

State of Wisconsin

## **CIVIL RIGHTS COMPLIANCE REQUIREMENTS**

*For Ensuring Access and Equal Opportunity in  
Service Delivery and Employment  
By Recipients of  
Federal and State Funded Programs/Services/Activities*

**The Civil Rights Compliance Period of  
January 1, 2010 to December 31, 2013**

Department of Children and Families  
Department of Health Services  
Department of Workforce Development

## Preface

### Web page references

[http://dcf.wisconsin.gov/civil\\_rights/default.htm](http://dcf.wisconsin.gov/civil_rights/default.htm)  
<http://dhs.wisconsin.gov/civilrights/Index.HTM>  
[http://dwd.wisconsin.gov/det/civil\\_rights/plans\\_instructions.htm](http://dwd.wisconsin.gov/det/civil_rights/plans_instructions.htm)

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

DCF at (608) 266-5335, [earnestine.moss@wisconsin.gov](mailto:earnestine.moss@wisconsin.gov)

DHS at (608) 266-9372, [david.duran@wisconsin.gov](mailto:david.duran@wisconsin.gov)

DWD at (608) 266-6889, [william.franks@wisconsin.gov](mailto:william.franks@wisconsin.gov)

## ACKNOWLEDGEMENTS

This document was prepared by a Joint Interdepartmental Civil Rights Compliance (CRC) Workgroup from the Department of Children and Families (DCF), Department of Health Services (DHS), and Department of Workforce Development (DWD). A special thanks to the members of the workgroup for their wisdom and knowledge of civil rights laws and their applicability to federally funded programs administered through the State of Wisconsin. The workgroup included Nancy Buckwalter and Earnestine Moss DCF; David Duran, Ying Lee and David Lopez, DHS, and Bill Franks and Joan Larson, DWD.

The Joint Interdepartmental Civil Rights Compliance Workgroup would like to acknowledge and extend our thankfulness to some of our Partners and Providers who were so kind to assist us in reviewing and critiquing a draft of the requirements for 2010 – 2013. A special thanks to: Diane W. Davis, EOC; Manager Employee Services and Diane E. Engelhardt, LEPC, Ministry Health Care; Joanne Krueger, EOC, and Maria Barker, LEPC, Planned Parenthood of Wisconsin, Inc.; Diana Austin, EOC; Wisconsin Community Action Program (WISCAP); Shawn Serafin, EOC, MidState Independent Living Consultants, Inc.; Karen Koehn, Bureau of Intergovernmental & Contract Management (BIRCM), DHS; Teresa Pierce, Director of Program Operation, Western Wisconsin Workforce Development Area (WDA); Jim Golembeski, Executive Director, Bay Area Workforce Development Board, Inc.; Cory Kempf, Human Resource Manager, Northwest Western Wisconsin WDA; Paula Tracy, Human Resources, Wood County Department of Social Services; Chris Rendall, Attorney, Murphy-Desmond Lawyers, S.C; Rita Engfer, EOC, Forward Services, Inc.; Candice Fitzgerald, Administrator and Human Resource Director, Burnett County Department of Health and Human Services; and Thea Flasche, Human Resources Coordinator, Milwaukee County Child Support Agency, for taking the time to review the document and for providing valuable input to the process.

We also extend a special thanks to Ruthanne Landsness, DHS, and Carolina Pope, DHS, for translation of the appendixes to Spanish and Ying Lee for the Hmong translation of some of the documents. In addition, we would also like to express a hearty thanks to the editing staff who worked diligently to review content, forms and formatting to insure consistency throughout the document. This workgroup included Steve Bose, Forms & Publication Managers for DHS, Sandi Fike, Forms and Publication Manger for DWD and Jeannie Holtan, Forms & Publication Manager for DCF.

This document would not have been the same without the expertise and contributions made by each of you. We extend our gratitude to you for all of your help.

### Publication Identification

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

State of Wisconsin, Department of

Children and Families  
DCF-P-153 (01/10)

Health Services  
P-00164 (01/10)

Workforce Development  
DETS-16705-P (01/10)

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

# CIVIL RIGHTS COMPLIANCE REQUIREMENTS

## TABLE OF CONTENTS

I. INTRODUCTION .....	3
A. Purpose For Completing Assurances Of Compliance .....	4
B. Authority .....	4
II. REQUIREMENTS .....	6
A. Who Must Complete And File A CRC Letter Of Assurance? .....	6
B. Who Must Complete A Civil Rights Compliance Plan?.....	6
C. Failure To Comply With CRC Requirements .....	7
D. Submission Deadline For Current Funded Recipients .....	7
E. Recipients With Contracts Dated After January 1, 2010.....	8
F. Updates.....	8
G. State Agency Responsible For Accepting Your CRC LOA .....	9
1. Single Funded Recipient .....	9
2. Mutually Funded Recipients. ....	9
H. Written Policy Requirements.....	9
I. Obligations For Ensuring Compliance of Sub-Recipients .....	9
J. Civil Rights Compliance Program Review And Monitoring .....	10
K. Exception For Wisconsin Tribal Government Sub-Recipients .....	10
L. Technical Assistance .....	11
M. Technical Assistance In Completing An Affirmative Action Plan .....	11
N. Definitions .....	12
III. LETTER OF ASSURANCE REQUIREMENTS.....	20
A. Instructions for Completing the Civil Rights Compliance LOA .....	20
B. Civil Rights Compliance Letter of Assurance Template .....	21
IV. CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS.....	25
A. Instructions for Completing the CRC Plan .....	25
B. Civil Rights Compliance Plan Template.....	31
1. Recipient Contact Information and Signature Page.....	31
2. Funding Relationship to DCF, DHS, and DWD .....	31
3. Funded Program Checklist .....	31
4. Data Collection .....	31
5. Customer Service Population Data Analysis. ....	33
6. Limited English Proficiency Data Analysis.....	35
7. Equal Opportunity Policy and LEP Policy and Notification .....	37
8. Designation of an Equal Opportunity Coordinator and LEP Coordinator.....	38
9. Access to Services .....	39
10. Discrimination Complaint/Grievance Procedures .....	42
11. Training Requirements .....	44
12. Self-Assessment.....	45
APPENDIXES.....	
A. Recipient Contact Information and Signature Form .....	46
B. Funding Relationship to DCF, DHS, and DWD.....	47
C. Funded Program Checklist.....	48
D. Equal Opportunity in Employment & Service Delivery Policy.....	51
E. Limited English Proficiency Policy Statement .....	52
F. How to File an Employment or Service Delivery Discrimination Complaint .....	53
G. Complaint Consent/Release Form .....	58
H. Acronyms .....	59
I. The Wisconsin Programs and Services Access Self-Assessment Checklist .....	60

# CIVIL RIGHTS COMPLIANCE ASSURANCE REQUIREMENTS

## I. INTRODUCTION

All entities that receive federal financial assistance are required to be in compliance with all State and Federal Civil Rights laws and regulations. [Title VI of the Civil Rights Act of 1964](#) prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Title VI is the model for other subsequent statutes that prohibit discrimination on other bases in federally assisted programs or activities. These include: Title IX of the Educational Amendments of 1972 that prohibits discrimination in educational programs on the basis of sex, Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990, as amended, that prohibits discrimination on the basis of disability, the Food Stamp Act of 1977 that prohibits discrimination on the basis of religion and political beliefs, and the Age Discrimination Act of 1975. All these laws have similar requirements that apply to primary recipients and sub-recipients of federal funds. These laws and applicable US Department of Health and Human Services (DHHS) and US Department of Agriculture, Food and Nutrition Services (USDA-FNS), and other US Code of Federal Regulations (CFR), require taking affirmative steps to prohibit discrimination to ensure equal opportunity in service delivery and to overcome past discriminatory practices.

The US Department of Justice (DOJ) has responsibilities for coordinating the development and publication of uniform requirements, procedures and regulations that apply to recipients and sub-recipients of federal funding. The US DHHS, the USDA-FNS the US Department of Labor (DOL) and other federal departments extending federal financial assistance for services to clients have primary responsibility for publishing separate rules, regulations and guidance, as well as enforcement activities to effectuate compliance of applicable civil rights laws.

The regulations confer analogous authority to the State of Wisconsin, Department of Children and Families (DCF), Department of Health Services (DHS) and Department of Workforce Development (DWD) to require assurances of compliance from their primary recipients and sub-recipients in order to meet the obligations set forth by the civil rights laws. The State has oversight responsibility for ensuring Civil Rights Compliance of all of its primary recipients and sub-recipients that receive federal financial assistance. County agencies, departments and/or community boards, private-for-profit and non-for-profit entities who receive and extend federal assistance have secondary responsibility for ensuring full compliance of their sub-recipients with these requirements. Primary recipient’s oversight responsibilities include, but are not limited to the issuance of similar assurances; provisions of technical assistance and training; monitoring; data collection and reporting; and the investigation and resolution of informal complaints of discrimination. For the upcoming Civil Rights Compliance period (January 1, 2010 – December 31, 2013), the DCF, DHS and DWD have jointly established uniform requirements to ensure civil rights compliance of their primary recipients and their sub-recipients.

All primary recipients have the responsibility and obligation to meet the following requirements:

- Provide training to all agency employees and ensure that sub-recipients provide training to their employees if the recipient sub-contracts;
- Comply with the submission requirements of the Civil Rights Letter of Assurance (CRC LOA); or
- Completing and maintaining a Civil Rights Compliance Plan (CRC Plan) on file with the agency.
- The CRC LOA and CRC Plan require recipients and sub-recipients to take affirmative steps to insure equal opportunity in employment and service delivery and provisions of

oral and written translation to all limited English proficient (LEP) individuals residing in the service area to ensure equal access to programs, services and activities.

