### Limited English Proficiency (LEP) Customer Data Analysis

**Instructions for LEP Customer Data Analysis**

The purpose of the LEP analysis is for recipients to plan for the translation of vital documents to meet the “safe harbor.” The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served, and the steps being taken to improve language access to services and programs.

Your agency is required to provide meaningful access to all LEP customers, including on a walk-in, electronic, or telephone basis, which usually means providing an oral interpreter at no cost to the LEP customer. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to your programs and services.

**Note**: Oral language interpretation and translation of vital documents must be provided at no cost to the customer.

**Step 1**

* Recipients should complete a separate LEP Customer Data Analysis chart for each program checked on the Funded Programs Checklist.
* Define the geographic service area for the program/activity.
* **If the eligible populations are the same for multiple programs**, recipients can list multiple programs on the program/activity line.

**Step 2**

* Start with the total number of eligible persons likely to be served or encountered in the service area by your program from the Customer Services Population Analysis (CSPA) data table. This is the total number of potential clients for your program.
* Enter that number into Column (a) of the LEP data analysis.

**Step 3**

* Using the American Community Survey (ACS) data from the US Census Bureau, determine the count of LEP persons in the service area for the identified language groups. Other data sources could be consulted, including but not limited to local school district and community-based organization data, to validate the size of individual LEP groups not recorded or surveyed by the ACS.
* Depending on the size of the service area, you may need to estimate or extrapolate the count of LEP persons for the service area. For programs that have income or other eligibility criteria, you will need to further estimate the count of LEP persons in the service area that are eligible to participate in your program. Not every LEP person identified in the ACS data is eligible to participate in your program.
* Enter those numbers into Column (b) of the LEP data analysis, the number of “**Eligible LEP Populations Likely to be Affected or Encountered in Service Area.**” This means the total number of LEP individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served.

**Step 4**

* Divide the number of eligible LEP individuals in the language groups in Column (b) by the total eligible population in Column (a) to determine the percent of the eligible population that may need language assistance. Determine the percentage for each language group.
* Enter the percentages in Column (c) to show the “**Percent of Eligible LEP Population Served or Likely to be Encountered in Service Area.”**

**Step 5**

* Using data from your records, indicate the actual number of LEP individuals served for each language group. (Note: Recipients funded by WIOA must also record the preferred language the LEP customer uses to communicate). Enter the number of persons served in Column (d).
* Recipients should record the language needs of clients as a data element in the client record database used by the program.
* The **“LEP population served in the service area”** is data that is useful in analyzing services provided to LEP populations.

**Step 6**

* Use the number in Column (b) and the percentage computed in Column (c) to determine if any of the LEP language groups served by the recipient meet the threshold for written translation of vital documents. If the LEP language group count is 1,000 or more persons, or the percentage is 5% or greater of the total eligible population, then written translation of vital documents is required for that language group.
* Circle “Yes” or “No” in the Safe Harbor written translation column to indicate that the agency will provide written translation of vital documents for that language group.
* If the percentage in Column (c) is 5% or greater that would otherwise trigger the translation of vital documents requirements, but the number of LEP persons in Column (b) is **less than 50**, the agency is not required to provide written translation of vital documents. However, LEP groups must receive written notice of their right to receive competent oral language interpretation and translation of vital documents.
* LEP individuals in all language groups must be provided meaningful access to information even if the 1,000 person or 5% triggers are not reached.

**Note**: Language assistance for oral interpretation and written translation must be provided to applicants and clients of programs at no cost to the individuals.

The State Agencies have provided the “Your Right to an Interpreter” poster which contains statements in 55 languages advising persons of their right to oral interpretation and translation of vital documents. The poster is designed to allow individuals to point to their preferred language so agencies can arrange for an interpreter competent in that language.

**LEP Customer Data Analysis Chart**

|  |  |
| --- | --- |
| **Program or Activity:** |  |
| **Service Area:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | (a) Total Eligible Population Likely to be Affected or Encountered in Service Area | (b) Eligible LEP Population Likely to be Affected or Encountered in Service Area | (c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area | (d) LEP Population Served | Safe Harbor  Written Translation of Vital Documents | Safe Harbor if fewer than  50 persons in the language group:  Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents |
| Language Groups | (from CSPA)  Number (a) | Number (b) | Percent (c)  (c) = ((b)/(a) X 100) | Served (d) | Column (c) is 5% or column (b) is 1,000 or more? | If fewer than 50 persons in language groups, eligible pop receives written notice? |
| Spanish |  |  |  |  | Yes No | Yes No |
| Hmong |  |  |  |  | Yes No | Yes No |
| Chinese |  |  |  |  | Yes No | Yes No |
| German/Germanic |  |  |  |  | Yes No | Yes No |
| Arabic |  |  |  |  | Yes No | Yes No |
| Korean |  |  |  |  | Yes No | Yes No |
| Russian |  |  |  |  | Yes No | Yes No |
| Vietnamese |  |  |  |  | Yes No | Yes No |
| French/Patois/Creole |  |  |  |  | Yes No | Yes No |
| Bosnian/Serbian/Croatian |  |  |  |  | Yes No | Yes No |
| Polish |  |  |  |  | Yes No | Yes No |
| Laotian |  |  |  |  | Yes No | Yes No |
| Pennsylvanian Dutch |  |  |  |  | Yes No | Yes No |
| Hindi |  |  |  |  | Yes No | Yes No |
| Albanian |  |  |  |  | Yes No | Yes No |
| Tagalog |  |  |  |  | Yes No | Yes No |
| Other: Specify\_\_\_\_\_\_\_ |  |  |  |  | Yes No | Yes No |

