### CIVIL RIGHTS COMPLIANCE PLAN

|  |  |  |
| --- | --- | --- |
| 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

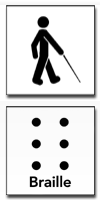
|  |  |  |
| --- | --- | --- |
| Our entity provides meaningful access to individuals with limited English proficiency by: |  |  |
| 1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.  **NOTE:** Recipients must **prominently** display 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 |  |  |

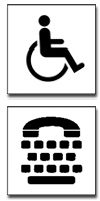
|  |  |  |
| --- | --- | --- |
| 8. Our entity uses the following methods for oral interpretation: |  |  |
| A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources. | Yes | No |
| 1. Our agency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

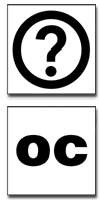
|  |  |  |  |
| --- | --- | --- | --- |
| ACCESS ELEMENT |  |  | |
| 1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions? | Yes | No | |
| 1. Are all your programs or activities accessible to 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 |

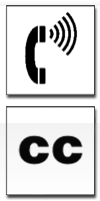












If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

#### 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: