



## 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, 2022 - December 31, 2025**

Issued 12/2021

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Department of Health Services  
Department of Children and Families

## 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 or Department of Children and Families to comply with Federal civil rights provisions. This document can be accessed from the websites of the two agencies.

### Web page references

DHS: <https://www.dhs.wisconsin.gov/civil-rights/requirements.htm>  
DCF: <https://dcf.wisconsin.gov/civilrights>

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

DHS at 608-267-4955  
DCF at 608-422-6889  
1-888-258-9966 (Statewide call center)  
TTY/TDD call 711

### ACKNOWLEDGEMENTS

This document was prepared by an interdepartmental Civil Rights Compliance (CRC) workgroup with members from the Department of Health Services (DHS) and the Department of Children and Families (DCF) (“the State Agencies”). The workgroup included Laura Varriale, Larissa Tomczak and Ashley Ayres, DHS, and John Tuohy and Beverly Jenkins, DCF.

### 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

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# CIVIL RIGHTS COMPLIANCE REQUIREMENTS OVERVIEW

## I. INTRODUCTION

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in programs and activities that receive Federal financial assistance. Those laws are listed in **Appendix G**.

The Department of Health Services (DHS) and Department of Children and Families (DCF) (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 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.

Some civil rights laws apply to all programs of the State Agencies while other laws apply only to certain programs. 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) or the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) funds the program or activity. **Appendix G** summarizes Federal civil rights laws that are applicable to these State Agencies’ programs and activities.

These CRC Requirements are intended to meet the civil rights requirements of both Federal agencies collectively for each of the State Agencies by getting assurances from the recipients that they will comply with Federal civil rights provisions. Thus, as a condition of receiving Federal financial assistance through one or more of these State Agencies, all recipients must provide an assurance that they will comply with these CRC Requirements. Larger recipients are also 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/subcontractors 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”) (Appendices A, A-1, A-2, and A-3) 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 wherever services are provided, whether in a physical location or online.

## **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.

## II. SCOPE OF CRC REQUIREMENTS

### 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 A-3** for a list of Federally funded programs through which the State Agencies may pass Federal funds to recipients. These CRC Requirements are intended to ensure compliance with Federal civil rights laws and apply to all recipients and subrecipients.

The CRC Requirements of the State Agencies focus on delivery of program services to individual customers. Complying with the CRC Requirements is evidence that civil rights laws are being complied with respect to service delivery. Compliance with these requirements do not supersede a recipient's obligation to meet all applicable Federal civil rights laws, including civil rights laws related to employment.

Recipients of Federal financial assistance may also be required as a condition of receiving funding to submit an Affirmative Action plan for their workforce or a minority business/supplier diversity report for subcontracts. Those submissions are separate from the CRC LOA and Plan for service delivery. These state contract compliance requirements are distinct and separate from the CRC Requirements for service delivery and compliance with the CRC Requirements for service delivery does not mean the state nondiscrimination and affirmative action laws are met.

**Please note:** All contractors with 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. Affirmative action and supplier diversity reports should be submitted as indicated in the recipient's contract with the State Agencies.

See the Wisconsin Department of Administration's *State of Wisconsin Affirmative Action Plan Requirements* (<https://doa.wi.gov/Documents/DEO/WIAffirmativeActionRequirements.pdf>) or the AA Plan Contact for the State Agencies:

<b>AA Plan Contact</b> Department of Children and Families Bureau of Finance 201 W. Washington Ave. PO Box 8916 Madison, WI 53708-8916 <a href="mailto:DCFCContracting@wisconsin.gov">DCFCContracting@wisconsin.gov</a> Phone: 608-422-6381	<b>AA Plan Contact</b> Department of Health Services Division of Enterprise Services Bureau of Procurement and Contracting Affirmative Action Plan 1 West Wilson Street, Room 672 P.O. Box 7850 Madison, WI 53707-7850 <a href="mailto:DHSContractCompliance@dhs.wisconsin.gov">DHSContractCompliance@dhs.wisconsin.gov</a>
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### III. REQUIREMENTS

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

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 applicable to survey delivery: (1) the CRC LOA; and (2) the CRC Plan. Each will be discussed below. **ALMOST ALL RECIPIENTS NEED TO FILE A CRC LOA.** Only some recipients need to prepare a CRC Plan.

