APPENDIX B
FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount ($)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	**DCF** ☐ Yes ☒ No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	**DHS** ☒ Yes ☐ No	1. T18 Medicare	656257
		2. T19 Medicaid	6582189
		3. Family Care	531247
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	**DWD** ☐ Yes ☒ No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	**COUNTY AGENCY** ☐ Yes ☒ No	1.	
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s)	☐ Yes ☒ No	1.	
		2.	
		3.	

Note: If you have more than three contracts, add a copy as an attachment

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single-Funded Recipient

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state department that was selected.

Mutually-Funded Recipient

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

If you answered "Yes" **to any of the three** state agencies **and** your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.

APPENDIX C
FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

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):

- ☐ Adolescent Pregnancy Prevention and Intervention
- ☐ Adult Protective Services
- ☐ Aging and Disability Resource Center
- ☐ Autism Services
- ☐ AIDS/HIV
- ☐ Ambulance Services
- ☐ AODA-Comprehensive Community Services
- ☐ Asbestos Certification
- ☐ Asthma Program
- ☐ BadgerCare, BadgerCare-Plus, (Forward Health)
- ☐ Birth to 3 Program
- ☐ Cancer-Comprehensive/Cancer Control Plan
- ☐ Cardiovascular Health
- ☐ Children and Youth With Special Health Care Needs
- ☐ Childhood Lead Poisoning Prevention
- ☐ Community Support Programs (CSP)
- ☐ Commodity Supplement Food Program
- ☐ Developmental Disability Services
- ☐ Disability Determination (SSI/SSDI)
- ☒ Developmental Disability
- ☐ Emergency Medical Services and Injury Prevention
- ☐ Environmental Health
- ☐ Family and Community Health
- ☒ Family Care
- ☐ Family Support
- ☐ FoodShare Program
- ☐ Food Stamp Employment and Training (FSET)
- ☐ Food Safety and Recreational Licensing
- ☐ Foster Care Medical Home
- ☐ Health Statistics
- ☐ Immunizations
- ☐ Injury Prevention
- ☐ Integrated Service Project (CST-ISP)
- ☐ Intoxicated Drive Program (IDP)
- ☐ IRIS
- ☐ Maternal and Child Health
- ☐ Minority Health
- ☒ Medicaid – HMO
- ☒ Medicaid Fee for Services Provider
- ☐ Mental Health - Comprehensive Community Services (CCS)
- ☐ Narcotic Treatment Services
- ☐ Nutrition and Physical Activity
- ☐ Office for the Deaf and Hard of Hearing
- ☐ Office for the Blind and Visually Impaired
- ☐ Oral Health
- ☐ Office of Independence and Employment
- ☐ Public Health Preparedness
- ☐ Pace/Wisconsin Partnership Program
- ☐ Public Health Emergency Preparedness program
- ☐ Resource Center Development
- ☐ SeniorCare
- ☐ Senior Community Services Employment Program
- ☐ Senior Farmer's Market Nutrition Program
- ☐ Services for Children with Disabilities
- ☐ Sexually Transmitted Diseases Program
- ☐ Sexual Assault
- ☐ State Grants to Community Health Centers
- ☐ Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
- ☐ Strengthening Treatment Access and Retention
- ☐ Substance Abuse Prevention Services Information System (SAPSIS)
- ☐ Temporary Emergency Food Assistance Program (TEFAP).
- ☐ Tobacco Control Programs
- ☐ Tuberculosis ☐ Refugee Health
- ☐ Well Women Programs
- ☐ WIC Farmer's Market Nutrition Program
- ☐ Wisconsin CHANGE for Healthy Communities
- ☐ Wisconsin UPC
- ☐ Wisconsin Comprehensive Cancer Control Program
- ☐ Wisconsin Collaborative Diabetes Quality Improvement Project
- ☐ WisTech Assistive Technology Programs
- ☐ Women Program
- ☐ Wisconsin Music and Memory Initiative
- ☐ Wisconsin Hospital Emergency Preparedness Program
- ☐ Other: Specify

Note: The checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with U.S. DHHS and USDA-FNS grants for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the type of program, grant or funding agreement administered by the agency/entity.

CIVIL RIGHTS COMPLIANCE PLAN

Children and Families DCF-F-154-E | Health Services F-00164 | Workforce Development DETS-16706-E (R. 12/1/2013)

1. **Recipient Contact Information and Signature Page - APPENDIX A**
   The same Recipient Contact Information and Signature Page previously completed for the CRC LOA should be used for this CRC Plan.

2. **Funding Relationship to DCF, DHS or DWD - APPENDIX B**
   The same Funding Relationship to DCF, DHS or DWD form previously completed for the CRC LOA should be used for this CRC Plan.

3. **Funded Programs Checklist - APPENDIX C**
   The Same Funded Programs Checklist previously completed for the CRC LOA should be used for this CRC Plan.

4. **Data Collection**
   Recipients and sub-recipients must have a data collection system or method of collecting and reporting customer population data and employee data if the entity is required to file an Affirmative Action Plan pursuant to §s. 16.765 Wis. Stats., and ADM 50. **This is a mandatory requirement of every recipient, and includes small recipients and sub-recipients not required to complete the CRC Plan.** Although funded recipients are not expected to submit the data with the CRC Letter of Assurance, the information will be requested and reviewed if a desk audit is conducted or during an onsite monitoring compliance visit.

Employment a. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every 4 years. The data collection process is in compliance with ADA requirements for confidentiality	☒ Yes ☐ No
b. Our agency has a system that records the race, ethnicity and gender of our employees and applicants applying for employment	☒ Yes ☐ No
Service Delivery c. Our agency has a system that records the race, ethnicity, sex/gender, disability status, and primary language of: • Participants (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
• Number of eligible LEP participants by separate programs and the frequency of encounters	☒ Yes ☐ No
• Interpretation needs of LEP participants	☒ Yes ☐ No
• The number of 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 the deaf and hard of hearing participants	☒ Yes ☐ No
• Other accommodation requests and needs from participants with disabilities	☒ Yes ☐ No

If you responded "No" to any of the above questions, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of milestones, upon request.

Instructions for Completion of Data Collection Table

Each recipient shall keep customer data records to enable the contracting State agency to determine the recipient or sub recipient's compliance with equal opportunity in employment and service delivery. Recipients must collect and make available to the State agencies, racial, ethnic, gender, and disability data to illustrate the extent to which members of protected groups are beneficiaries of or participants in each federally and state assisted program. Primary recipients, sub-recipients and vendors are not required to submit the data information to DCF, DHS or DWD. The data collection requirement is needed for completing the Customer Service Population Analysis (CSPA) and LEP Customer Data Analysis (CDA) forms.

The data must be collected, retained and reported on a program by program basis. 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 or state financial assistance to another sub-recipient, the sub-recipient shall collect, retain and submit such data to the recipient that issued the contract, as may be necessary to enable the contracting recipient or State agency to carry out its civil rights compliance obligations. Recipients and sub-recipients must develop and maintain a data collection system to capture and report data in the following categories:

Race and ethnicity of participants

Recent 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. Primary recipients and sub-recipients must have a system to report the race and ethnicity of its participants.

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

- Hispanic/Latino
- Not Hispanic/Latino

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

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

Other information that must be collected:

- Female
- Persons with Disabilities
- Primary Language
- Accommodations

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

- The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient's service area. The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the U.S. DHHS "Safe Harbor" guidelines.
- 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 the customer, patient, or participant.

5. **Customer Service Population Data Analysis**
(Link to additional Population Data Analysis Charts)

Program Name(s): **All programs** (Complete a separate table for each program or contract checked on the Funded Programs Checklist. **If the eligible populations are the same for multiple programs,** identify programs on the line above.)

	Eligible Population Likely to be served or likely to be affected or Encountered in Service Area			Eligible Population Served in Most Recent Calendar or Program Year			Difference
Category	Number	Percent (%)		Number	One Year %		
***TOTAL** eligible Population in service area	51055	100%		240	100%		N/A
White	49140			239			N/A
Black or African American	569	Combined #: 1915	Combined %:3.8	1	Combined #: 0	Combined %: 0	-3.8
American Indian or Alaska Native	81			0			
Asian	257			0			
Hispanic/Latino Regardless of Race	637			0			
Native Hawaiian or Other Pacific Islander	7			0			
More than One Race	364			0			
Females	24544	48.1%		143	59.6%		11.5
Persons with Disabilities	5361	10.5%		34	14.2%		3.7

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient's Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What actions can be tried to improve program participation to populations that are underserved?

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:
n/a

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an onsite monitoring compliance review is conducted or upon request by DCF, DHS or DWD.
0

Please comment on the **nature** of the discrimination complaints filed, both formal and informal and their resolution:
n/a

Instructions for Completing Customer Service Population Data Analysis
As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:
- **"Eligible Population Likely to be Served or Likely to be Affected or Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:
- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area:
- Data Source(s):
- Data Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Carol Schwartz
PRINT NAME of Preparer

Carol M. Schwartz
SIGNATURE – Preparer

9-24-14
Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.
☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.
☒ Yes ☐ No

I acknowledge that I understand the analysis and or corrective actions steps needed to be in compliance with this requirement.
☒ Yes ☐ No

JOYCE M. ROLING, COORDINATOR
PRINT NAME of Program Administrator

JMRoling
SIGNATURE – Program Administrator

9/9/2014
Date Signed

6. Limited English Proficiency (LEP) Data Analysis (Link to additional LEP Data Analysis Charts)

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents:

- **"Number of Eligible Populations Likely to be Served or Likely to be Affected or Encountered in Service Area"** means the total number of 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. These include eligible LEP participants. This number should reflect the number entered into the Customer Service Population Analysis column "Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** is data that, while not required to determine translation or interpretation needs, is useful in analyzing services provided to LEP populations.

We ensure that we have completed the analyses for the programs administered by Orchard Manor.

Program Names: All programs (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

NOTE: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "Total Eligible Population Likely to be Encountered in Service Area" number here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 51055.

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Population Likely to Be Affected or Encountered	Frequency of LEP Population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column (b) is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 220	0.4%		☐ Yes ☒ No	☒ Yes ☐ No
Hmong: 43	0.1%		☐ Yes ☒ No	☒ Yes ☐ No
Burmese:			☐ Yes ☒ No	☒ Yes ☐ No
Somali:			☐ Yes ☒ No	☒ Yes ☐ No
Arabic:			☐ Yes ☒ No	☒ Yes ☐ No
Russian:			☐ Yes ☒ No	☒ Yes ☐ No
Laotian:			☐ Yes ☒ No	☒ Yes ☐ No
Chinese:			☐ Yes ☒ No	☒ Yes ☐ No
Vietnamese:			☐ Yes ☒ No	☒ Yes ☐ No
Albanian:			☐ Yes ☒ No	☒ Yes ☐ No
Korean:			☐ Yes ☒ No	☒ Yes ☐ No
BSC*:			☐ Yes ☒ No	☒ Yes ☐ No
Farsi:			☐ Yes ☒ No	☒ Yes ☐ No
Cambodia:			☐ Yes ☒ No	☒ Yes ☐ No
Other: 324	0.6%		☐ Yes ☒ No	☒ Yes ☐ No

* BSC = Bosnian/Serbian/Croatian

(Link to additional LEP Data Analysis Charts)

Summary for LEP Customer Data Analysis

- Service Area:
- Data Source(s):
- Data From Previous 12 Months - From: 1/1/2013 To: 12/31/2013

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:
N/A

This LEP Customer Data Analysis was prepared by:

Carol Schwartz
PRINT NAME of Preparer

Carol M. Schwartz
SIGNATURE – Preparer

9-24-14
Date Signed

I am the (Administrator, Coordinator or Director) of the LEP program.
☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.
☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.
☒ Yes ☐ No

JOYCE M. ROLING, COORDINATOR
PRINT NAME of Program Administrator

SIGNATURE – Program Administrator

9/9/2014
Date Signed

Services to LEP Language Groups

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

☒ Oral interpretation is provided upon request at no charge to the customer.
☒ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and that language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
☒ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information for each client is part of our database.