**Services to LEP Language Groups**

Please check all that apply to recipient’s service to the eligible language groups in your service area:

Oral interpretation is provided upon request at no charge to an LEP customer.

We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)

We routinely collect information regarding the LEP participant’s preferred primary language. The language information for each client is part of our database.

We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.

We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.

The eligible LEP population that is likely to be encountered in our service area constitutes 5%or 1,000 persons; therefore, we provide written translation of vital documents.

Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

|  |
| --- |
|  |

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

**PRINT NAME** of Preparer

I am the (Administrator, Coordinator or Director) of the LEP 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

#### Nondiscrimination Notification

|  |  |  |
| --- | --- | --- |
| 1. Our entity uses the required HHS, USDA-FNS, and/or DOL Nondiscrimination Statements and Notices, provided in **Appendix D**. | Yes | No |
| 2. Our entity uses the DHS, DCF, DWD 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](http://www.fns.usda.gov/cr/and-justice-all-posters). | Yes  or  N/A | No |
| 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  or  N/A | No |
| 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](https://www.fns.usda.gov/fns-nondiscrimination-statement) and in **Appendix D**. | Yes  or  N/A | No |
| We receive WIOA funding from DOL through DWD and post the appropriate DOL "Equal Opportunity Is the Law” poster and send the DWD-WIOA Babel Notice with all communications containing vital information (found in Appendix E). These include websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Equal Opportunity Is the Law poster can be found here: <https://dwd.wisconsin.gov/det/civil_rights/resources.htm>. | Yes  or  N/A | No |

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  or N/A | No |
| (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  or N/A | 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

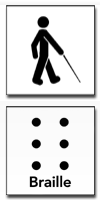
|  |  |  |
| --- | --- | --- |
| Our entity provides meaningful access to individuals with limited English proficiency by: |  |  |
| 1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.  **NOTE:** Recipients must **prominently** display 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. [The "I Speak" poster can be printed directly from the website by clicking on this link](https://www.dhs.gov/sites/default/files/publications/blue-campaign/materials/posters/bc-poster-18x24-ispeak.pdf). [The "Your Right to an Interpreter" poster can be printed directly from the website by clicking on this link.](https://www.dhs.wisconsin.gov/publications/p0/p00417.pdf) **For pre-literate populations or language groups, an audio format version of this information may be provided.** | 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 |  |  |

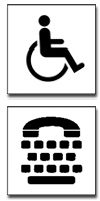
|  |  |  |
| --- | --- | --- |
| 8. Our entity uses the following methods for oral interpretation: |  |  |
| A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources. | Yes | No |
| 1. Our agency 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 these requirements, including target dates for completion, below:

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

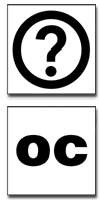
|  |  |  |  |
| --- | --- | --- | --- |
| ACCESS ELEMENT |  |  | |
| 1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions? | Yes | No | |
| 1. Are all your programs or activities accessible to 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 at least one person to coordinate its efforts to comply with Section 504 and the ADA as the Equal Opportunity Coordinator? | 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 |

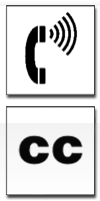












If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

#### Discrimination Complaint/Grievance Procedures

|  |  |  |
| --- | --- | --- |
| 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/DOL, 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>     - DWD Complaint <https://dwd.wisconsin.gov/det/civil_rights/complaints.htm>     - US HHS Region V Office of Civil Rights, Chicago Complaint <http://www.hhs.gov/ocr/office/file/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>     - US DOL, Civil Rights Center <https://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm> | Yes | No |
| Our entity implements the following procedures: |  |  |
| The 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), is publicly posted in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments. | Yes | No |
| 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 |
| All participants in complaint investigations are advised of and protected from retaliation. | Yes | No |
| Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified. | Yes | No |
| Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint. | Yes | No |
| Corrective action is taken when evidence of discrimination has been found. | Yes | No |
| Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process. | Yes | No |

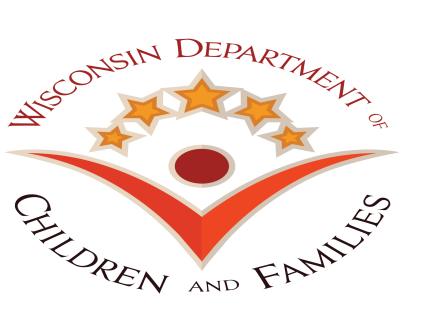
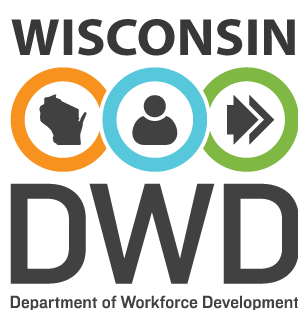
|  |  |  |
| --- | --- | --- |
| Customers are permitted to have representatives of their choice during their interviews in the complaint process. | Yes | No |
| Complainants are made aware of their option to seek review, as appropriate: |  |  |
| * + - DHS Civil Rights Compliance Office | Yes or  N/A | No |
| * + - DCF Civil Rights Unit | Yes or N/A | No |
| * + - DWD Civil Rights Unit | Yes or N/A | No |
| * + - Appropriate Federal Office for Civil Rights (depending on the source of Federal funds) |  |  |
| * + - * + U.S. DHHS, Region V OCR, Chicago | Yes or N/A | No |
| * + - * + USDA, Office of Adjudication, Washington D.C. | Yes or N/A | No |
| * + - * + U.S. DOL, Civil Rights Center, Washington D.C. | Yes or N/A | No |
| 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 |

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

#### Training Requirements

|  |  |  |
| --- | --- | --- |
| a. The following CRC training requirements apply to Federally funded recipients **other than from USDA-FNS**: |  | |
| 1) New employees and managers are informed of the CRC policies as part of their orientation program. | Yes or N/A | No |
| 2) New staff receive training on CRC policies. | Yes or N/A | No |
| 3) Staff refresher training on CRC and updates are provided once every three years. **Note**: WIOA recipient staff must receive CRC training annually. | Yes or N/A | No |
| b. The following requirements apply to **USDA-FNS funded recipients** (e.g., FoodShare, WIC and TEFAP): |  |  |
| 1) Our agency provides annual CRC training to the following staff: | Yes  or  N/A | No |
| * Agency Head * Administrators * Mid-level Managers * Frontline staff |
|  | |
| 2) New employee managers are informed of the CRC requirements and policies as part of their orientation program and in-service training. | Yes or N/A | No |
| 3) New staff will receive training on the policies, along with instructions on the laws and regulations, concerning equal opportunity in service delivery. | Yes  or  N/A | No |
| 4) Our agency has developed or is planning to develop annual CRC training in compliance with FNS Instructions 113-1 for subrecipients and their supervisors, managers, administrators, and frontline staff. | Yes  or  N/A | No |

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

**CIVIL RIGHTS REQUIREMENTS**

**COMPLIANCE PERIOD FOR**

**JANUARY 1, 2018 to DECEMBER 31, 2021**

# APPENDICES A TO H

## APPENDIX A: RECIPIENT CONTACT INFORMATION

Name of Recipient

Street Address

State

City

Zip Code

Name of Individual Designated as contact for Civil Rights Compliance questions:

|  |  |  |
| --- | --- | --- |
| Address | | Date Signed |
| Telephone Number ( ) - | Email Address | |

Name of individual designated to assist with LEP individuals and individuals with disabilities:

|  |  |  |
| --- | --- | --- |
| Address | | Date Signed |
| Telephone Number ( ) - | Email Address | |

Name of Authorized Representative

|  |  |  |
| --- | --- | --- |
| Address | | Date Signed |
| Telephone Number  ( ) - | Email Address | |

**Instructions for completing Recipient Contact Information**

* + Fill in all the blanks on this form.
  + Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don’t have to be) same person (e.g., the Authorized Representative).

## APPENDIX B: FUNDING RELATIONSHIP TO DHS / DCF / DWD

* Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
* Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Contract or Program Name | Funding Amount ($) |
| Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding. | **DHS**  Yes | No | 1.  No |  |
| 2. |  |
| 3. |  |
| Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF  to receive Federal funding | **DCF**  Yes | No | 1. |  |
| 2. |  |
| 3. |  |
| Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding | **DWD**  Yes | No | 1. |  |
| 2. |  |
| 3. |  |
| Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a  County or Consortium that receives Federal funding from DCF/DHS/DWD.  Name of County or Consortium? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No | 1. |  |
| 2. |  |
| 3. |  |
| Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF/DWD.  Name of the entity/entities: | Yes | No | 1. |  |
| 2. |  |
| 3. |  |

**Instructions for completing Funding Relationship to DHS, DCF or DWD**

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

## APPENDIX C: FUNDED PROGRAMS CHECKLIST

* + Completing this Section will allow DHS, DCF or DWD to identify the Federally funded programs and activities that you administer.
  + The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled “Other: specify.”