### 1. 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 laws for service delivery and program operations 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 and Appendices** (Appendices A, A-1, A-2, and A-3).

- The form letter includes the CRC assurances the recipient must make and the signature of the agency director or other authorized representative for the recipient.
- Appendix A-1 provides contact information for the authorized representative, equal opportunity coordinator, and LEP coordinator for the recipient.
- Appendix A-2 identifies the funding relationship between the recipient and State Agencies.
- Appendix A-3 is a checklist that identifies the specific programs operated by the recipient.

### 2. Who must submit a CRC LOA?

Subrecipients who receive Federal financial assistance through a State Agency for a Federally funded program or activity 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, for recipients or subrecipients who 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. Recipients or subrecipients who 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 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, with few exceptions, that 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.

### 3. 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, 2022, through December 31, 2025.

A recipient that receives Federal funds from more than one State Agency should submit the CRC LOA to all the State Agencies from which it receives Federal funds during the compliance period. **Appendix A-2** is to assist you to identify the appropriate State Agencies.

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

<b>Children and Families</b>	<b>Health Services</b>
Civil Rights Unit 201 W. Washington Ave. P.O. Box 8916 Madison, WI 53703-8916 Email: <a href="mailto:DCFCivilRights@wisconsin.gov">DCFCivilRights@wisconsin.gov</a>	DES/BSS – AA/CRC Coordinator 1 West Wilson Street, Room 672 P.O. Box 7850 Madison, WI 53707-7850 Email: <a href="mailto:DHSContractCompliance@dhs.wisconsin.gov">DHSContractCompliance@dhs.wisconsin.gov</a>

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

New recipients of Federal funds 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, 2022, submit the CRC LOA to the appropriate State Agency within 15 working days after January 1, 2022 (the effective date of these CRC Requirements).

This deadline is for the CRC LOA agreement itself (Appendices A, A-1, A-2, and A-3).

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

If information for the recipient changes during the four-year CRC period, including the entity's address, key personnel, funding relationship, or programs operated, recipients must provide updates of any changes to the appropriate State Agency within 10 working days of the change. New appendices can be submitted as needed without submission of a new LOA form letter.

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

### **1. 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 may use the CRC Plan Template, which appears as Appendix B, or another template that captures all of the same information.

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.

### **2. 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 Agencies must complete a CRC Plan. The CRC Plan must be kept on file and does not have to be submitted to the State Agencies unless requested by one of the State Agencies.

If the recipient has subrecipients, 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.

### **3. By when must I complete the CRC Plan?**

New recipients and subrecipients must complete the Plan within **90 calendar days of the effective date** of the contract, grant, or agreement under which the recipient receives Federal funds through a State Agency or a recipient.

For recipients receiving Federal funds on an ongoing basis and for contracts that were effective before January 1, 2022, the CRC Plan must be completed within **90 calendar days** after January 1, 2022 (the effective date of these CRC Requirements).

The recipient must review and update its CRC Plan annually throughout the 2022-2025 compliance period to ensure continued compliance with all CRC Requirements.

## **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. These must be provided wherever the services are provided, whether in a physical location or online. Examples of the nondiscrimination statements are provided in **Appendix C**.

## **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; and
- Recipients provide compliance information upon request of the State Agency.

The appropriate State Agency may conduct desk or onsite compliance reviews of recipients or subrecipients. Recipients or subrecipients selected for compliance review will be provided advance notice of an onsite visit and may be subject to a comprehensive 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, follow-up on previous unresolved findings from a compliance review, or to ask customers about service delivery.

## **ARE THERE 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 to state agencies. However, the Federal government may require CRC LOAs or Plans from Tribal Governments.

If a Tribal Government contracts with a subrecipient, the tribe need not request a CRC LOA from the subrecipient. As sovereign nations, 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 withholding funds or 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.

Children and Families	Health Services
<p>Civil Rights Unit 201 W. Washington Ave. P.O. Box 8916 Madison, WI 53703-8916 608-422-6889 (Voice) 711 (TTY)</p> <p><a href="mailto:DCFCivilRights@wisconsin.gov">DCFCivilRights@wisconsin.gov</a></p>	<p>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)</p> <p><a href="mailto:DHS-CRC@dhs.wisconsin.gov">DHS-CRC@dhs.wisconsin.gov</a></p>

## DEFINITIONS

The following definitions are used in this document and appendices:

**“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.

**“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.

**“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."

**“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.
- Any Federal funds for which your agency is a pass through.
- Any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of assistance.