Written Translation:

☐ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5 percent or 1,000 persons; therefore, the entity will provide written translation of vital documents.

☒ There are fewer than 5 percent and less than 1,000 persons in a language group. Our agency will 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.

7. Equal Opportunity Policy and LEP Policy and Notification

1. Our agency is utilizing the DCF, DHS, DWD model for Equal Opportunity Policy Statement that is provided in **Appendices D-G.**	☒ Yes ☐ No
2. Instead of utilizing the model Equal Opportunity Policy Statement provided by the DCF, DHS, DWD, we are using our own policy statement.	☐ Yes ☒ No
3. Our agency is utilizing the DCF, DHS, DWD model for LEP Policy Statement that is provided in **Appendix H.**	☒ Yes ☐ No
4. Instead of utilizing the model for LEP Policy Statement provided by DCF, DHS, DWD, we have provided our own policy statement.	☐ Yes ☒ No
5. Our equal opportunity policy includes all of the protected groups covered under federal and state employment and service delivery laws and our LEP Policy reflects the LEP Federal Guidance and DCF, DHS, and DWD requirements.	☒ Yes ☐ No
6. We will disseminate the policy statements for both Equal Opportunity and LEP in the following ways:	☐ Yes ☐ No
1) The policies are included in our policy and operating procedures manual.	☒ Yes ☐ No
2) The policies are permanently posted where current customers and applicants applying for services may review and read them in their own languages as required by our LEP population analysis and service plan.	☒ Yes ☐ No
3) The policies are reviewed annually and updated by the agency head, managers, supervisors and frontline staff.	☒ Yes ☐ No
4) An "Equal Opportunity in Employment and Service Delivery Policy" and "LEP Policy Statements" are posted in the required languages on our entity's lobbies and/or waiting rooms (i.e., Appendixes D, E, F, G, and H,).	☒ Yes ☐ No
5) The EO and LEP policies are available in alternate formats upon request (i.e., relevant language translations, large print, on tape, Braille). If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities when requested.	☒ Yes ☐ No
6) A short form of the policies included in recruitment materials, use of media, publications, phone listings, directories and web site(s).	☒ Yes ☐ No
7) Entities administering USDA-FNS programs must post the appropriate "Justice For All" poster designated for their specific program as follow: • Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B • Entities administering WIC programs must post the "Justice For All" poster 475C. Posters are available from USDA (www.fns.usda.gov/cr/obtaining-and-justice-all-posters)	☐ Yes ☐ No
8) The EO and LEP requirements are incorporated in contracts, agreements and purchase orders when extending federal assistance to other vendors and contractors for the delivery of services.	☒ Yes ☐ No
9) Customer referral sources are notified of the EO and LEP policies.	☒ Yes ☐ No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