**Check the type of program or funding applicable to your entity.**

**USE** this checklist for **Department of Health Services (DHS)**

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

|  |  |
| --- | --- |
| **HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:**  ☐ BadgerCare Plus  ☐ Birth to 3  ☐ Children’s Long Term Support Waiver  ☐ Children’s Community Options Program  ☐ Family Care  ☐ Family Planning Only  ☐ IRIS  ☐ Katie Beckett  ☐ Medicaid for the Elderly, Blind, or Disabled  ☐ Medicaid Purchase Plan  ☐ PACE  ☐ SeniorCare  ☐ Temporary Assistance for Needy Families (TANF)  ☐ Well Women Medicaid  ☐ Other: Specify  **Please list your specific Federal grant/funding source if not listed above**. | **USDA (FNS) programs:**  ☐ FoodShare/SNAP  ☐ Food Stamp Employment and Training (FSET)  ☐ Temporary Emergency Food Assistance Program (TEFAP)  ☐ Women Infants and Children (WIC)  ☐ Commodity Supplemental Food Program  ☐ WIC Farmer’s Market Nutrition Program  ☐ Senior Famer’s Market Nutrition Program  ☐ Other: Specify |

**USE** this checklist for **Department of Children and Families (DCF)**

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

☐ Adoption Assistance Program

☐ Adoption Finalization and Post Adoption Services

☐ Brighter Futures Initiative

☐ Child Abuse and Neglect - Child Protective Services

☐ Child Abuse and Neglect – Prevention Services ☐ Child Care Certification or Licensing

☐ Child Care Resource and Referral

☐ Child Care Quality Improvement

☐ Child Placing Agencies - Foster Care

☐ Child Residential Care Centers & Group Homes

☐ Child Support

☐ Child Welfare Case Management Services

☐ Community Services Block Grant Services

☐ Domestic Violence/Domestic Abuse ☐ Foster Care Payments

☐ Home Visiting Services

☐ Independent Living

☐ Indian Child Welfare

☐ Kinship Care Payments

☐ Milwaukee Child Welfare Program Service Provider

☐ Promoting Safe and Stable Families Refugee Assistance and Services

☐ Other Services

☐ Runaway Youth Services

☐ TANF Funded Services - Including Transitional Jobs and Children First

☐ Wisconsin Shares - Child Care Subsidy Program

☐ Wisconsin Works (W-2) Programs

☐ Youth Aids and Youth Justice grants

☐ Other: Specify

**USE** this checklist for **Department Workforce Development (DWD)**

Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

Workforce Investment and Opportunity Act

Other: Specify

**Note:** The checklist is not an exhaustive list of programs funded through the DHS, DCF or DWD with

HHS, USDA-FNS and DOL. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate “Other: Specify” space to specify the program, grant or funding agreement administered by the agency/entity.

## APPENDIX D: NONDISCRIMINATION NOTIFICATION

* + 1. **HHS NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS:**

**Sample Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement in U.S. Health & Human Services Funded Programs and Activities.**

[**Name of covered entity**] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [Name of covered entity] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

  [**Name of covered entity**]:

  • Provides free aids and services to people with disabilities to communicate effectively with us, such as:

  ○ Qualified sign language interpreters

  ○ Written information in other formats (large print, audio, accessible electronic formats, other formats)

  • Provides free language services to people whose primary language is not English, such as:

  ○ Qualified interpreters

  ○ Information written in other languages

  If you need these services, contact [**Name of Civil Rights Coordinator**]

If you believe that [**Name of covered entity**] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: [**Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number ], [TTY number—if covered entity has one], [Fax], [Email**]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [**Name and Title of Civil Rights Coordinator**] is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION:  If you speak [*insert language*], language assistance services free of charge are available to you.  Call [*toll free] 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX*).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx（TTY：1-xxx-xxx-xxxx）

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.

ﻢﻗر) xxx-xxx-xxxx-1 ﻢﻗﺮﺑ ﻞﺼﺗا .نﺎﺠﻤﻟﺎﺑ ﻚﻟ ﺮﻓاﻮﺘﺗ ﺔﯾﻮﻐﻠﻟا ةﺪﻋﺎﺴﻤﻟا تﺎﻣﺪﺧ نﺈﻓ ،ﺔﻐﻠﻟا ﺮﻛذا ثﺪﺤﺘﺗ ﺖﻨﻛ اذإ :ﺔظﻮﺤﻠﻣ

.(xxx-xxx-xxxx-1 :ﻢﻜﺒﻟاو ﻢﺼﻟا ﻒﺗﺎھ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,

ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte

ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-xxx-xxx-

xxxx (TTY: 1-xxx-xxx-xxxx).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-

xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod

numer 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.

Telefononi në 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika

nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) पर कॉल करें।

* + 1. **HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION COMMUNICATIONS THAT ARE SMALL-SIZE:**

[**Name of covered entity**] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

* + 1. **USDA NONDISCRIMINATION STATEMENT (SNAP/FOODSHARE AND FDPIR ONLY):**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political affiliation or beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) [Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov.](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political affiliation or beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) [Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov.](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

* + 1. **USDA NONDISCRIMINATION STATEMENT (FNS NUTRITION ASSISTANCE PROGRAMS OTHER THAN SNAP/FOODSHARE AND FDPIR):**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights

regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) [Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov.](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

* + 1. **US DOL Sample Babel Notice:**

Recipients must include a “Babel notice,” indicating in appropriate languages that language assistance is available, in all communications of vital information, such as hard copy letters or decisions or those communications posted on websites.”

A Babel notice is a short notice included in a document or electronic medium (e.g., website, “app,” email) in multiple languages informing the reader that the communication contains vital information, and explaining how to access language services to have the contents of the communication provided in other languages.

The US DOL [Civil Rights Center](https://www.dol.gov/oasam/programs/crc/external-compliance-assistance.htm) developed this sample notice to assist recipients comply with this Babel notice requirement. It is being provided in 10 of the most common non-English languages spoken in the United States. Recipients will need to translate the notice into other languages to meet the needs of their local community. Also note that the Babel notice does not replace the obligations for recipients to provide individualized language services.

**DOL BABEL NOTICE**:

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (xxx) xxx-xxxx for assistance in the translation and understanding of the information in this document.

Spanish ¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (xxx) xxx-xxxx para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional 重要須知！本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本 文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電 (xxx) xxxxxxx 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (xxx) xxx-xxxx để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang

impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (xxx) xxx-xxxx upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (xxx) xxx-xxxx pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (xxx) xxx-xxxx pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número (xxx) xxx-xxxx para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic ﻣﮭﻢ! ﯾﺤﺘﻮي ھﺬا اﻟﻤﺴﺘﻨﺪ ﻋﻠﻰ ﻣﻌﻠﻮﻣﺎت ﻣﮭﻤﺔ ﺣﻮل ﺣﻘﻮﻗﻚ وﻣﺴﺆوﻟﯿﺎﺗﻚ و/أو ﻓﻮاﺋﺪك. ﻣﻦ اﻷھﻤﯿﺔ ﺑﻤﻜﺎن ﻓﮭﻢ اﻟﻤﻌﻠﻮﻣﺎت (xxx) xxx-xxxx اﻟﻮاردة ﻓﻲ ھﺬا اﻟﻤﺴﺘﻨﺪ، وﺳﻨﻮﻓﺮ اﻟﻤﻌﻠﻮﻣﺎت ﺑﻠﻐﺘﻚ اﻟﻤﻔﻀﻠﺔ دون ﺗﺤﻤﻠﻚ أي ﺗﻜﻠﻔﺔ. اﺗﺼﻞ ﻋﻠﻰ اﻟﺮﻗﻢ ﻟﻠﺤﺼﻮل ﻋﻠﻰ ﻣﺴﺎﻋﺪة ﻓﻲ ﺗﺮﺟﻤﺔ اﻟﻤﻌﻠﻮﻣﺎت اﻟﻮاردة ﻓﻲ ھﺬا اﻟﻤﺴﺘﻨﺪ وﻓﮭﻤﮭﺎ.

Russian ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (ххх) ххх-хххх для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean 중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (xxx) xxx-xxxx로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

* + 1. **WIOA Title I Equal Opportunity Notice/Statement/Poster:**

**WIOA Title I notice must contain the following specific wording:**

**"Equal Opportunity Is the Law"**

It is against the law for **[Name of covered entity]**, a recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

* providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.
* **[Name of Covered Entity]** as a recipient of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

**What To Do If You Believe You Have Experienced Discrimination**

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

**Local Level**

The **[Name of Covered Entity's]** Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

**State Level**

David Durán

Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

**Federal Level**

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with **[Name of Covered Entity]**, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the **[Name of the Covered Entity]** does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the **[Name of the Covered Entity]** does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

## APPENDIX E: SAMPLE LEP POLICY STATEMENT AND ACKNOWLEDGEMENT/REFUSAL OF INTERPRETER SERVICES

**LIMITED ENGLISH PROFICIENCY POLICY STATEMENT**

The (Entity) is committed to providing equal opportunity in all programs, services and activities to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. Those individuals are referred to as limited English proficient, or “LEP.” Meaningful access to Federally funded programs and activities is required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Meaningful access to LEP individuals is provided in two ways: Oral interpretation and written translation. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons, to access through commercially-available telephonic interpretation services. Written translation can range from translation of an entire document to translation of a short description of the document.