**“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 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, human/social services, community programs, aging services, disability resource centers, and child support agencies and consortia of county departments;
- Municipalities;
- Universities, technical colleges, public school districts, and other educational agencies;
- Private-for-profit and not-for-profit organizations operating programs funded by the State Agencies;
- Hospitals, HMOs, community health centers, Medicaid providers;
- Nursing homes, long term care providers, Community based residential facilities (QRTPs), and family care providers;
- Child group homes, qualified residential treatment providers (QRTPs) and residential care providers;

- Refugee Service Grant recipient, including Mutual Assistance Associations (MAAs), Community Based Organizations (CBOs), Faith Based Organizations (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**

Your CRC LOA must include the following Forms found in the Appendices:

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

The LOA consists of a list of assurances the recipient or subrecipient must make, the key personnel for civil rights compliance and identifies the programs operated by the recipient.

By signing the LOA, the recipient or subrecipient agency agrees to comply with all of the civil rights requirements listed in the LOA.

Appendix A-1 identifies the person with overall responsibility for civil rights compliance by the agency, the person designated as the Equal Opportunity Coordinator, and the person designated as the Limited English Proficiency (LEP) Coordinator for the agency.

Appendix A-2 indicates the funding relationship for the agency, either as a direct contractor (recipient) of funds from a State Agency or a subcontractor (subrecipient). If an agency is both a contractor for one or more programs and a subcontractor for other programs, explain the funding relationship by program.

Appendix A-3 indicates the programs operated by the agency. Check all of the programs that the agency operates, either as a contractor or subcontractor.

If an agency receives funds from both of the state agencies, the LOA should be submitted to both agencies.

If the key personnel or the programs operated by the agency change over the course of the civil rights compliance period, the agency should submit new appendices A-1, A-2 or A-3 as necessary.

# CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS

## INSTRUCTIONS FOR COMPLETING THE CRC PLAN (Template at Appendix B)

A Civil Rights Compliance Plan (CRC Plan) is required for all recipients with 50 or more employees and who receive an aggregate of more than \$50,000 in Federal funding through one or more State Agencies. It begins with a Letter of Assurance. Additionally, it requires analysis of the population characteristics in your service area and of those you actually serve. The instructions for the pieces required in addition to the LOA follow.

### 1. Data Collection

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.
  - The race and ethnicity data used in this section is based on the race and ethnicity codes required by the Federal Office of Management and Budget.
- Sex
- 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 Language Line).
  - Title I-financial assisted program recipients must record the limited English proficiency and preferred language of each applicant, registrant, participant, and/or terminated participant.

### Instructions for Completion of Data Collection Tables

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 and DCF, 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

Other information that must be collected:

- Sex
- Persons with Disabilities
- 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 thresholds.
- 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.

## 2. 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 and DCF. Do not submit the completed CSPA form(s) to DHS and DCF. 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 CSPA (Appendix H), fill in **ALL** the blanks. Recipients should use the most recent racial and ethnic categories, based on the most recent U.S. Census Bureau data, American Community Survey 5-year estimates, 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.” 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 (Appendix A-3). Copies of the CSPA can be found at <https://dcf.wisconsin.gov/files/civilrights/pdf/cspa-data-chart.pdf>

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 potentially eligible. 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) which is potentially eligible 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 potentially 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 [data.census.gov](http://data.census.gov).

### **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. Instructions for filling DCF contractors/agencies specific to filling out the CSPA using the CRC Census Data Dashboard can be found at <https://dcf.wisconsin.gov/civilrights/plans>

#### **Step 1**

- Recipients should complete a separate CSPA data chart for each program checked on the Funded Programs Checklist.
- Enter the name of the recipient agency.
- Check the box for the funding agency, either DCF or DHS.
- Define the program/activity.
- Define the geographic service area for the program/activity.
- Select the income level you will use for the potentially eligible population (either Income below poverty level or All income levels).