8. Designation of an Equal Opportunity Coordinator and LEP Coordinator

1. Management level employees are appointed to the positions of Equal Opportunity Coordinator (EOC) and Limited English Proficiency Coordinator (LEPC).	☒ Yes ☐ No
2. Our EOC and LEPC have direct access to the organization head to discuss equal opportunity and LEP issues or activities.	☒ Yes ☐ No
3. Our EOC and LEPC received or will receive civil rights training within two months of assuming duties. • Indicate date EOC received CRC Training 8/27/2014 • Indicate date LEPC received CRC Training 8/27/2014	☒ Yes ☐ No
4. The names of our EOC and LEPC are typed on the Recipient Contact Information and Signature Page acknowledging acceptance and understanding of their responsibilities.	☒ Yes ☐ No
5. Our EOC and LEPC have the following responsibilities:	☐ Yes ☐ No
a) Handling service delivery, employment discrimination 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
d) Acting as a liaison between the provider, DCF, DHS, DWD, federal agencies, and the community.	☒ Yes ☐ No
e) Monitoring, preforming comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program by program basis in the organization.	☒ Yes ☐ No
f) The EOC and LEPC have responsibility for monitoring and evaluating civil rights, cultural awareness, disability sensitivity, language needs of entity/provider staff and arrange annual training.	☒ Yes ☐ No
g) If the primary recipient, vendor or entity sub-contracts part of the funding, who is responsible for ensuring training, monitoring, evaluating and ensuring civil rights, cultural awareness, disability sensitivity, and language needs are being met: • Provide Name: Joyce Roling • Sub-recipients/Subcontractors • Supervisors/Managers/Administrators • Frontline Staff	☒ Yes ☐ No
h) Maintaining equal opportunity files and confidential records. Monitoring the records and files relative to the organization's civil rights program and ensuring that sub-recipients and sub-grantees are maintaining records uniformly for all individuals, regardless of protected status.	☒ Yes ☐ No
i) Meet with the CEO, President, Director, or Administrator of the organization to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	☒ Yes ☐ No
j) Where functions relate to equal opportunity and language access, the LEPC and EOC will plan and carry out functions in unison.	☒ Yes ☐ No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

9. Access to Services

a. A copy of the Wisconsin Program and Service Access Self-Assessment Checklist for your facility or facilities is completed and maintained on file in your agency. A model is provided under **Appendix L.**	☒ Yes ☐ No
b. Public entities and public accommodations are required to follow specific architectural standards in new construction and alteration of their buildings. Public accommodations and entities must remove barriers in existing buildings or relocate programs or otherwise provide access in inaccessible older buildings. To assist entities in determining their compliance with the ADA accessibility requirements, we recommend entities use the Guidance on the 2010 ADA Standards for Accessible Design published on September 15, 2010. Entities that completed a previous Accessibility Checklist should maintain a copy on file and make it available at the time an onsite monitoring visit is conducted by the contracting entity or CRC monitoring staff.	☒ Yes ☐ No
c. Our agency assures that services are equally available to everyone by:	☐ Yes ☐ No
1) Providing equal access to all programs, services or activities, including but not limited to eligibility, treatment, staff assignments, outreach, intake, diagnosis, assessment, evaluation, research, days and hours of service, facility assignments, communication of information and referrals to other services.	☒ Yes ☐ No
2) Assuring physical access to the facilities by allowing persons with functional limitations caused by impairments of sight, hearing, coordination or perception, or persons with semi-ambulatory or non-ambulatory disabilities to enter, leave, circulate within, use public toilet facilities and elevators.	☒ Yes ☐ No
3) Providing sign-language interpreters for those who are deaf and hard of hearing and other auxiliary aids.	☒ Yes ☐ No
4) Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English. **NOTE:** Recipients must **PROMINENTLY** display an "I Speak" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients. The "I Speak" poster must state, "You have the right to receive vital program information in a language that you understand, through an interpreter, or translation of vital program material, at no cost to you." The statement must be translated to reflect the LEP languages according to the recipients LEP Customer Data Analysis for their service area. The "I Speak" Card can be printed directly from the website by clicking on this link. **For pre-literate populations or language groups, an audio format version of this information may be provided.**	☒ Yes ☐ No
5) Providing literature, posting information and audio-visual materials in language(s) understood by customers, and in formats that are understandable to persons with visual or hearing impairments.	☒ Yes ☐ No
6) Providing readers or assistive technology for persons with visual impairments when a request for an accommodation is made.	☒ Yes ☐ No
7) Providing special assistance in the form of an accommodation for persons with developmental or learning disabilities.	☒ Yes ☐ No
8) Providing services to eligible applicants or participants who are in a protective status (i.e., eligible immigrants and their eligible dependents), informing them that information regarding their immigration status will not be reported to other federal agencies, and will not be used to discriminate against them.	☒ Yes ☐ No

9) Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards at the local levels through notification of membership opportunities.	☒ Yes ☐ No
10) Allocating funds for programs, services, and activities in a non-discriminatory manner.	☒ Yes ☐ No
11) Providing equal opportunity for applicants to become vendors, grantees and sub-grantees, and contractors in programs, services or activities where this is allowed. Using nondiscriminatory factors in determining awards, sizes of grants, contracts, projects, and the quality, quantity, and range of benefits provided in proportion to the number of such members in the service area.	☒ Yes ☐ No
12) Establishing or developing program service areas to integrate members of protected classes and enabling them to receive equal opportunity in service delivery.	☒ Yes ☐ No
13) Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contact.	☒ Yes ☐ No
14) Incorporating training and posting policies for our employees regarding treating protected class members with full courtesy and respect in all personal, oral, written, and other forms of communication and contacts. This includes listing the names and other identifiable information of the EOC and the LEPC to allow those protected by laws who wish to file a complaint against the agency/employee the ability to file.	☒ Yes ☐ No
15) Providing culturally trained bilingual and/or bicultural qualified staff and specialized services to maximize use and completion of the program by the protected class.	☒ Yes ☐ No
16) Ensuring that sanctions and terminations are applied in a culturally sensitive, nondiscriminatory manner without regard to protected status.	☒ Yes ☐ No
17) Providing access through Telecommunication Device for the Deaf (TDD) or Wisconsin Relay Service (WRS) for the deaf and hard of hearing participants upon request.	☒ Yes ☐ No
18) Notifying LEP customers of their right to ask for translation of vital program information at no cost to a language other than English whenever they access programs and services.	☒ Yes ☐ No
19) 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
20) 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
21) Developing collaborative partnerships to the extent possible, with culturally relevant community-based organizations and stakeholders. For example, establishing an LEP Council as advisors to your agency on cultural and linguistic needs of the LEP communities.	☒ Yes ☐ No
d. Our agency uses the following methods to ensure written translation services:	☐ Yes ☐ No
1) Contract with an outside translation services to translate the agency's vital documents.	☒ Yes ☐ No
2) Partner with community associations for paid or voluntary translation of vital documents.	☒ Yes ☐ No

3) Receive and utilize translated materials only from federal and state agencies.	☒ Yes ☐ No
4) Other: Specify	☐ Yes ☐ No
e. Our agency uses the following methods to ensure oral interpretation:	☐ Yes ☐ No
1) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to utilize oral interpretation resources.	☒ Yes ☐ No
2) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply) • Spanish • Korean • Hmong • Laotian • Arabic • Somali • Burmese • Russian • Chinese • Vietnamese • German • Other languages: Specify	☐ Yes ☒ No
3) Use a language line for languages not often used in the service area.	☒ Yes ☐ No
4) Partner with other community organizations for paid or voluntary oral interpretation services.	☒ Yes ☐ No
5) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	☒ Yes ☐ No
6) 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
7) 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
8) Other: Specify	☐ Yes ☐ No
f. List methods used to communicate vital documents 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, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

We have access to outside interpreters and have a language line for immediate, short-term use.