**A. PURPOSE FOR COMPLETING ASSURANCES OF COMPLIANCE**

- Create a uniform method for recipients and sub-recipients of federal assistance through DCF, DHS and DWD to demonstrate good faith efforts in complying with the requirements for the CRC period. Compliance ensures that the agency is within “safe harbor” of federal and state civil rights laws.
- Allow the three Departments to provide assurance to US DHHS and USDA-FNS that all programs, services and activities administered through DCF, DHS, DWD will be carried out in accordance with the established Civil Rights Compliance laws and regulations.
- All primary recipients and sub-recipients completing the Departments’ assurance of compliance process are regarded as meeting the State of Wisconsin’s contractual obligations prohibiting discrimination in service delivery and employment.
- Provide recipients and sub-recipients with good analytical tools to determine the degree to which groups protected by civil rights laws are being provided equal access and opportunity to programs, services and activities.

**B. AUTHORITY**

Laws and Regulations	Laws and Regulations
<a href="#">Age Discrimination Act of 1975, as amended 45 CFR Part 90</a> <a href="#">Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91</a>	<a href="#">Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57</a>
<a href="#">Age Discrimination in Employment Act of 1967</a>	<a href="#">The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded under this Act 42 U.S.C. § 10406</a>
<a href="#">Americans with Disabilities Act of 1990</a>	<a href="#">The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex (gender) in programs and activities funded under this Act 42 U.S.C. § 9918</a>
<a href="#">Title VI of the Civil Rights Act of 1964 HHS 45 CFR Part 80 Regulations</a> <a href="#">HHS - LEP Guidance</a>	<a href="#">Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285.</a>
<a href="#">Civil Rights Act of 1964 – Title VII, as amended s. 2000 e</a>	<a href="#">Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children</a>
<a href="#">Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRA)</a>	<a href="#">Part 251 - The Emergency Food Assistance Program</a>
<a href="#">The Civil Rights Act of 1991</a>	<a href="#">Omnibus Budget Reconciliation Act of 1981</a>

<a href="#"><u>Education Amendments of 1972 – Title IX as amended</u></a>	<a href="#"><u>Personal Responsibility and Work Opportunity Reconciliation Act of 1996, (PRWORA)</u></a> <a href="#"><u>Temporary Assistance for Needy Families (TANF) regulations</u></a>
<a href="#"><u>Equal Pay Act of 1963, as amended</u></a>	<a href="#"><u>Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of Disability in the provision of benefits or services or the conduct of programs or activities including employment practices by Recipients of Federal financial assistance from US DHHS</u></a>
<a href="#"><u>Executive Order 11246, as amended</u></a>	<a href="#"><u>Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of Disability in DHHS Conducted Activities.</u></a>
<a href="#"><u>Titles VI and XVI of the Public Health Service Act (42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.)</u></a>	<a href="#"><u>Executive Order 13166 Limited English Proficiency</u></a>
<a href="#"><u>Section 1808(c) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. the regulation is 42 U.S.C. § 1996b.</u></a>	<a href="#"><u>USDA Department Regulation 4330-2. Activities Receiving USDA Financial Assistance</u></a>
<a href="#"><u>Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex (gender) in Federally-Assisted Health Training Programs. The regulation is 45 C.F.R .Part 83</u></a>	<a href="#"><u>USDA regulations to remove barriers to the participation of faith based organizations in USDA programs 7 CFR Part 16</u></a>
<a href="#"><u>Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in the Maternal and Child Health Services Block Grant 42 U.S.C. § 708</u></a>	<a href="#"><u>Fair Employment Law</u></a>
<a href="#"><u>Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C. § 290cc-33</u></a>	<a href="#"><u>Sections 111.31-111.395 of the Wisconsin Statutes</u></a>
<a href="#"><u>Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7</u></a>	<a href="#"><u>Employee Relations, Chapter 230</u></a>

## II. REQUIREMENTS

All primary recipients receiving federal and/or state funding to administer programs, services and activities through DCF, DHS or DWD must file a Civil Rights Compliance Letter of Assurance (CRC LOA) for the compliance period of 2010 – 2013 regardless of the number of employees and the amount of funding received. All primary recipients with twenty-five (25) or more employees AND who receive over \$25,000 in funding must complete a Civil Rights Compliance Plan (CRC Plan). However, **it is not required that primary recipients send a copy of their CRC Plan to the state contracting agency.** The CRC Plan is to be kept on file and made available upon request to the state agency.

Certain Recipients and Vendors must also comply with s. §16.756 Wis. Stats., and Administrative Code (ADM) 50, which require the filing of an Affirmative Action Plan (AA Plan). To obtain additional instructions and forms needed to comply with the [Wisconsin Contract Compliance Law](#) click on this link or contact the appropriate person listed in Section M, “Technical Assistance in Completing an Affirmative Action Plan.” **The Affirmative Action Plan is NOT part of the CRC Plan.**

Primary recipients sub-contracting federal or state funding to other entities must obtain a CRC LOA from their sub-contractors. The CRC LOA must be kept on file and produced upon request or at the time that an on-site-monitoring visit is conducted. Sub-contractors with twenty-five (25) or more employees AND who receive over \$25,000 in funding must complete a CRC Plan. The CRC Plan is to be kept on file and produced upon request by the DCF, DHS or DWD Office of CRC or at the time the primary recipient conducts an on-site monitoring visit.

DWD administers federal programs such as the Workforce Investment Act with funding from the DOL. DWD also administers federal programs funded through US Department of Education (DOE) for vocational rehabilitation services. **These requirements do not apply to programs, services or activities funded through DWD with DOL or DOE federal assistance.** DOL and DOE recipients have the option to complete or not complete a CRC LOA. Recipients and vendors operating programs, services and activities funded under these grants or contracts should seek guidance from their respective grant or contract administrator at DWD.

### A. WHO MUST COMPLETE AND FILE A CIVIL RIGHTS COMPLIANCE LOA?

All primary recipients, regardless of the size of their workforce or the amount of the contract, grant or agreement, must complete and submit a new CRC LOA and the appropriate Appendixes to the state agency that issued the contract or agreement or, if receiving funding from more than one state department, to the department that provides the largest amount of funds. Please see **Appendix B**, Instructions page 47 “Funding Relationship to DHS/DCF/DWD and/or Another Entity” to determine who must receive your CRC LOA. Entities that receive a contract from a state agency for the first time must complete and submit a CRC LOA within 15 working days unless otherwise specified in your grant, contract or agreement. The 15-day submission requirements apply to entities that receive a state contract for the first time

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

All primary recipients with twenty-five (25) or more employees AND who receive over \$25,000 in funding must complete a CRC Plan. However, it is not necessary to submit the CRC Plan to the state agency. The CRC Plan must be kept on file and made available to CRC state staff upon request or at the time an on-site monitoring visit is conducted. The CRC Plan must be updated during the life of the Plan as major changes in the agency occur.

**C. FAILURE TO COMPLY WITH CRC REQUIREMENTS**

- Any entity that fails to voluntarily comply with these requirements may be deemed to be in violation of their obligations under contract and Civil Rights Compliance laws enforced by each state agency.
- Each state agency reserves the right to take action against primary recipients and sub-recipients that refuse to comply voluntarily with these requirements.
- Each individual state agency reserves the right to withhold payment for the uncompleted portion or for any materials or services purchased or paid for by the recipient for use in completing the contract work.

**D. SUBMISSION DEADLINE FOR CURRENTLY FUNDED RECIPIENTS**

<b>Obligations &amp; Requirements</b>	<b>Execution Deadlines</b>
<b>Civil Rights Compliance Letter of Assurance</b>	<p>Entities that receive a contract from a State agency for the first time must complete and submit a CRC LOA within 15 working days from the date the grant, contract or agreement is signed or according to the language in the agreement or contract.</p> <p><b>Note:</b> Recipients whose <u>primary source</u> of funding is from DCF must complete all of the obligations and requirements listed here <b>before</b> they complete and submit their CRC LOA. These recipients must complete and submit their CRC LOA by the date specified in their contract with DCF. The basis for the date is 90 days which is the longest period of time for one of the required activities to be completed, plus two (2) weeks to prepare the submittal of the LOA to DCF.</p>
<b>Completion of the Civil Rights Compliance Plan.</b>	<p><b>A CRC Plan must be completed and kept on file within 45 days from the effective date the contract/agreement is signed</b></p> <p>The CRC Plan consists of:</p> <ul style="list-style-type: none"> <li>a) Customer Population Data Analysis.</li> <li>b) LEP Customer Population Data Analysis and your entity’s language and translation assistance services.</li> <li>c) Civil Rights Compliance Plan Checklist (Yes) or (No).</li> <li>d) Wisconsin Program and Services Access Self-Assessment Checklist.</li> </ul>
<b>Civil Rights Compliance Training of Employees</b>	<p><b>For all USDA-FNS funded agencies:</b></p> <ul style="list-style-type: none"> <li>a) All frontline employees, including supervisors and managers who administer USDA-FNS programs are required to receive civil rights training within 90 days from the effective date of the contract and at a minimum once every year thereafter.</li> <li>b) All EO, LEP, and Complaint Coordinators must receive CRC training within 60 days from the date they assume these duties. Agency heads, Directors, must receive training within 90 days from the effective date of the contract.</li> <li>c) All employees of the entity must receive civil rights training annually.</li> </ul>

	<p><b>For all non-USDA-FNS funded agencies:</b></p> <p>a) All employees must receive civil rights training every three years</p>
<p><b>Civil Rights Compliance Posting and Notifications:</b></p>	<p><b>All Federal CRC Required Postings must occur within 30 days from the effective date of the contract:</b></p> <p>a) Equal Opportunity in Service Delivery Policy Statement (English, Spanish, Hmong, and other languages)</p> <p>b) Equal Opportunity in Employment and Service Delivery Policy Statement (English, Spanish, Hmong and other languages)</p> <p>c) Limited English Proficiency Policy Statement (English, Spanish, Hmong or other languages)</p> <p>d) Complaint/Grievance Policies and Procedures Statement (English, Spanish, Hmong or other languages).</p> <p>e) USDA-FNS “And Justice For All” Poster “I Speak” Language Poster. The “I speak” language poster must be displayed at the front receptionist area in conspicuous places that are visible to the customer and receptionist in a large font that is readable by customers with low vision.</p>
<p><b>Wisconsin Fair Employment Law (s. 111.31 Wis. Stat.)</b></p>	<p>The Wisconsin Fair Employment Law Poster must be displayed for applicants and employees at all times.</p>
<p><b>Updates and Changes to LOA or CRC Plan:</b></p>	<p><b>Entities must report the following changes in staff to the appropriate State agency within 10 working days of the change.</b></p> <p>a) Chief Executive Officer, President, or Executive Director</p> <p>b) Equal Opportunity Coordinator</p> <p>c) Limited English Proficiency Coordinator</p> <p>d) Complaint Coordinator</p> <p>e) Other corrections or updates to the LOA or CRC Plan should be provided as needed.</p>

**E. RECIPIENTS WITH CONTRACTS DATED AFTER JANUARY 1, 2010**

All new primary recipients, vendors, and sub-recipients receiving new awards or contracts on or after January 1, 2010 or during this compliance period, must complete and submit a CRC LOA to the appropriate state agency within 15 working days of the contract award date, or to the contracting primary recipient in the case of a sub-recipient. New recipients with twenty-five (25) or more employees AND who receive over \$25,000 in funding are required to complete a CRC Plan. The CRC Plan must be kept on file and made available to the CRC state personnel upon request. The completed CRC LOA or CRC Plan is in effect for the four-year CRC period of January 1, 2010 - December 31, 2013 or the life of the contract, whichever is shorter.

**Note:** Recipients whose primary source of funding is from DCF must complete all of the obligations and requirements listed in Section II D before they complete and submit a CRC LOA. Recipients should refer to their contract/agreement for the due date of their CRC LOA.

## **F. UPDATES**

Primary recipients and sub-recipients must provide updates of any changes to the entity's address or appointment of a new Executive Director, Chief Executive Officer (CEO), Equal Opportunity Coordinator (EOC) or Limited English Proficiency Coordinator (LEPC) to the appropriate state CRC office within 10 working days of the change.

## **G. STATE AGENCY RESPONSIBLE FOR ACCEPTING YOUR CRC LETTER OF ASSURANCE**

### **1. Single Funded Recipients**

Primary recipients having a direct funding relationship with only one state agency (i.e., DCF, DHS **or** DWD) must submit their CRC LOA to the state agency that issued the contract(s.) These include grants, fee-for-services Medicaid agreements, or any other type of fiduciary instrument used to purchase or contract for the provision of services to customers, beneficiaries, clients, participants, and/or patients. Each state agency will be responsible for accepting the CRC LOA and monitoring their compliance. Primary recipients that sub-contract funds assume the primary responsibility for requesting the CRC LOA and monitoring the CRC requirements of their sub-recipients. Primary recipients must incorporate language into their contracts that obligates the sub-recipients to comply with all Federal and State CRC requirements.

### **2. Mutually Funded Recipients**

There are two types of Mutually Funded Recipients:

- a. Entities that receive direct funding from more than one of the state agencies (i.e., DCF, DHS, **and** DWD). These mutually funded recipients must submit their CRC LOA to the state agency that provides the largest amount of funds; and,
- b. Entities that receive funding from one of the state agencies (i.e., DCF, DHS, **or** DWD), and receive a sub-contract from a primary recipient of DCF, DHS, or DWD. Mutually funded recipients must submit the CRC LOA to the state agency that provides the largest amount of funds.

DCF, DHS, and DWD retain jurisdiction and oversight responsibility for ensuring civil rights compliance of mutually funded recipients.

## **H. WRITTEN POLICY REQUIREMENTS**

All primary recipients, vendors and sub-recipients must have written policy statements on Equal Opportunity in Employment and Service Delivery and Limited English Proficiency (LEP). Written policy statements must be conspicuously placed in areas where customers may review them, in languages and formats that allow persons with disabilities and/or LEP customers to read them. Entities may use the state's model policy statements or develop their own, as long as the correct protected classes listed in **Appendix D** and **Appendix E** appear in their policies.

## **I. OBLIGATION FOR ENSURING COMPLIANCE OF SUB-RECIPIENTS**

Recipients and vendors that sub-contract funds to another entity assume responsibility for ensuring that those entities comply with all civil rights laws. These responsibilities include, but are not limited to the following:

1. Incorporate the CRC and LEP language requirements in their contracts, insure that contract language contain a statement indicating that programs, services and/or activities will be conducted in compliance with federal and state CRC regulations.

- Contract language shall include a provision indicating that the US DOJ and/or the State of Wisconsin retain the right to seek the enforcement of these regulations;
2. Require sub-recipients, sub-contractors, and vendors to complete and submit a CRC LOA and
  3. Monitor the compliance of sub-recipients except when the sub-recipient is considered to be mutually funded recipient;
  4. Investigate complaints made by applicants, participants and customers against sub-recipients except in the cases where the sub-recipient is considered to be a mutually funded recipient; and
  5. Provide training tools and technical assistance to sub-recipients and vendors to help them comply except in the case where the sub-recipient is considered to be a mutually funded recipient. DCF, DHS and DWD assume responsibility for providing technical assistance and training.

Primary recipients who impose their own policies and procedures for meeting CRC requirements to their sub-recipients may do so, as long as, the policies and procedures do not conflict with these requirements or with Federal and/or state civil rights discrimination laws and regulations.

#### **J. CIVIL RIGHTS COMPLIANCE REVIEW AND MONITORING**

DCF, DHS and DWD may select and schedule on-site compliance reviews of primary recipients and mutually funded recipients during the current compliance period. Mutually funded recipients and primary recipients scheduled for compliance review may be provided advance notice of a site visit and should expect a full CRC audit to determine the level of compliance. DCF, DHS and DWD reserve the right to conduct unannounced on-site visits either to investigate a discrimination complaint or to follow-up on previous unresolved findings from a compliance review. It is the intent of DCF, DHS, and DWD to collaborate in conducting joint compliance reviews of primary recipients and mutually funded recipients.

#### **K. EXCEPTION FOR WISCONSIN TRIBAL GOVERNMENT SUB-RECIPIENTS**

Primary recipients that subcontract with Wisconsin Indian Tribal Governments are not required to request CRC Assurance Requirements documents from a tribe. Wisconsin Indian tribes that are also federally recognized tribes are considered domestic dependent nations with their rights to tribal sovereignty preserved. Tribal sovereignty refers to the tribes' right to govern themselves. They define their own membership, manage tribal property, and regulate tribal business and domestic relations. Sovereignty further recognizes the existence of a government-to-government relationship between such tribes and the State of Wisconsin, County Governments and the federal government. The federal government has special trust obligations to protect tribal lands and resources, protect tribal rights to self-government, and provide services necessary for tribal survival and advancement.

Since DCF, DHS and DWD have a government-to-government relationship with Wisconsin Indian Tribes through a consultation and collaboration process, the Departments will assume primary responsibility for ensuring that CRC requirements are adhered to directly with Wisconsin Indian Tribes through this consultation process.

For contract language regarding CRC Assurance Requirements for Tribes, contact DCF, DHS or DWD Civil Rights Office listed in Section L, "Technical Assistance."

**L. TECHNICAL ASSISTANCE**

For technical assistance in completing the CRC LOA, the CRC Plan or meeting these CRC requirements, contact the appropriate CRC Office listed in the table below.