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

#### **Step 2**

- **“Number Potentially Eligible”** means the total number of individuals in the service area who may potentially meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **“Percentage of Total Potentially Eligible Population”** is computed by dividing the number of potentially eligible in each category (Race, Ethnicity, Sex, Disability) by the number potentially eligible in the total population X 100%.

#### **Step 3**

- **“Number 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**.
- **“Percentage of Total Served Population”** is computed by dividing the number served

in each category (e.g., race/ethnicity, women, and persons with disabilities) by the Number Served in the Total Population X 100%.

#### **Step 4**

Calculate the percentage point difference between the percent of the population (by category) potentially eligible and the percent of the population (by category) actually served in your service area for each line on the table. This is calculated by subtracting the percentage potentially eligible from the percentage of total served.

### **3. 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 in planning 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.**

**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 [data.census.gov](http://data.census.gov).

**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. 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 and DCF are responsible for the translation of vital documents issued by the DHS and DCF, 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 programs, 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 D** 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 and DCF websites for reference materials.
- Go to [LEP.gov](https://www.lep.gov/) (<https://www.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.

## Instructions for LEP Customer Data Analysis

Instructions for DCF contractors specific to filling out the LEP Customer Data Analysis using the CRC Census Data Dashboard can be found at <https://dcf.wisconsin.gov/civilrights/plans>

### 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 population number potentially eligible** for 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 data from the US Census Bureau, [data.census.gov](http://data.census.gov), 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 census.
- 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 census data is eligible to participate in your program.
- Enter those numbers into Column (b) of the LEP data analysis, the number of **“Number LEP Potentially Eligible in This Language Group.”** 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 potentially 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 **“Percentage LEP Potentially Eligible in This Language Group.”**

### Step 5

- Using data from your agency records indicate the actual number of LEP individuals served for each language group. 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” 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.

#### **4. Nondiscrimination Notification Checklist**

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 A-3** to assist determining which Federal Agency (HHS and USDA-FNS) funds your program or activity. **Appendix C** provides the required nondiscrimination statements for HHS and USDA-FNS.

#### **5. 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.

#### **6. 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.

The "I Speak" poster can be printed directly from the DHS website here: [I Speak Poster](#)

The "Your Right to an Interpreter" poster can be printed directly from the DHS website here: [Your Right to an Interpreter](#)

For pre-literate populations or language groups, an audio format version of this information may be provided.

#### **7. Self-Evaluation of Accessibility to Programs and Services**

Recipients of Federal financial assistance shall not:

- 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; or
- 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; and
  - Information about the grievance procedures.

See [HHS Disability Rights Guidance](#):

<https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>

Regulations implementing Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act 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 [U.S. DOJ ADA Primer](#) ([https://www.ada.govregs2010/titleII\\_2010/title\\_ii\\_primer.html](https://www.ada.govregs2010/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.

## 8. Discrimination Complaint/Grievance Procedures

The Discrimination Complaint Form and Procedures provided in **Appendix E** 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 E** to fulfill this requirement.

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 and DCF 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 Complaint Forms](#)

<https://www.dhs.wisconsin.gov/forms/f8/f80983a.pdf>

[Civil Rights Complaint Form](#)

<https://www.dhs.wisconsin.gov/forms/f8/f80983.pdf>

DCF: [Civil Rights Complaint and Grievance Procedures](#)

<https://dcf.wisconsin.gov/civilrights/complaint-procedures>

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

You are encouraged to use the model in Appendix E, if you do not use this model, include your agency's version as **Appendix E** 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, or fax to 202-690-7442. 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).

## **9. Training Requirements**

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



**CIVIL RIGHTS REQUIREMENTS  
FOR COMPLIANCE PERIOD  
JANUARY 1, 2022 to DECEMBER 31, 2025**

**APPENDICES A TO I**

## APPENDIX A: CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families  
DCF-F-154-E

Health Services  
F-00165

Civil Rights Compliance Period: January 1, 2022 to December 31, 2025:

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

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.**

**SIGNATURE** – Authorized Representative

Date: \_\_\_\_\_

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

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

### Instructions for completing Letter of Assurance

- Complete this signature page.
- Include Appendices A-1, A-2, and A-3 with the signature page.
- Updates to appendices should be submitted if there are staff or funding changes.