10. Discrimination Complaint/Grievance Procedures

1) Our agency is utilizing the DCF, DHS, DWD model Discrimination Complaint Forms and Process, which is provided in **Appendix I**, including the translations required in accordance with LEP Plan for vital documents.	☒ Yes ☐ No
2) Instead of utilizing these model Discrimination Complaint Forms and Process, we have provided our own Discrimination Complaint forms, including the translations required in accordance with LEP Plan for vital documents. Our model policy and form explains the informal and formal complaint process where the complainant may file a formal complaint with the appropriate State or Federal agency by providing them the instructions and forms:	
• DCF Complaint http://dcf.wisconsin.gov/civil_rights/complaints.htm	☐ Yes ☒ No
• DHS Complaint http://dhs.wisconsin.gov/civilrights/index.htm	☐ Yes ☒ No
• DWD Complaint http://dwd.wisconsin.gov/det/civil_rights/complaints.htm	☐ Yes ☒ No
• US HHS Region V Office of Civil Rights, Chicago Complaint http://www.hhs.gov/ocr/office/file/index.html	☐ Yes ☒ No
• U.S. DOJ Office of Civil Rights, Washington D.C. Complaint http://www.justice.gov/crt/complaint/	☐ Yes ☒ No
• USDA, Office of Civil Rights, Washington D.C. http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf	☐ Yes ☒ No
3) Our organization will implement the following procedures: a) The complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, Limited English Proficiency Coordinator or Complaint Investigator, is publicly posted in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments.	☒ Yes ☐ No
b) The recipient agency has instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.	☐ Yes ☒ No
c) All written investigation documents are held confidential.	☒ Yes ☐ No
d) All participants in complaint investigations are advised of and protected from retaliation.	☒ Yes ☐ No
e) Complaints received will be acknowledged within five calendar days including appeal rights. If extensions are needed, the complainant will be notified.	☒ Yes ☐ No
f) Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights.	☒ Yes ☐ No
g) Corrective action is taken when evidence of discrimination has been found.	☒ Yes ☐ No
h) Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	☒ Yes ☐ No
i) Customers are permitted to have representatives of their choice during the complaint process.	☒ Yes ☐ No
j) Complainants are made aware of other venues of redress, including the right to appeal for: 4) Discrimination in service delivery or language access to: o DCF Civil Rights Unit	☒ Yes ☐ No

o DHS Civil Rights Compliance Office	☒ Yes ☐ No
o DWD Civil Rights Unit	☒ Yes ☐ No
o Appropriate Federal Office for Civil Rights (depending on the source of federal funds)	☒ Yes ☐ No
i). Negative program decisions to:	
• Division of Hearings and Appeals (DOA)	☒ Yes ☐ No
ii). Federal Agencies:	
– U.S. DHHS, Region V OCR, Chicago	☒ Yes ☐ No
– USDA, Office of Adjudication, Washington D.C.	☒ Yes ☐ No
• U.S. DOJ, Office of Civil Rights, Washington D.C.	☒ Yes ☐ No

(**Note**: All age discrimination complaints filed by applicants/participants against recipients and/or sub-recipients administering SNAP, WIC, and/or TEFAP must forward all age discrimination complaints to the USDA Office of Adjudication in Washington D.C.)

k) **Employees** are made aware of other venues of redress for discrimination in employment such as:	
• Wisconsin Equal Rights Division (ERD)	☒ Yes ☐ No
• Equal Employment Opportunity Commission (EEOC), U.S. DOJ	☒ Yes ☐ No
• Federal Office of Contract Compliance (FOCC) U.S. DOL	☒ Yes ☐ No
• Wisconsin Office of Contract Compliance	☒ Yes ☐ No
• Appropriate Federal Office for Civil Rights (depending on the source of federal funds).	☒ Yes ☐ No
l) Recipient or sub-recipient staff will assist complainants during the complaint process if necessary.	☒ Yes ☐ No
m) Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	☒ Yes ☐ No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