<b>For Assistance:</b>		
<p><b>Children and Families</b> Civil Rights Unit 201 E. Washington Ave. P.O. Box 8916 Madison, WI 53707-8916</p> <p>Earnestine Moss (608) 266-5335 <a href="mailto:earnestine.moss@wisconsin.gov">earnestine.moss@wisconsin.gov</a></p> <p>TTY: (866)-864-4585 (Toll Free)</p>	<p><b>Health Services</b> Office of Civil Rights Compliance 1 West Wilson, Room 555 P.O. Box 7850 Madison, WI 53707-7850</p> <p>David Duran (608) 266-9372 <a href="mailto:David.Duran@wisconsin.gov">David.Duran@wisconsin.gov</a></p> <p>Or Ying Lee (608) 266-3356 <a href="mailto:Ying.lee@wisconsin.gov">Ying.lee@wisconsin.gov</a></p> <p>TTY: 1 (888) 701-1251</p>	<p><b>Workforce Development</b> Division of Employment and Training Civil Rights 201 E. Washington Ave. Room G100 P.O. Box 7972 Madison, WI 53707-7972</p> <p>William Franks, Jr. (608) 266-6889 <a href="mailto:William.Franks@dwd.wisconsin.gov">William.Franks@dwd.wisconsin.gov</a></p> <p>TTY: (866) 275-1165 (Toll Free)</p>

**M. TECHNICAL ASSISTANCE IN COMPLETING AND FILING AN AFFIRMATIVE ACTION PLAN WITH THE APPROPRIATED STATE AGENCY**

All vendors contracting with the State of Wisconsin must agree to equal employment and affirmative action practices and policies in their employment program. As previously stated, recipients with twenty-five (25) or more employees AND who receive over \$25,000 in funding are required to file an Affirmative Action Plan (AA Plan), according to Wisconsin Contract Compliance Law (s.16.765, Wis. Stat.). The AA Plan must be submitted to the state agency that issued the contract or agreement. To obtain additional instructions and forms needed to comply with Wisconsin Contract Compliance law contact the appropriate person listed below or click on [Wisconsin Contract Compliance Law](#). **The Affirmative Action Plan is NOT part of the CRC Plan.**

<p><b>Contact</b> Margaret Erickson Department of Children and Families Bureau of Finance 201 E. Washington Ave. PO Box 8916 Madison, WI 53708-8916 Email: <a href="mailto:Margaret.Erickson@wisconsin.gov">Margaret.Erickson@wisconsin.gov</a> Phone: (608) 266-5712</p>	<p><b>Contact</b> Sheila Harrsch Department of Workforce Development Administrative Services Division Finance/Procurement 201 E. Washington Ave. P.O. Box 7946 Madison, WI 53702- Phone: 608-267-3758 <a href="mailto:Sheila.Harrsch@dwd.wisconsin.gov">Sheila.Harrsch@dwd.wisconsin.gov</a></p>	<p><b>Contact</b> Karen Koehn Bureau of Intergovernmental &amp; Contract Management (BIRCM) Department of Health Services Division of Enterprise Services 1 West Wilson Street, Room 618 P.O. Box 7850 Madison, WI. 53707- Phone: 608-266-7075 <a href="mailto:Karen.Koehn@WI.gov">Karen.Koehn@WI.gov</a></p>
---	--	---

## N. DEFINITIONS

The following definitions are in effect for the purposes of this document:

**“Affirmative Action”** has been defined as “...any measure, beyond simple termination of a discriminatory practice, adopted to correct or compensate for past or present discrimination or to prevent discrimination from recurring in the future.” (U.S. Commission on Civil Rights, Statement on Affirmative Action, October 1977.). ” Affirmative Action requires taking positive steps to end discrimination, to prevent a recurrence, and to create new opportunities that were previously denied to minorities, women, and persons with disabilities.

**"Affirmative Action Plan (AA Plan)"** is a written document committing a recipient of federal funding to a program designed to achieve a balanced work force within a reasonable period of time. It contains, at a minimum, a policy statement, work force analysis, program goals, internal monitoring system, and dissemination of the Plan.

**“Civil Rights Compliance Training”** Means comprehensive training that promotes and instills awareness of ethnic, cultural and linguistic differences of diverse population, including persons with physical and mental disabilities, which may have an impact on the delivery of services. The training curriculum should be designed to develop the capability of the staff to deliver services sensitively to the unique needs of the applicants, recipients and beneficiaries.

Civil rights compliance training elements must include, but not limited to, the following:

1. The federal and state requirements of Title VI and Title VII of the Civil Rights Act of 1964, the American with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, Title IX of the Education Amendments, including religion and political beliefs and other applicable civil rights laws and regulations;
2. Civil rights compliance review of internal equal opportunity policies and practices including procedures for providing language assistance to LEP individuals and reasonable accommodations for persons with disabilities (e.g., blind, deaf, hard of hearing, mobility impaired, etc);
3. Procedures for investigating complaints of discrimination; and
4. Cultural awareness training to provide understanding of the special needs that LEP individuals may present while being served.

**“Certified Languages International (CLI)”** is an approved on-line telephone interpreter vendor for the state or county agencies under section 16.73 Wis. Stats. To obtain the contract click on this [Internet Link CLI Contract to review](#). This is **not** a mandatory contract.

**“CRC Letter of Assurance”** is a document that is required to be completed to confirm and obligate the primary recipients, vendor or entity receiving federal financial assistance from the DCF, DHS and/or DWD to commit to implementing federal and state equal opportunity in service delivery and employment civil rights laws as a condition for receiving federal and/or state financial assistance.

**“Civil Rights Compliance Plan”** is an assurance document that entities that employ 25 or more employees in their agency and receive over \$25,000 in government funding from either the DCF, DHS or DWD, must complete and keep on file. This document must be provided upon request. The CRC Plan includes the description of a recipient’s Equal Opportunity, access, and Limited English Proficiency policies and procedures.

**"Contracting State Agency"** means any department, commission, board, or other agency of the State of Wisconsin, including the University of Wisconsin, with authority to purchase or contract for equipment, construction work, materials, supplies, or contractual services.

**“Cultural Awareness Training”** is training that underscores the idea that culture is dynamic and that we are living in an ever-changing multicultural society. Cultural awareness reminds us constantly that new populations are entering our workforce and community and we must be cognizant of these ever-changing dynamics.

**“Difference”** as referred to in the Customer Service Populations Analysis Template means the amount by which one quantity is greater or less than another. The amount that remains after one number is subtracted from another.

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

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

**“Employee”** means anyone who receives any wages for work directly performed for an employer. If an “employee” receives payment from a contract agency that provides work for the employer, that individual is considered to be the employee of the contract agency.

**“Equal Opportunity”** means equal access to federal assistance programs, services and benefits by all applicants and participants regardless of sex, race, national origin, religion, disability, political beliefs and/or any other protected class status. Equal Opportunity applies to service delivery and employment.

**“Ethnic Categories”** based on the US Office of Management and Budget (OMB) requirements are as follows:

1. **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.
2. **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”** Federal financial assistance includes, but is not limited to:

1. Grants and loans of Federal funds.
2. Grants or donations of Federal property and interests in property.
3. The detail of Federal personnel, sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property or the furnishing of services without consideration or at a nominal consideration, that is reduced for the purpose of assisting the State agency, local agency, or other primary recipients and sub-recipients or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the State agency, local agency, or other primary recipient or sub-recipient.
4. Any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of assistance.
5. Federally Assisted Activities and Programs, includes any program, project, or activity for the provision of services, financial aid, or other benefits to individuals (whether provided through a State agency, local agency, or other sub-recipient receiving Federal financial assistance or provided by others through contracts or other arrangements with the State agency, local agency or other sub-recipient), and including work opportunities, cash, loans, or other assistance to individuals.
6. For the purposes of this definition, services, financial aid, or other benefits provided to individuals are those provided with the aid of Federal financial assistance or with the aid of any non-Federal funds, property, or other resources required to be

expended or made available for the program to meet matching requirements or other conditions that must be met in order to receive the Federal financial assistance, and to include any services, financial aid, or other benefits to individuals provided in or through a facility with the aid of Federal financial assistance or such non-Federal resources.

**“Food and Nutrition Service (FNS)”** means the nutrition assistance programs administered by the U.S. Department of Agriculture. The mission of FNS is to provide children and needy families’ better access to food and a more healthful diet through its food assistance programs and comprehensive nutrition education efforts. Major programs include FoodShare in Wisconsin and Women, Infants and Children (WIC) services.

**“Formal Complaints”** is a verbal or written alleged violation of a statute, regulation or rule submitted by a Complainant on a form or in format specified by the State or Federal cognizant agency. Formal complaints must be resolved or withdrawn once filed at the State or Federal agency level. The Respondent must also be provided an opportunity for due process considerations.

**“Grant Contract”** As defined by the Wisconsin Attorney General, is a "transfer of things of value" to a recipient for the purpose of support or stimulation rather than to acquire goods or services that directly benefit the state." For the purpose of CRC the "transfer of things of value" to a recipient is funding in the form of money. Although the intended purpose of the grant is not to provide a direct benefit to the state there may be occasions when the state does receive an indirect benefit. In such a situation the transfer is still a grant.

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

**“Informal Complaint”** is a verbal or written allegation of discrimination or nondiscrimination that indicates a State or Federal assistance program, service, or activity administered by a primary recipient or sub-recipient is operated in such a manner that it results in disparity of treatment or services being provided to persons or groups of persons because of their protected bases. Informal Complaints are generally filed and resolved at the local program, agency or entity level.

**“Interactive Voice Response (IVR) System”** is a system that allows callers to interact with an entity’s communications system over the telephone. IVR is used to enable the caller to retrieve information from a database, enter information into a database, or both.

**“Inter-Agency Agreements”** are used when a service is being obtained from another agency of state government, such as another department or the University.

**“Investigation”** a is formal gathering of facts by the appropriate State agency Civil Rights Compliance Office or Federal Office of Civil Rights (OCR) or other authorized government agency, primary recipient, sub-recipient or private contractor that will refute or substantiate an allegation of discrimination.

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

**“Language Line”** means a service provided by a vendor who offers accurate and reliable telephone on-line interpretation services.

**“Limited English Proficiency (LEP)”** means those customers 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”** LEP persons served or encountered in the eligible service population that speaks 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. In Wisconsin, on a statewide basis, for the period of January 1, 2007 to December 31 2009, the Major LEP Groups were Spanish and Hmong. Certain areas may serve other communities whose Major LEP Groups are, among others, Laotian, Russian, Arabic, Albanian, Vietnamese, Mandarin, Bosnian/Croatian/Serbian, and Somali.