**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.

## **APPENDIX A-1: RECIPIENT CONTACT INFORMATION**

---

Name of Recipient

Date this form was completed

Street Address

City

State

Zip Code

---

Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions:

Address

Telephone Number (   )   -	Email Address
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Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities:

Address

Telephone Number (   )   -	Email Address
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Name and title of Recipient-Authorized Representative Making Assurances

Address

Telephone Number (   )   -	Email Address
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### **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) the same person (e.g., the Authorized Representative).

## **APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF**

- Recipients may receive Federal funding through one or more State Agencies to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State Agencies 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.	<b>DHS</b> Yes	No	1.		
			2.		
			3.		
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding.	<b>DCF</b> 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.		Yes	No	1.	
				2.	
				3.	
Name of County or Consortium: _____					
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.		Yes	No	1.	
				2.	
				3.	
Name of the entity/entities: _____					

### **Instructions for completing Funding Relationship to DHS or DCF**

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 A-3: FUNDED PROGRAMS CHECKLIST**

- Completing this Section will allow DHS or DCF 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):

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

<input type="checkbox"/> Adoption Assistance Program	<input type="checkbox"/> Milwaukee Child Welfare Program Service Provider
<input type="checkbox"/> Adoption Finalization and Post Adoption Services	<input type="checkbox"/> Promoting Safe and Stable Families
<input type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Refugee Assistance and Services
<input type="checkbox"/> Child Abuse and Neglect - Child Protective Services	<input type="checkbox"/> Runaway Youth Services
<input type="checkbox"/> Child Abuse and Neglect – Prevention Services	<input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First
<input type="checkbox"/> Child Care Certification or Licensing	<input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program
<input type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Wisconsin Works (W-2) Programs
<input type="checkbox"/> Child Care Quality Improvement	<input type="checkbox"/> Youth Aids and Youth Justice grants
<input type="checkbox"/> Child Placing Agencies - Foster Care	<input type="checkbox"/> Other Service: Specify
<input type="checkbox"/> Qualified Residential Treatment Providers, Child Residential Care Centers & Group Homes	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Child Welfare Case Management Services	
<input type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input type="checkbox"/> Foster Care Payments	
<input type="checkbox"/> Home Visiting Services	
<input type="checkbox"/> Independent Living Services	
<input type="checkbox"/> Indian Child Welfare	
<input type="checkbox"/> Kinship Care Payments	

**Note:** The checklist is not an exhaustive list of programs funded through the DHS or DCF with HHS and USDA-FNS. 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 B: CRC PLAN TEMPLATE

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

### DATA COLLECTION

<b>Service Delivery</b> 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
<b>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:</b>		

## Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	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	
c) The appropriate “Justice For All” poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the “Justice For All” Poster 475B</li> <li>• Entities administering WIC programs must post the “Justice For All” poster 475C.</li> </ul> Posters are available from <a href="#">the USDA</a> .	Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	Yes	No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	Yes	No	N/A
5. 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: <a href="#">FNS Nondiscrimination Statement</a> and in <b>Appendix D</b> .	Yes	No	N/A
<b>If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:</b>			

## Function of an Equal Opportunity Coordinator and LEP Coordinator

<p>1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties.</p> <ul style="list-style-type: none"> <li>• Indicate date EOC received CRC Training _____</li> <li>• Indicate date LEPC received CRC Training _____</li> </ul>	<p>Yes</p>	<p>No</p>	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	Yes	No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	Yes	No	
c) Preparing equal opportunity and language access plans and reports.	Yes	No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	Yes	No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	Yes	No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	Yes	No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	Yes	No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	Yes	No	

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

## Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:			
1.	Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	Yes	No
2.	Prominently display an “I Speak” poster and a “Your Right to an Interpreter” poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	Yes	No
3.	Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	Yes	No
4.	Providing culturally trained bilingual and/or bicultural qualified staff.	Yes	No
5.	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
6.	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
7.	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
8.	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		