The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

If an LEP person requests to use a family member, friend or other adult as an interpreter, the entity makes the LEP person aware that the entity will provide a qualified interpreter at no cost to the LEP person. The entity respects the LEP person’s choice of interpreters. If the LEP person chooses a family member, friend, or other adult to interpret instead of one provided by the entity, the entity makes a record of that decision. If the entity believes the interpreter selected by the LEP person is not competent or appropriate, the entity supplements with its own qualified interpreter. Minors should not act as interpreters unless there is an emergency situation and another interpreter is not immediately available.

The entity records the number and date of instances in which interpretation was offered, what service was offered (e.g., staff, in-person contracted, telephone, etc.), whether it was accepted or whether the LEP individual selected their own interpreter, and in what language group the service was needed.

This entity monitors its changing demographics and population trends on an annual basis, to ensure awareness of the language needs in its service area.

The entity requires its subrecipients to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, the LEP Coordinator is:

Name: Phone: - -. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available upon request.

**Sample Acknowledgement and Refusal of Free Interpretation Services**

(Recipient/Subrecipient): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

• Give you or your service provider incorrect information;

• Add or leave out information;

• Learn information about you that you may not wish to be known;

• Tell other people information about you that would otherwise be private;

• Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

(Recipient/Subrecipient) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

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

Client Signature Date

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

Recipient Signature Date

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

Interpreter Signature Date

If interpreted by phone, interpreter name and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of Document (for providers and staff):

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

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

## APPENDIX F: SERVICE DELIVERY DISCRIMINATION COMPLAINT

|  |  |  |
| --- | --- | --- |
| Children and Families  DCF-F-156-E (R. 11/2017) | Health Services  F-00166 | Workforce Development  DETS-16707-E (R. 07/2016) |

**If you need help completing this form please contact:**

|  |  |  |
| --- | --- | --- |
| Name - Equal Opportunity Coordinator | Phone (Voice)  - - | Phone (TDD)  - - |
| Name of Complainant | Phone  - - | |

Address (number, street, city, state, zip code)

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF/DWD) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe is was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Name of the Agency/Organization/Entity against whom the complaint is filed.

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

Name of the Federal program you were discriminated in by the agency/organization (e.g., BadgerCare, FoodShare, Child Protective Services, etc.)

Describe the action or treatment that you think was discriminatory. Include information about who, what, when,

where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached, if you need to add pages.

Description of the relief or remedy you want:

**SIGNATURE -** Complainant or Complainant Representative

Date Signed (mm/dd/yyyy)

The information below is to be completed by the person at the entity who receives your complaint and investigates it.

**Informal Complaint**

|  |  |  |
| --- | --- | --- |
| Date Received | Received By | Title |

Agency

Actions and Individual(s) to be investigated:

Findings (Must be completed within 90 days):

Action Taken:

Further Action Required? Yes No If yes, what action is recommended?

**SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION**

**File formal discrimination complaints about these services with the state agency listed below.**

|  |  |
| --- | --- |
| PROGRAM | STATE AGENCY |
| Wisconsin (WI) Works (W-2), , Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Protective Services Programs, Emergency Assistance, Families and Economic Security, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, Refugee Assistance and Services, Youth Justice services and other programs administered by the WI Department of Children and Families., Refugee Cash and Medical Assistance) | **WI Department of Children and Families**  201 E. Washington Ave, Second Floor  P.O. Box 8916  Madison, WI 53708-8916  Voice: 608-422-6889  TTY: 800-864-4585 |
| Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare, TEFAP, SeniorCare, Family Care, Public Health Services, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services. | **WI Department of Health Services**  Civil Rights Compliance Office  1 W. Wilson, Room 651  P.O. Box 7850  Madison, WI 53707-7850  608-266-1258 (Voice); 608-267-1434 (Fax)  711 or 1-800-947-3529 (TTY)  Email: [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov) |
| Workforce Investment and Opportunity Act, and other programs administered by the Wisconsin Department of Workforce Development. | **WI Department of Workforce Development**  ATTN: Equal Opportunity Officer  201 E. Washington Ave, Room G100  P.O. Box 7972  Madison, WI 53707-7972  Voice: 608-266-6889  Fax 608-261-8506; 711 or 1-(800)-947-3529 (TTY)  [David2.Duran@dwd.wisconsin.gov](mailto:David2.Duran@dwd.wisconsin.gov) |