**“Minorities”** means a person whose race is not White alone or whose ethnicity is Hispanic/Latino.

**“Municipality”** means a Wisconsin county, city, village, town, school district, board of school directors, sewer district, drainage district, vocational, technical and adult education district or any other public or quasi-public corporation officer, board or other body having the authority to award public contracts.

**“Mutually Funded Recipient”** means 1) an entity that has a sub-contract with a “Primary Recipient” of DCF, DHS or DWD **and** also direct contract with DCF, DHS or DWD; 2) an entity that has a direct contract with more than one of the three state agencies (DCF, DHS or DWD). Mutually Funded Recipients are entities that include, but not limited to, a county, municipality, technical college, school district, private-for-profit or non-profit organizations and Medicaid providers. DCF, DHS, and DWD assume primary oversight responsibility for obtaining voluntary compliance.

**“Noncompliance”** is a finding that any civil rights requirement, as interpreted by regulations; this instruction; policies; or State agency, local agency, or other primary recipient or sub-recipient’s guidelines; has not been satisfied.

**“Powers of self-government”** means and includes all governmental powers possessed by an Indian tribe, executive, legislative, and judicial, and all offices, bodies, and tribunals by and through which they are executed, including courts of Indian offenses; and means the inherent power of Indian tribes, hereby recognized and affirmed, to exercise criminal jurisdiction over all Indians.

**“Primary Recipient”** means any recipient or entity that has a direct contract, grant, or other type of direct financial agreement with DCF, DHS or DWD by which it is authorized or required to extend Federal financial assistance to another recipient.

**“Preliminary Inquiry (PI)”** Is an informal gathering of information that will refute or substantiate an allegation of discrimination.

**“Procurement”** The framework and process of acquiring goods and services needed for the ongoing day to day operation of a primary recipient, sub-recipient and/or vendor.

**“Procurement Contract”** A contract can be defined as a legally enforceable document that consists of (a) an offer; (b) acceptance of the offer and (c) consideration for the offer. It is an agreement between a department or agency of the state and another legal entity (including an individual) to provide goods and/or services.

The term contract includes all such agreements whether they are referred to as contracts, agreements, memorandums, purchase orders, grants, or other similar terms. Although a grant is a type of contract the purposes for which it is used are different than those of an ordinary contract. Contracts are used primarily to order, buy, purchase, acquire, or procure goods or services. Such contracts have the intended purpose of providing a direct benefit to the state or contracting agency.

**“Program Compliance Review”** An evaluation procedure used to determine if local agencies, and other primary recipients and sub-recipients are administering and operating programs in accordance with program and civil rights regulations, instructions, policies, and guidance.

**“Program or Activity”** The term program or activity means all of the operations of:

1. A department, agency, special purpose district, or other instrumentality of a State or of a local government; or
2. The entity of such State or local government that distributes Federal financial assistance and each such department or agency (and each other State or local government entity) to which the assistance is extended, in the case of assistance to a State or local government;
3. A college, university, or other postsecondary institution, or a public system of higher education; or
4. A local educational agency (as defined in 20 U.S.C. 7801), system of vocational education, or other school system;
5. An entire corporation, partnership, or other private organization, or an entire sole proprietorship;
  - If assistance is extended to such corporation, partnership, private organization, or sole proprietorship as a whole; or
  - Which is principally engaged in the business of providing education, health care, housing, social services, or parks and recreation; or
  - The entire plant or other comparable, geographically separate facility to which Federal financial assistance is extended, in the case of any other corporation, partnership, private organization, or sole proprietorship; or
  - Any other entity which is established by two or more of the entities described in paragraph (1), (3), or (5) of this section; any part of which is extended Federal financial assistance.

**“Purchase of Service Contracts”** are used when DCF, DHS and DWD are contracting for services they are required to provide, and which could be provided by the DCF, DHS or DWD staff. Examples include quality assurance for the Community Options and Community Integration Programs, eligibility determination for the Katie Beckett program, and mental health screening for nursing home admission.

**“Qualified Interpreter”** means 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.

**“Race Categories”** based on US Office of Management and Budget (OMB) requirements are the following:

1. 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.
2. American Indian or Alaska Native. A person descending from any of the original peoples of North, South or Central America who possess ¼ degree or more of documented tribal dissonancy or is enrolled with a federally and state recognized tribe.
3. Asian. A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

See also "Ethnic Categories." For the purpose of this plan data from Ethnic and Race Categories are combined under the heading "Minorities."

**“Recipient”** means any entity to which financial assistance is extended, either directly from the DCF, the DHS, or DWD or through the Governor or another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the federally funded program or activity. In instances in which a Governor operates a program or activity, either directly or through a State agency, rather than disbursing the funds to another recipient, the Governor is also a recipient. “Recipient” includes, but is not limited to:

1. DCF, DHS or DWD that administers and is financed in whole or in part with Federal HHS, USDA-FNS, or DOL financial assistance;
2. Local County Departments of Health and Human/Social Services, Child Support Agencies, including their sub-recipients;
3. Municipalities, Universities, Technical Colleges, Public School Districts, Agencies;
4. Private-for-Profit and Non-for-Profit Organizations,
5. Hospitals, HMOs, Community Health Centers, Medicaid Providers,
6. Nursing Homes, Long Term Care Providers, CBRFS
7. Child Care Centers and Family Care Providers?
8. State and local Workforce Investment Boards;
9. Local Workforce Investment Area (LWIA) grant recipients;
10. One-Stop Operators;
11. Service providers, including eligible training providers;
12. On-the-Job Training (OJT) employers;
13. Job Corps contractors and center operators, excluding the operators of federally-operated Job Corps centers;
14. Job Corps national training contractors;
15. Outreach and admissions agencies, including Job Corps contractors that perform these functions;
16. Placement agencies, including Job Corps contractors that perform these functions; and
17. Refugee Service Grant Recipient, Include: Mutual Assistance Associations (MAA’s), CBO’s, FBO’s and Refugee Resettlement Agencies.
18. Other National Program recipients.

In addition, for purposes of this part, One-Stop partners, as defined in section 121(b) of WIA, are treated as “recipients,” and are subject to the nondiscrimination and equal opportunity requirements of this part, to the extent that they participate in the One-Stop delivery system.

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

1. The primary recipients and sub-recipients are providing written translations of vital documents for each eligible LEP language group that constitutes five 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
2. For those LEP groups with fewer than 50 persons in a language group that reaches the five percent trigger in (a), above, the recipient is not required to translate vital written materials but provides 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.

These “safe harbor” provisions apply to the translation of written documents only. They do not affect the requirement to provide meaningful access to programs, services and benefits for LEP individuals through competent oral interpreters where there is a determination that oral language services are needed and are reasonable. Conversely, oral interpretation of documents may not substitute for translation of vital written documents.

**"Service Area"** means the geographic area from which customers for your service are drawn (e.g., countywide, multi-county).

**"Service provider"** means:

1. Any operator of, or provider of aid, benefits, services, or training to;
2. Any WIA Title I—funded program or activity that receives financial assistance from or through any State or LWIA grant recipient; or
3. Any participant through that participant's Individual Training Account (ITA); or
4. Any entity that is selected and/or certified as an eligible provider of training services to participants.

**"Single Funded Recipients"** means any recipient or entity that has a single direct contract, grant, or other type of direct financial agreement with DCF, DHS, or DWD. The term "single funded recipient" may be used to describe the funding relationship between a "Primary Funded Recipient" and a "Sub-Recipient" when a single direct contract agreement is made between both entities.

**"SMSA (Standard Metropolitan Statistical Area)"** means a geographic area defined by the U.S. Bureau of the Census for purposes of assessing population. It often incorporates metropolitan areas to include a city and county (or counties). For example, the Milwaukee SMSA includes the City of Milwaukee and the County of Milwaukee.

**"Sub-contractor"** means a person or public, private or private non-profit entity/company that assumes by secondary contract some or all of the obligations of an original vendor or primary recipient.

**"Sub-recipient"** also referred to as a sub-contractor, means a person, public, private or private non-profit entity/company that assumes by secondary contract some or all of the obligations of an original vendor or primary recipient.

**"Telecommunications Device for the Deaf (TDD)"** is an electronic text telephone device used by the deaf, hard-of-hearing or speech-impaired persons to communicate. The TDD consists of a keyboard, a display screen, and a modem. The letters that are typed in the TDD machine are turned into electrical signals that can travel over regular telephone lines to a second TDD machine that converts the signals into text on the monitor.

**"Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et seq."** means the law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives federal financial assistance. The implementing regulations can be found at 45 CFR Part 80.

**"Vendor"** is any person, entity or primary recipient providing equipment, construction work, materials, supplies, contractual services, or leasing real property to a contracting State of Wisconsin agency.

**"Video Relay System (VRS)"** means a system that allows a deaf, hard-of-hearing or speech-impaired consumer to communicate in sign language through a real-time sign interpreter with a video camera using video conference capabilities.

**"Vital documents"** means any paper or electronic form, that contains information that is 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.

**“Wisconsin Interpreting and Transliterating Assessment”** Wisconsin has no legal mandate stating the minimum skill for interpreters in various settings. The Office for the Deaf and Hard of Hearing, however, strongly encourages all interpreters and consumers of interpreting services use discretion when using an interpreter with WITA verification. Interpreters with WITA verification should not be used in legal, mental health, medical situations, or any situation critical in nature. When selecting an interpreter please keep in mind the consumer’s preference of an interpreter as well as the interpreter’s familiarity and skill in various subject matters.