9. Our entity uses the following methods for oral interpretation:		Yes	No
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
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)		Yes	No
<ul style="list-style-type: none"> <li>• Spanish</li> <li>• Hmong</li> <li>• Arabic</li> <li>• French</li> <li>• Chinese</li> <li>• German</li> <li>• Pennsylvanian Dutch</li> <li>• Albanian</li> <li>• Other languages: (Specify)</li> </ul>	<ul style="list-style-type: none"> <li>• Korean</li> <li>• Laotian</li> <li>• Polish</li> <li>• Russian</li> <li>• Vietnamese</li> <li>• Bosnian/Serbian/Croatian</li> <li>• Hindi</li> <li>• Tagalog</li> </ul>		
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
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.		Yes	No
F) 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
G) 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
H) Other: Specify			
10. List methods used to communicate important benefit information to customers. Check all that apply:			
Video	Television		
Web Sites	Radio		
Posters	Community Newspaper		
Voice Mail Messages	Other: Specify		
Interactive Voice Response (IVR)			

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

## Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT		
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. 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
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. 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
7. 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
8. 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
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. 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:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	Yes	No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	Yes	No
<p>13. 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?</p>	Yes	No
<p>14. 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 <b>Appendix G</b>.)</p>	Yes	No
<p><b>If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:</b></p>		

## Discrimination Complaint/Grievance Procedures

<ul style="list-style-type: none"> <li>Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:           <ul style="list-style-type: none"> <li>DCF Complaint <a href="https://dcf.wisconsin.gov/civilrights/complaint-procedures">https://dcf.wisconsin.gov/civilrights/complaint-procedures</a></li> <li>DHS Complaint <a href="https://www.dhs.wisconsin.gov/civil-rights/index.htm">https://www.dhs.wisconsin.gov/civil-rights/index.htm</a></li> <li>US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>USDA, Office of Civil Rights, Washington, D.C., Complaint <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul> </li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Our entity's complaint resolution procedures, including the name, address, and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>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.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>All participants in complaint investigations are advised of and protected from retaliation.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Corrective action is taken when evidence of discrimination has been found.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Customers are permitted to have representatives of their choice during their interviews in the complaint process.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Our staff will assist complainants during the complaint process if necessary.</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.</li> </ul>	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**

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	Yes	No	
2. Do new staff receive training on federal CRC requirements?	Yes	No	
3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC, and TEFAP)	Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	Yes	No	N/A

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

## **APPENDIX C: NONDISCRIMINATION NOTIFICATION**

### **1. USHHS Nondiscrimination Statement for Health Care Related Programs**

[Name of covered entity] complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint.

[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 and/or Title of Entity's Civil Rights and/or LEP Coordinator]

[Mailing Address]

[Telephone number], [TTY number]

[Email]

### **FILING A GRIEVANCE**

If you believe that [Name of Covered Entity] has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint, please contact [Name and/or Title of Entity's Contact for Civil Rights Complaints] at:

[Name and/or Title of Entity's Contact for Civil Rights Complaints]

[Mailing Address]

[Telephone number], [TTY number]

[Email]

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 OCR Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019 (Voice), 800-537-7697 (TTY)

[OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

<https://www.hhs.gov/civil-rights>

## **2. USDA Nondiscrimination Statement for SNAP 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, religious creed, disability, age, political 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), 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.

### **FILING A GRIEVANCE**

If you believe that **[Name of Covered Entity]** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or filing of a prior civil rights complaint, please contact **[Name and/or Title of Entity's Contact for Civil Rights Complaints]** at:

**[Name and/or Title of Entity's Contact for Civil Rights Complaints]**

**[Mailing Address]**

**[Telephone number], [TTY number]**

**[Email]**

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the **USDA Program Discrimination Complaint Form (AD-3027)**

(<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>), found online at: **How to File a Program Discrimination Complaint** (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>) 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)

## **3. USDA Nondiscrimination Statement for all other FNS Nutrition Assistance Programs**

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), 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.

#### FILING A GRIEVANCE

If you believe that **[Name of Covered Entity]** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, disability, age, or filing of a prior civil rights complaint, please contact **[Name and/or Title of Entity's Contact for Civil Rights Complaints]** at:

**[Name and/or Title of Entity's Contact for Civil Rights Complaints]**  
**[Mailing Address]**  
**[Telephone number], [TTY number]**  
**[Email]**

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the **USDA Program Discrimination Complaint Form (AD-3027)** found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), 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)

## **APPENDIX D: 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 the following errors, among others:

- 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 E: MODEL SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM

### 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 BENEFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF) directly or by their 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:

<b>SIGNATURE</b> - 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.