11. Training Requirements

a. The following CRC training requirements apply to agency heads, administrators, mid-level managers and front-line staff of Non-USDA-FNS funded recipients:	
1) New employees and managers are informed of the CRC policies as part of their orientation program.	☒ Yes ☐ No
2) New staff will receive training on CRC policies, along with instructions on how the laws and regulations provide protections to protected groups in employment and service delivery.	☒ Yes ☐ No
3) Copies of the civil rights laws and regulations are made available to staff.	☒ Yes ☐ No
4) Staff refresher training on CRC and updates are required once every three years if you are a non-USDA-FNS funded program.	☒ Yes ☐ No
b. The recipient is a USDA-FNS funded agency. These include FoodShare, Food Stamp Employment and Training (FSET), Women Infant and Children (WIC), and The Emergency Food Assistance Program (TEFAP). (If No, proceed to section L.)	☐ Yes ☒ No
c. USDA-FNS recipients sub-contracting USDA-FNS funds assume the responsibility for ensuring that sub-contractors are also meeting the civil rights and cultural awareness training requirements as well.	☐ Yes ☐ No
c. Annual CRC training is required for staff of recipients administering USDA-FNS funded programs, services and activities—including FoodShare, WIC and TEFAP.	☐ Yes ☐ No
1) Our agency will provide annual CRC training to the following staff: • Agency Head • Administrators • Mid-level Managers • Frontline staff	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
2) New employee managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	☐ Yes ☐ No
3) New staff will receive training on the policies, along with instructions on the laws and regulations concerning equal opportunity in employment and service delivery.	☐ Yes ☐ No
4) Copies of the nondiscrimination laws and regulations are made available to staff.	☐ Yes ☐ No
5) Our agency sub-contracts USDA-FNS funds and it has developed or is planning to develop annual CRC training in compliance with FNS Instructions 113-1 for sub-recipients and their supervisors, managers, administrators, and frontline staff.	☐ Yes ☐ No
6) Although cultural awareness training is not required by civil rights statutes, we strongly encourage all entities to provide cultural awareness training to all employees about all relevant populations and cultures within your service area. It is important to provide culturally sensitive services to clients or applicants to avoid complaints that allege discrimination when clients are made to feel unwelcome. Our agency provides cultural awareness training in the following cultures: _____	☐ Yes ☐ No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

12. **Self-Assessment**

Our agency **annually** assesses and revises its service delivery, employment practices and language access according to the following procedures:	
a. Conduct a self-assessment in consultation with interested persons or organizations. Modify any policies or practices that do not meet the standards for equal opportunity in employment or service delivery, and language access.	☒ Yes ☐ No
b. Take appropriate remedial steps to eliminate the effects of any discrimination or adverse impact that resulted from past policies or practices.	☒ Yes ☐ No
c. Maintain records of the assessment process, including the names of interested persons who were consulted, a description of the areas examined and any problems identified, and a description of remedial steps taken and/or modifications made. Make records available to state and federal monitoring staff upon request.	☒ Yes ☐ No
d. Review data on customers served within programs, services or activities, by racial and ethnic status, gender, age, disability status, in proportion to their representation in the eligible service area population, to determine that no person is excluded from participation, denied any benefits, or subjected to discrimination. Data analysis will include comparisons of applicants, eligible, non-eligible, persons terminated from service, and bilingual staff persons.	☒ Yes ☐ No
e. Monitor reasonable accommodation procedures for employees with disabilities.	☒ Yes ☐ No
f. Monitor and document the number of reasonable accommodations requests made by applicants and participants and accommodations provided.	☒ Yes ☐ No
g. Make improvements to facilities as reasonable and necessary, providing physical accessibility to persons with disabilities	☒ Yes ☐ No
h. Monitor the civil rights and equal employment opportunity compliance assurance of sub-grantees, sub-contractors and/or vendors on a biennial basis.	☒ Yes ☐ No
i. Assess the needs of members of the protected groups and measure the extent to which services are actually delivered to members of the protected classes in a culturally relevant and accessible manner.	☒ Yes ☐ No
j. Assess entity's representation of members that are protected classes, are participants on boards, councils, volunteers, and provided the opportunity to become sub-grantees where appropriate.	☒ Yes ☐ No
k. Maintain reports of providers, recipients, sub-recipients, and vendors' compliance and steps to achieve compliance.	☒ Yes ☐ No
l. Maintain reports of all complaints by name, address, date, protected basis, nature, and investigation status. These reports must be accessible during onsite visits or produced upon request.	☒ Yes ☐ No
m. Review data on customers served and service complaints, translator and interpreter providers and their quality of service, and training activities and LEP costs. Provide recommendations for improvement in future plans.	☒ Yes ☐ No
n. Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery.	☒ Yes ☐ No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.