[To obtain more information on the WITA click on this link.](#)

**“Wisconsin Telecommunications Relay System (WTRS)”** is accessed by dialing 7-1-1. The system allows a voice telephone user to call or be called by virtually anyone who may be deaf, hard-of-hearing or speech-impaired. Communication between text and voice phones is bridged through a telephone operator. Calls are confidential. Spanish is available in Wisconsin.

[To obtain more information click on this link.](#)

### **III LETTER OF ASSURANCE REQUIREMENTS**

#### **A. INSTRUCTIONS**

Your CRC LOA must include the following Forms and Appendixes:

1. Recipient Contact Information and Signature Page (**Appendix A**)
2. Funding Relationship to DCF, DHS or DWD (**Appendix B**)
3. Civil Rights Compliance Letter of Assurance (**Next page**)
4. Funded Program Checklist (**Appendix C**)
5. Equal Opportunity in Employment and Service Delivery Policy (**Appendix D**)
6. Limited English Proficiency Policy Statement (**Appendix E**)

**Instructions for completing the CRC letter of assurance follow each form.**

## CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families  
DCF-F-154-E

Health Services  
F-00165

Workforce Development  
DETS-16705-E

(For the Civil Rights Compliance Period from January 1, 2010 to December 31, 2013)

As a condition of funding under this contract(s), (RECIPIENT),

**A. Service Delivery:** Services will be provided without discrimination in compliance with the following laws, guidance and regulations; however, there are other statutes that apply to recipients of specific federal program such as specific grant-related civil rights statutes that may also apply:

- [Title VI of the Civil Rights Act of 1964, HHS 45 CFR Part 80 Regulations](#)
- [Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of disability in the provision of benefits or services or the conduct of programs or activities. This includes the prohibition of employment discrimination by Recipients of Federal financial assistance from US DHHS](#)
- [Age Discrimination Act of 1975, as amended 45 CFR Part 90](#)
- [Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91](#)
- [Titles VI and XVI of the Public Health Service Act \(42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.\)](#)
- [Section 542 of the Public Health Service Act, as amended, \(42 U.S.C. 290dd-1\) bars discrimination in admission or treatment against substance abusers suffering from medical conditions by Federally-assisted hospitals and outpatient facilities. The HHS regulation is 45 C.F.R. Section 84.53](#)
- [Education Amendments of 1972 - Title IX, as amended](#)
- [Titles II, of the Americans with Disabilities Act of 1990 as amended \(42 U.S.C. 12131 et. seq.\)](#)
- [The Civil Rights Act of 1991](#)
- [Statutory amendments made by the Civil Rights Restoration Act of 1987 \(CRRA\)](#)
- [Executive Order 13166 Limited English Proficiency Guidelines](#)
- [Omnibus Budget Reconciliation Act of 1981, and if applicable, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, \(PRWORA\)](#)
- [Section 1808\(c\) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. The regulation is 42 U.S.C. § 1996b.](#)
- [Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex \(gender\) in Federally-Assisted Health Training Programs. The regulation is 45 C.F.R. Part 83](#)

- [Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex \(gender\), or religion in the Maternal and Child Health Service Block Grant 42 U.S.C. § 708](#)
- [Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex \(gender\), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C. § 290cc-33](#)
- [Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex \(gender\), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7](#)
- [Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex \(gender\), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57](#)
- [The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex \(gender\), or religion in programs and activities funded under this Act 42 U.S.C. § 10406](#)
- [The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex \(gender\) in programs and activities funded under this Act 42 U.S.C. § 9918](#)
- [Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285](#)
- [Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children](#)
- [Part 251 - The Emergency Food Assistance Act of 1983 \(Public Law 98-8\), as amended, 7 CFR Part 250 and 251, SDA Regulations 7 CFR Part 16, Equal Opportunity for Religious Organizations](#)
- [Title VII of the Civil Rights Act of 1964](#)
- [Title I of the American with Disability Act of 1990](#)
- [Age Discrimination in Employment Act of 1967](#)
- [Equal Pay Act of 1963, as amended](#)
- [Executive Order 11246, as amended](#)
- [Fair Employment Law Sections 111.31-111.395 of the Wisconsin Statutes](#)
- [Employee Relations, Chapter 230](#)

No otherwise qualified person, shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, national origin, sex, disability, or having an association with a person with a disability. In addition, no qualified person will be denied FoodShare participation based on his/her religious belief or political affiliation.

The Recipient will:

1. Train staff on the CRC laws, and take affirmative step to increase the staff's cultural awareness skills to insure equal access and equal opportunity to programs, services, and activities when working with persons with disabilities and participants/consumers from other cultures. Primary recipients and sub-recipients administering USDA-FNS funded programs and services must provide on an annual basis CRC training to all frontline staff who interact with program applicants or participants, supervisors and administrators. Non USDA-FNS funded recipients must provide CRC training to all staff at a minimum once every three years
2. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities in compliance with Title II and Title III of the American with Disabilities (ADA) of 1990 as amended and Section 504 of the Rehabilitation Act of 1973.
3. Upon request, provide an American Sign Language (ASL) interpreter or a nationally certified or [Wisconsin Interpreting and Transliterating Assessment \(WITA\)-verified sign language interpreter](#) to assist deaf and hard-of-hearing applicants. Provide [other options for effective communication](#) (e.g., TTY, or other appropriate technology) for deaf and hard-of-hearing clients who do not use ASL. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) to ensure meaningful participation in the organization's programs and services.
4. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
5. Provide translation of vital documents for each eligible LEP group that constitutes at least 5% 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.
6. Establish an appeal or complaint process that shall be posted in conspicuous places available to applicants/clients of services.

**B. Employment Conditions:** Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, Title I of the ADA of 1990 as amended, Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act of 1976, Ch. 111.31 to 111.395 (Wis. Fair Employment Act), Wisconsin Statutes, Chapter 230, Wisconsin Contract Compliance Law, Chapters 16.765 and 51.01(5), Wis. Stats., Executive Order 11246, as amended, and other laws requiring nondiscrimination in employment. Title VI of the Civil Rights Act of 1964 statutorily restricts claims of employment discrimination to instances where the "primary objective" of the financial assistance is to provide employment; however, a recipient's employment practices may be subject to Title VI when these practices negatively affect the delivery of services to ultimate beneficiaries. When employment discrimination by a recipient has a secondary effect on the ability of beneficiaries to meaningfully participate in and/or receive the benefits of a federally assisted program in a nondiscriminatory manner, these employment practices will come within the purview of Title VI.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner or term of employment on the basis of, race, creed, color, national origin, ancestry, age, sex/gender, disability, arrest and conviction record, sexual orientation, marital status, and membership in the military reserve. State law prohibits unfair honesty and genetic testing, discrimination due to filing a

complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The DCF, DHS and DWD are aware of, and respect tribal rights in the area of employment that includes “Indian Preference” that exempts the tribes from compliance with specific employment civil rights laws. The DCF, DHS and DWD will work in a government-to-government relationship through “Consultation and Coordination” with Wisconsin Indian Tribal Governments when an employment discrimination complaint is filed against a funded Indian Tribe.

The Recipient will:

1. Fairly and consistently administer policies and procedures that relate to federal and state laws for equal employment opportunity.
2. Establish policies and processes that eliminate bias and assure Equal Opportunity for all employment actions, i.e., hiring and selection up to voluntary or involuntary termination.

To assist in complying with all applicable Civil Rights Compliance rules, regulations and guidelines, I have appointed as Equal Opportunity Coordinator:

Name of Equal Opportunity Coordinator	Title
Telephone Number ( ) -	Email Address

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name	LEP Coordinator Title
Telephone Number ( ) -	Email Address

The (Recipient) agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients, applicants for services, subcontractors, and referral agencies.

The (RECIPIENT) agrees to cooperate with DCF, DHS, and DWD in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

The (RECIPIENT) agrees to implement the requirements of the CRC Letter of Assurance.  
The (RECIPIENT) agrees to conduct an annual self assessment as required below.

- Self-Assessment Requirement – Primary recipients and sub-recipients are expected to annually conduct a self assessment of policies and practices to ensure civil rights and EO compliance. In the event of a monitoring visit by the funding agency, we will likely request a copy of your most recent self assessment.

\_\_\_\_\_  
Signature of Executive Director or CEO

\_\_\_\_\_  
Date Signed

## IV. CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS

Your CRC Plan must include the following Forms and Appendixes:

1. Recipient Contact Information and Signature Page (**Appendix A**)
2. Funding Relationship to DCF, DHS or DWD (**Appendix B**)
3. Funded Program Checklist (**Appendix C**)
4. Data Collection
  5. Customer Service Population Data Analysis
  6. LEP Population Data Analysis
  7. Equal Opportunity Policy and LEP Policy Notification
  8. Designation of an EOC and LEPC
  9. Access to Services
10. Discrimination Complaint/Grievance Procedures (**Appendix F or Entity's Procedures**)
11. Training Requirements
12. Self-Assessment
13. Equal Opportunity in Employment and Service Delivery Policy (**Appendix D**)
14. Limited English Proficiency Policy Statement (**Appendix E**)

**Note: You should use the same** (1) Recipient Contact Information and Signature Page, (2) Funding Relationship to DCF, DHS or DWD and (3) Appendixes A, B, C **that were completed for the CRC LOA for this CRC Plan.**

### A. INSTRUCTIONS FOR COMPLETING THE CRC PLAN

#### 1. Recipient Contact Information and Signature Page

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

#### 2. Funding Relationship to DCF, DHS or DWD

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

#### 3. Funded Programs Checklist

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

#### 4. Data Collection

#### 5. Customer Service Population Data Analysis

All recipients must complete a Customer Service Population Analysis (CSPA) for each program funded through DCF, DHS or DWD. Do not submit the completed CSPA form(s) to DCF, DHS or DWD. The data will be requested at the time that a compliance review is conducted.