**You also have the right to file a formal complaint with a Federal agency listed below.**

|  |  |
| --- | --- |
| PROGRAM | FEDERAL AGENCY |
| HHS program or activity | **Office for Civil Rights** |
|  | **U.S. Department of Health and Human Services** |
|  | 200 Independence Avenue, SW  Room 509F, HHH Building  Washington D.C. 20201  800-368-1019  800-537-7697 (TDD)  <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  (On-line complaint portal) |
| UDSA-FNS program or activity | **U.S. Department of Agriculture, Director, Office of Adjudication**  1400 Independence Avenue, SW Washington, D.C. 20250-9410  (866) 632-9992  800-877-8339 (Federal Relay Services)  866-377-8642 (Relay voice users)  800-845-6136 (Spanish)  [Cr-info@ascr.usda.gov](mailto:Cr-info@ascr.usda.gov) |
| DOL program or activity | **Civil Rights Center**  **U.S. Department of Labor**  ATTENTION: Office of External Enforcement U.S. Department of Labor 200 Constitution Avenue, NW  Room N-4123 Washington, DC 20210  (202) 693-6505, ATTN: Office of External Enforcement (Fax)  [CRCExternalComplaints@dol.gov](mailto:CRCExternalComplaints@dol.gov) |

## APPENDIX G: KEY TO ACCESSIBILITY SYMBOLS

**BLIND OR HAVE LOW VISION**

BLIND OR HAVE LOW VISION symbol may be used to indicate access for people who are blind or have low vision, including: a guided tour, a path to a nature trail or a scent garden in a park; and a tactile tour or a museum exhibition that may be touched.



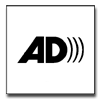
**SYMBOL FOR ACCESSIBILITY**

**SYMBOL FOR ACCESSIBILITY, known as** the wheelchair symbol, should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users. Remember that a ramped entrance is not completely accessible if there are no curb cuts, and an elevator is not accessible if it can only be reached via steps.



**AUDIO DESCRIPTION**

**AUDIO DESCRIPTION** is a service for persons who are blind or have low vision that makes the performing arts, visual arts, television, video, and film more accessible.

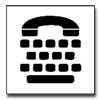


Description of visual elements is provided by a trained Audio Describer through the Secondary Audio Program (SAP) of televisions and monitors equipped with stereo sound. An adapter for non-stereo TVs is available through the American Foundation for the Blind, 800-829-0500. For live Audio Description, a trained Audio Describer

offers live commentary or narration (via headphones and a small transmitter) consisting of concise, objective descriptions of visual elements: i.e., a theater performance or a visual arts exhibition.

**TELEPHONE TYPEWRITER (TTY)**

**TELEPHONE TYPEWRITER (TTY)** device is also known as a text telephone (TT), or telecommunications device for the deaf (TDD). TTY indicates a device used with the telephone for communication with and between deaf, hard of hearing, speech impaired and/or hearing persons.



**VOLUME CONTROL TELEPHONE**

**VOLUME CONTROL TELEPHONE** symbol indicates the location of telephones that have handsets with amplified sound and/or adjustable volume controls.



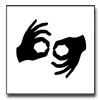
**ASSISTIVE LISTENING SYSTEMS**

**ASSISTIVE LISTENING SYSTEMS** transmit amplified sound via hearing aids, headsets or other devices. They include infrared, loop and FM systems. Portable systems may be available from the same audiovisual equipment suppliers that service conferences and meetings.



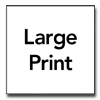
**SIGN LANGUAGE INTERPRETATION**

**SIGN LANGUAGE INTERPRETATION** symbol indicates that Sign Language Interpretation is provided for a lecture, tour, film, performance, conference or other program.



**ACCESSIBLE PRINT (18 pt. or Larger)**

The symbol for large print is "Large Print" printed in 18 pt. or larger text. In addition to indicating that large print versions of books, pamphlets, museum guides and theater programs are available, you may use the symbol on conference or membership forms to indicate that print materials may be provided in large print. Sans serif or modified serif print with good contrast is important, and special attention should be paid to letter and word spacing.



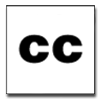
**THE INFORMATION SYMBOL**

One the most valuable commodity of today's society is information; to a person with a disability and others are essential. For example, the symbol may be used on signage or on a floor plan to indicate the location of the information or security desk, where there is more specific information or materials concerning access accommodations and services such as "LARGE PRINT" materials, audio cassette recordings of materials, or sign interpreted tours.



**CLOSED CAPTIONING (CC)**

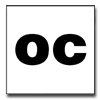
**CLOSED CAPTIONING (CC)** symbol indicates a choice for whether or not to display captions for a television program or videotape. TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry Act of 1990 requires TV sets (with screens 13" or larger) to have built-in decoders as of July 1993. Also, videos that are part of exhibitions may be closed captioned using the symbol with instruction to



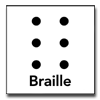
press a button for captioning.

**OPENED CAPTIONING (OC)**

**OPENED CAPTIONING (OC)** symbol indicates that captions, which translate dialogue and other sounds in print, are always displayed on the videotape, movie or television program. Open Captioning is preferred by many including deaf and hard-of-hearing individuals, and people whose second language is English. In addition, it is helpful in teaching children how to read and in keeping sound levels to a minimum in museums and restaurants.



**BRAILLE SYMBOL**

**BRAILLE SYMBOL** indicates that printed material is available in Braille, including exhibition labeling, publications and signage.