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)	<b>WI Department of Children and Families</b> 201 W. 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.	<b>WI Department of Health Services</b> 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: <a href="mailto:DHCRC@dhs.wisconsin.gov">DHCRC@dhs.wisconsin.gov</a>

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

PROGRAM	FEDERAL AGENCY
HHS program or activity	<b>Office for Civil Rights</b> <b>U.S. Department of Health and Human Services</b> 200 Independence Avenue, SW Room 509F, HHH Building Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a> (On-line complaint portal)
UDSA-FNS program or activity	<b>U.S. Department of Agriculture, Director, Office of Adjudication</b> 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) <a href="mailto:Cr-info@ascr.usda.gov">Cr-info@ascr.usda.gov</a>

## APPENDIX F: 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 Descriptor 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 Descriptor 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)



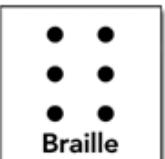
**CLOSED CAPTIONING (CC)** symbol indicates a choice for whether or not to display captions for a television program or videotape. TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry 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 G: FEDERAL CIVIL RIGHTS AUTHORITIES\*

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
<b>DHS and DCF Programs and Activities (HHS Federal Financial Assistance)</b>			
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

<b>Civil Rights Provision</b>	<b>Implementing Regulation</b>	<b>Bases of Prohibited Discrimination</b>	<b>Programs and Activities</b>
<b>DHS Programs and Activities (USDA-FNS Federal Financial Assistance)</b>			
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

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
<b>OTHER FEDERAL PROVISIONS</b>			
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	Temporary Assistance for Needy Families Block Grant

\*This list is current as of November 2021. 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).

## APPENDIX H: CSPA

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

<b>Local Agency/Recipient Name:</b>					
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)				
<b>Program or Activity:</b>					
<b>Geographic Service Area:</b>					
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level				
<b>Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a>)</b>		<b>Population Served in Most Recent Calendar or Program Year (Specify Year: )</b>			
<b>Category<sup>1</sup></b>	<b>Number Potentially Eligible</b>	<b>Percentage of Total Potentially Eligible Population<sup>2</sup></b>	<b>Number Served</b>	<b>Percentage of Total Served Population<sup>3</sup></b>	<b>Percentage-Point Difference (= % Served - % Potentially Eligible)</b>
Total Population		100.00%		100.00%	0.00
<b>Breakdown by Race</b>					
White		%		%	
Black or African American		%		%	
American Indian or Alaska Native		%		%	
Asian		%		%	
Native Hawaiian or Pacific Islander		%		%	
Other		%		%	
More Than One Race		%		%	
Subtotal, Non-White		%		%	
<b>Hispanic/Latino (Regardless of Race)</b>					
Female		%		%	
Male		%		%	
<b>Disabilities</b>					

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](http://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Data Source(s) for Potentially Eligible Population:	
Data Source(s) for Population Served:	

### Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):

*These categories may be over-represented in the program's customer population.<sup>4</sup>*

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):

*These populations may be under-represented in the program's customer population.*

What factors may be contributing to any under-/over-representation?<sup>5</sup>

Do you believe these results indicate potentially eligible participants are or are not being served?

What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:

<sup>4</sup> 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.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

## APPENDIX I: LEP DATA ANALYSIS CHART

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

Local Agency/Recipient Name:			
Funding Agency:	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)		
Program or Activity:			
Geographic Service Area:			
Income Level(s) Analyzed:	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level		

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>7</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>6</sup>				Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>8</sup>		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>9</sup>		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>6</sup> Language groups were determined by the [U.S. Census](http://U.S.Census) and U.S. Department of Health and Human Services estimates of the top languages spoken in Wisconsin by individuals with limited English proficiency.

<sup>7</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>8</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands not mentioned elsewhere in this table.

<sup>9</sup> "German/Germanic" includes Pennsylvania Dutch.

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>7</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>6</sup>				Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Russian/Polish/Other Slavic <sup>10</sup>		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:		%		<input type="checkbox"/> yes	<input type="checkbox"/> yes

Data Source(s) for LEP Potentially Eligible Population:	
---	--

Data Source(s) for Number LEP Served:	
---	--

<sup>10</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

## 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, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who 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, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.

Do you believe the data indicate potentially eligible LEP participants are or are not being served?

What factors may be contributing to potentially eligible LEP participants not being served?<sup>11</sup>

What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?

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:

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<sup>11</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.