Completing the CSPA provide recipients and sub-recipients the opportunity to review individual program accessibility and determine if there are any barriers prohibiting the protected groups from participating.

To complete the Customer Service Population Analysis Table, fill in **ALL** the blanks. Please note that there will be multiple counts for minorities, persons with disabilities, and women since one individual may have more than one of these characteristics. You do not have to correct for duplication. **A SEPARATE CUSTOMER SERVICE POPULATION ANALYSIS TABLE SHOULD BE COMPLETED FOR EACH PROGRAM.** You can make extra copies as necessary. The number of completed CSPA Table(s) should reflect the number of program(s) identified in the Funded Program Checklist Page.

To complete this analysis, you must first determine what segment of the county or a multi-county area best represents your potential customers. For example, you could operate a facility and program that is open to the entire population, or your programs and services could be limited to an eligible population of a certain age disability, gender, minority, family size, or income group.

To assist you with your analysis, we are including the following data source:

**Wisconsin Department of Administration--The US Census 2000 Profiles of Selected Social Characteristics** <http://www.doa.state.wi.us/dir/wisconsin/index.html>

Points to consider in the summary of the customer analysis

- The differences between the population served and the population eligible to be encountered in your service area must be calculated. The Plan gives definitions and the formulas for the percentages and differences.
- Any percentage that is less than 2% is not considered statistically significant.
- A greater negative difference means that the population most likely to be encountered by the program is not being served. Assume that in general, any differences greater than a negative -2% means that a recipient must analyze and determine if it needs to undertake outreach and educational activities in appropriate languages of LEP groups, if so required, or otherwise target eligible but under-served populations.
- A positive difference means that your agency is meeting the needs of the communities in your service area.

### **Summary for Customer Service Data Analysis**

Complete as indicated.

Note: It is important for you to indicate the specific data source you used to complete your analysis. It will assist the reviewer at the time the on-site review is conducted.

## **6. Limited English Proficiency (LEP) Data Analysis**

### **LEP Data Analysis for Translations of Vital Documents**

The purpose of the LEP analysis is to assist your agency with determining the level of obligation and to plan for the translations of vital documents to meet the federal guidelines for "Safe Harbor". The analysis will help your agency 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 the agency or entity needs to take to provide oral language assistance and improve language access to individual services and programs. You are not required to submit the LEP data analysis with the CRC Letter of Assurance; however, **copies must be maintained on file and reviewed at the time of an on-site monitoring visit.**

To complete the LEP CDA Table, fill in ALL the blanks. **A SEPARATE TABLE SHOULD BE COMPLETED FOR EACH PROGRAM.** You can make extra copies as necessary. The number of completed LEP CDA Table(s) should reflect the number of program(s) identified in the Funded Program Checklist Page and the number of CSPA Table(s). To assist you with your analysis, we are including the following data source:

**Wisconsin Department of Administration--The US Census 2000 Profiles of Selected Social Characteristics.** The data include the populations five years and over identified on [Table DP-2 as "Speak English less than very well" by county, town, city and village](#)

**Written Translation:** "Safe Harbor": Primary recipients, vendors, sub-recipients and sub-contractors are required to provide written translations of **vital documents, forms and correspondence** that are produced by the entity, including the cost of translation. These written translations must be provided for each eligible language group that constitutes at least 5% or 1,000 LEP individuals, whichever is less, of the population of persons served or likely to be served by programs in the entity's service area. The DCF, DHS and DWD, are responsible for the costs and translation of vital documents issued by the DCF, DHS and DWD.

If there are fewer than 50 persons in a language group, primary recipients and sub-recipients are not obligated to translate vital written materials. **However**, recipients must provide written notices in the primary language of the LEP group(s) of their right to receive oral interpretation of written materials, free of cost.

Your agency **must have a policy and procedures regarding:**

**Oral Interpretation:** Recipients are required to provide an LEP participant with an oral interpreter free of charge when you are requested to provide an interpreter. This is the most immediate need among the LEP communities. We strongly recommend that there be a concerted effort to seek and find qualified interpreters who are trained in medical or legal terminology and received training on translators' code of ethics and confidentiality as well as competent in the culture of the LEP participant. You may partner with community-based organizations that serve LEP populations.

**Important:** As a service provider, you **may not** request that a family member or a friend acts as the only oral interpreter for any of the services you provide, unless the participant wants no other interpreter. **We strongly recommend the use of well trained – qualified competent interpreters, as defined in the definition section of this document.** As with the use of any non-professional interpreter, the primary recipient or sub-recipient may need to consider issues of competence and appropriateness. Recipients should take into consideration issues of accuracy, conflict of interest, ethics, and confidentiality when determining whether it should respect the desire of the LEP person to use an interpreter of his/her own choosing. For these reasons, it would be wise to have your own qualified interpreter present. The client or participant bears the responsibility for outcomes that result from using non-qualified interpreters. We strongly recommend that the use of non-qualified interpreters be documented in writing. **Under no circumstances may a minor son, daughter or child act as an interpreter.**

- **Hispanic/Latino LEP Population**  
The 2000 Census identified those who "speak English less than very well" and those who "speak English not at all." DCF, DHS, and DWD believe that the numbers reported in the 2000 Census may be an underestimation in Wisconsin because many Hispanic/Latino migrant seasonal farm workers and immigrants may not have participated in the census survey. If you serve this population, please contact community organizations for a more accurate estimate of LEP Hispanic/Latinos in your service area.
- **For non-Hispanic/Latino LEP Populations**  
You may find these additional data sources useful: the 2000 Census American Fact Finder, as well as other sources such as the Department of Public Instruction (DPI) LEP Pupil database that is categorized by language and school district. Other sources may come from community organizations, mutual assistance associations, and faith-based organizations in your service area.

We encourage recipients and sub-recipients to:

- Periodically check the DCF, DHS and DWD websites for new reference materials.
- Continue to be aware of recent LEP refugee and immigrant populations in your service area that may not be reflected in census data.
- Note that data from the census and other sources may not provide the number of **eligible** LEP participants in your program(s) in the service area.

**Summary for LEP Customer Data Analysis** - Complete as indicated.

**Identification of LEP Groups** - Complete as indicated

**Services to LEP Groups** - Check all that apply

**7. Equal Opportunity Policy and LEP Policy and Notification**

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

Every recipient must have an Equal Opportunity in Employment and Service Delivery Policy Statement and an LEP Policy Statement that describe the Civil Rights and LEP responsibilities of the recipient as both an employer and a service provider.

If you use the model Equal Opportunity Policy Statement provided in **Appendix D** and the model LEP Policy Statement provided in **Appendix E**, attach them to your CRC Letter of Assurance document, including all translations needed in other language(s) in accordance with your agency's LEP requirements for translations of vital documents. A copy must be maintained with your CRC Plan. You are encouraged to use the model statements and the translations (in Spanish and Hmong) provided. If you have questions, please contact the appropriate representatives identified in Section N (Technical Assistance).

If you do not use the model policy statements and translations provided, retain your agency's policy statements on file as **Appendix D and Appendix E** of your CRC Plan. Attach a copy to your CRC Letter of Assurance document. Each policy must include the same information as the model, including non-discrimination towards protected groups covered under federal and state laws. Each policy must also be provided in the other languages applicable to your agency's LEP requirements for vital document translations.

Copies of each completed and signed policy must be posted for the public in highly visible and conspicuous places that are available to customers for participants to read.

**8. Designation 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 Appendixes as appropriate.

Each recipient must identify an individual to function as the Equal Opportunity (EO) Coordinator. Each recipient must also identify an individual to function as the LEP Coordinator. However, it may be beneficial to designate the EO Coordinator to be the LEP Coordinator because the civil rights responsibilities and the knowledge base are similar.

In the event of a change in the recipient's EOC or LEPC, the recipient must notify the DCF, DHS or DWD of the acting EOC or LEPC within the (10) calendar days of the changes.

**9. Access to Services**

Complete the Checklist by checking “Yes” or “No” for each statement and provide clarifying information and/or appendixes as appropriate. Use [Appendix I titled “The Wisconsin Programs and Services Access Self-Assessment Checklist”](#) to determine your compliance with Section 504. The assessment should be completed and treated as a record to be kept in the recipient’s files and made available during a desk review or an on-site visit by DCF, DHS and/or DWD. To determine your entity’s compliance with accessibility requirements for your facilities we recommend that you use the [ADA Accessible Guidelines \(ADAAG\)](#) which described the Americans with Disabilities Act (ADA) requirements for physical accessibility. The recipient should go to this website if there are plans to build a new site or to modify its existing building(s).

**10. Discrimination Complaint/Grievance Procedures**

The model Discrimination Complaint Form and Procedures provided in **Appendix F** are just that, a model. Each Department has its own complaint procedures for addressing both discrimination and program complaints. The recipient must develop and implement an effective system for handling complaints and grievances and may use the model in **Appendix F**.