APPENDIX H: FEDERAL CIVIL RIGHTS AUTHORITIES**\***

| **Civil Rights Provision** | **Implementing Regulation** | **Bases of Prohibited Discrimination** | **Programs and Activities** |
| --- | --- | --- | --- |
| **DHS and DCF Programs and Activities (HHS Federal Financial Assistance)** | | | |
| Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116) | 45 C.F.R. Part 92 | sex, race, color, national origin, disability, and age | BadgerCare Plus and Medicaid programs; other healthcare programs and activities. |
| Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) | 45 C.F.R. Part 80 | race, color, national origin | BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc. |
| Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.) | 45 C.F.R. Part 84 | disability | BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc. |
| Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.) | 28 C.F.R. Part 35 | disability | BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc. |
| Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.) | 45 C.F.R. Part 86 | sex | BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc. |
| Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.) | 45 C.F.R. Part 91 | age | BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc. |
| Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b |  | race, color, national origin | Foster Care |
| **DHS Programs and Activities (USDA-FNS Federal Financial Assistance)** | | | |
| Section 11 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2020) | 7 C.F.R. Parts 15, 15a, 15b, 15c, and Part 16 | race, sex, religious creed, national origin, or political affiliation | FoodShare (SNAP) |
| Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) | 7 C.F.R. Part 15 | race, color, national origin | FoodShare (SNAP); WIC; CNP, TANF, FMNP, SFMNP |
| Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.) | 7 C.F.R. Part 15c | age | FoodShare (SNAP); WIC; FSET; FMNP, SFMNP |
| Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.) | 7 C.F.R. Part 15b | disability | FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP |
| Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.) | 28 C.F.R. Part 35 | disability | FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP |
| Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.) | 7 C.F.R. Part 15a | sex | FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP |
| Title II of the ADA Amendments Act of 2008 (42 U.S.C. § 12101 et seq.) | 28 C.F.R. Part 35 | disability | WIC; FSET; TANF; FMNP; SFMNP |
| Emergency Food Assistance Act of 1983 (7 U.S.C. § 7501 et seq.) | 7 C.F.R. § 251.10 | race, color, national origin, sex, age, disability | TEFAP |
| Other FNS nondiscrimination requirements | FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Food and Nutrition Services, USDA (Guidance) | race, sex, religious creed, national origin, or political affiliation | FoodShare (SNAP); WIC; FSET; TANF; FMNP; SFMNP; TEFAP |
| **DWD Programs and Activities (DOL Federal Financial Assistance)** | | | |
| Section 188 of the Workforce Innovation and Opportunity Act (WIOA), 29 U.S.C. § 3248 | 29 C.F.R. Part 38 | Race, color, religion, sex, national origin, age, disability, political affiliation or belief | Programs administered by DWD Division of Employment and Training |
| Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) | 29 C.F.R. Part 31 | race, color, national origin | Programs administered by DWD Division of Employment and Training |
| Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.) | 29 C.F.R. Part 32 | disability | Programs administered by DWD Division of Employment and Training |
| Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.) | 29 C.F.R. Part 36 | sex | Programs administered by DWD Division of Employment and Training |
| Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.) | 29 C.F.R. Part 35 | age | Programs administered by DWD Division of Employment and Training |
| Section 167 of the Job Training Partnership Act of 1982 | 29 C.F.R. Part 34 | race, color, religion, sex, national origin, age, disability, political affiliation or belief | Programs administered by DWD Division of Employment and Training |
| **OTHER FEDERAL PROVISIONS** | | | |
| Community Services Assurance Provisions of the Hill-Burton Act |  |  | Health Facilities receiving Hill-Burton Funds |
| Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, as amended (Federal Block Grants) |  | race, color, national origin, sex (Community Services Block Grants); race, color, national origin, age, disability, sex, religion (remaining block grants) | Community Services Block Grant; Social Services Block Grant; Maternal and Child Health Block Grant; Projects for Assistance in Transition from Homelessness Block Grant; Community Mental Health Services Block Grant; Substance Abuse Prevention and Treatment Block Grant |
| Family Violence Prevention Services Act, 42 U.S.C. § 10406. |  | race, color, national origin, age, disability, sex, religion |  |
| Section 408 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. § 608 |  | age, disability, race, color, national origin | Block Grants for Temporary Assistance for Needy Families |

\*This list is current as of November 2017. Please note, there may be other applicable civil rights provisions that have been omitted and the provisions may be subject to amendment, repeal or replacement. Additionally, each Federal agency may issue interpretative guidance on civil rights compliance, such as providing meaningful access to LEP individuals, which should be consulted. *See e.g.,* 68 Fed. Reg. 47311 (Aug. 8, 2003) (HHS LEP Guidance); 79 Fed. Reg. 70771 (Nov. 28, 2014) (FNS LEP Guidance); 68 Fed. Reg. 32290 (May 29, 2003) (DOL LEP Guidance).