Complainants who disagree with an inform discrimination complaint investigation decision and who decide to pursue a formal complaint with state DCF, DHS, DWD should be assisted in obtaining and/or referring the complainant the appropriate state agency for further investigation. DCF, DHS, and DWD complaint forms are accessible through each individual agency websites. To down local or locate each agency’s complaint form and instructions following the links below:

DCF: [http://dcf.wisconsin.gov/civil\\_rights/default.htm](http://dcf.wisconsin.gov/civil_rights/default.htm)

DHS: [Instructions for completing the Civil Rights Compliant Forms](#)

DHS: [Civil Rights Complaint Form click on Civil Rights Complaint Form](#)

DWD: [http://dwd.wisconsin.gov/det/civil\\_rights/plans\\_instructions.htm](http://dwd.wisconsin.gov/det/civil_rights/plans_instructions.htm)

Complete Section 10: Discrimination Complaint/Grievance Checklist by checking “Yes” or “No” for each statement and provide clarifying information and/or appendixes as appropriate.

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

Copies of the policies that are posted for the public must be completed and signed. Copies of the policies and complaint 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 file directly with the FNS Regional Office of Civil Rights in Chicago within 5 working days (this only applies to “Age Discrimination”). FNS Regional Office of Civil Rights must refer all Age Discrimination complaints to the Federal Mediation

and Conciliation Services (FMCS) within 10 days of initial receipt by the State agency, local agency or other sub-recipient.

**11. Training Requirements**

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

**12. Self-Assessment**

Complete the Checklist by checking “Yes” or “No” for each statement and provide clarifying information and/or appendixes as appropriate. The CRC Plan provides a list of the minimum requirements for an annual self-assessment.

**B. CIVIL RIGHTS COMPLIANCE PLAN TEMPLATE**

Children and Families  
DCF-F-154-E

Health Services  
F-00164

Workforce Development  
DETS-16706-E

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 for reporting customer population data. This is a mandatory requirement of every recipient. 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 on-site-monitoring compliance visits.

<b>Employment:</b>	
1. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every ___ year. The data collection process is in compliance with ADA requirements for confidentiality.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Our agency has a system that records the race, ethnicity and gender of our employees and applicants applying for employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Service Delivery:</b>	
3. Our agency has a system that records the race, ethnicity, sex/gender and disabilities status of:	
• Participants (Self-identification by the applicant, participant is the preferred method of obtaining characteristic data)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Number of potentially eligible or likely to be eligible participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Number of eligible LEP participants in separate programs	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Interpretation needs of LEP participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Number of written translation of vital documents for LEP groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Number of sign language interpretation requests received from the deaf and hard of hearing participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Other accommodation requests and needs from participants with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>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.</i>	

**Instructions for Complete 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 and retained on a program by program basis. The data should be kept as part of the CRC Plan requirements and will be reviewed if a desk audit or an on-site visit is conducted during a compliance review.

For recipient 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 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:

- African American or African;
- American Indian or Alaska Native;
- Asian;
- Native Hawaiian or other Pacific Islander;
- White; and
- More than one race
- 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 eligible population likely to be encountered by programs in their service area.
- The number of oral interpretation requested by LEP 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% 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 US 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 accommodations request received and services provided to applicants and participants with disabilities.

**5. Customer Service Population Data Analysis**  
[\(Link to additional Population Data Analysis Charts\)](#)

Program Name(s): \_\_\_\_\_ (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.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area		100%		100%	N/A
White, not of Hispanic origin					N/A
African American or African origin		Combined #: _____	Combined #: _____	Combined #: _____	Combined #: _____
American Indian or Alaska Native					
Asian					
Hispanic/Latino Regardless of age					
Native Hawaiian or Other Pacific Islander					
<a href="#">Females</a>					
<a href="#">Persons with Disabilities</a>					

\*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

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

What can be tried to improve participation?

If denials for service (Includes IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that record 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 on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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

**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 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 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:                      To:

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

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
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 Population Likely to be 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 numbers should reflect the numbers entered into the Customer Service Population Analysis column “Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** mean 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”** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the \_\_\_\_\_ programs administered by \_\_\_\_\_ agency.

Program Names: \_\_\_\_\_ (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) = \_\_\_\_\_.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance & Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	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:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hmong:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>BSC(*)</b> :			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Somali:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(\*) BSC = Bosnian/Serbian/Croatian

### Summary for LEP Customer Data Analysis

- Service Area:
- Data Source(s):
- Data From Previous 12 Months - From:                      To:

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

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

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
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:

- a.  Oral interpretation is provided upon request at no charge to the customer.
- b.  We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c.  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 per LEP patient is part of our database.

**Written Translation:**

- d.  Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e.  The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f.  There are fewer than 5% 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 <b>Appendix D</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Instead of utilizing the model Equal Opportunity Policy Statement provided by the DCF, DHS, DWD, we are using our own policy statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Our agency is utilizing the DCF, DHS, DWD model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Instead of utilizing the model for LEP Policy Statement provided by DCF, DHS, DWD, we have provided our own policy statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Our equal opportunity policy includes all of the protected groups required by federal and state employment and service delivery laws and our LEP Policy reflects the LEP Federal Guidance and DCF, DHS, and DWD requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. We will disseminate the policy statements for both Equal Opportunity and LEP in the following ways:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) The policies are included in our policy and operating procedures manual.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) The policies are permanently posted where current customers and applicants applying for services may review and read them in their own languages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) The policies are reviewed annually and updated by the Agency Head, Managers, Supervisors and Frontline staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) An Equal Opportunity in Employment and Service Delivery statement is posted in required languages on our entity's home web page.	<input type="checkbox"/> Yes <input type="checkbox"/> No

e) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Is a short form of the policies included in recruitment materials, use of media, publications, phone listings, directories and web site(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) USDA-FNS funded programs require nondiscrimination statements for FNS programs. The nondiscrimination statement does not need to be included in every page of the program brochures or Web pages. At the minimum, the statement can be linked to the home page. <ul style="list-style-type: none"> <li>• Does your agency' sources of information, such as brochures, Web sites, and other outreach material include the FNS nondiscrimination statement?</li> <li>• Does the County or local agencies instruct their sub-recipients to inform the public about FNS programs and nondiscrimination statement?</li> </ul>	<input type="checkbox"/> Does not Apply  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
h) The EO and LEP policies are incorporated in contracts, agreements and Purchase Orders with vendors and contractors for services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Customer referral sources are notified of the EO and LEP policies.	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Our EOC and LEPC have direct access to the organization head to discuss equal opportunity and LEP issues or activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Our EOC and LEPC receive or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>• Indicate date EOC received CRC Training _____</li> <li>• Indicate date LEPC received CRC Training _____</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The names of our EOC and LEPC are typed on the Recipient Contact Information and Signature Page and the individuals signed the page indicating an understanding of their responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Our EOC and LEPC have the following responsibilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Handling service delivery, employment discrimination and language access complaints.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Preparing equal opportunity and language access plans and reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Acting as a liaison between the provider, DCF, DHS, DWD federal agencies and the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Monitoring, conducting compliance reviews, and evaluating equal opportunity and language access activities in the organization.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <ul style="list-style-type: none"> <li>• Provide Name: _____</li> <li>• Sub-recipients/Subcontractors</li> <li>• Supervisors/Managers/Administrators</li> <li>• Frontline Staff</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Providing input to management to improve language access and equal opportunity in employment and service delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Where functions relate to equal opportunity and language access, the LEPC and EOC will plan and carry out functions in unison.	<input type="checkbox"/> Yes <input type="checkbox"/> 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

1) 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 <b>Appendix I</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Public entities and public accommodations are required to follow specific architectural standards in the new construction and alteration of their buildings. Public accommodations 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 for new construction or facilities undergoing alteration we recommend entities use the <a href="#">ADAAG Accessibility Checklist</a> . Entity that completed a previous ADAAG Accessibility Checklist should maintain a copy on file and make it available at the time an on-site-monitoring visit is conducted by the contracting entity or CRC monitoring staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Our agency assures that services are equally available to everyone by: <ul style="list-style-type: none"> <li>a) 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, facilities assignments, communication of information and referrals to other services.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>b) 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.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

c) Providing sign-language interpreters for those who are deaf and hard of hearing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Providing interpreters to assist applicants and customers with limited ability to read speak or understand English.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) <b>NOTE:</b> Recipients must <b>PROMINENTLY</b> display "I Speak" posters in the customer's language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients, The I speak poster must state, " <b>You have the right to an interpreter at no cost to you. Please point to your language,</b> " the statement must be translated to reflect the LEP languages according to the recipients LEP Customer Data Analysis for their service area. <a href="#">The "I Speak" Card can be printed directly from the website by clicking on this link.</a> For pre-literate populations or language groups, provide an audio format or version of this information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Providing readers or assistive technology for persons with visual impairments when a request for an accommodation is made.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Providing special assistance in the form of an accommodation for persons with developmental or learning disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Providing services to eligible applicants or participants who are in a protective status (i.e., eligible immigrants), 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards on local levels through notification of membership opportunities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Allocating funds for programs, services, and activities in a non-discriminatory manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) 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, range of benefits provided in proportion to the number of such members in the service area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) Establishing or developing program service areas to integrate members of protected classes and enabling them to receive equal opportunity in service delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No
o) Incorporating training and posting policies for our employees regarding treating protected class members with full courtesy, 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) Providing culturally trained bilingual and/or bicultural qualified staff and specialized services to maximize use and completion of the program by the protected class.	<input type="checkbox"/> Yes <input type="checkbox"/> No

q) Ensuring that sanctions and terminations are applied in a culturally sensitive, nondiscriminatory manner without regard to protected status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
r) Providing access through Telecommunication Device for the Deaf (TDD) or Wisconsin Relay Service (WRS) for the deaf and hard of hearing participants upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
s) Notifying LEP customers of their right to ask for translation at no cost to a language other than English whenever they access programs and services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
t) Preparing a listing of our vital documents requiring written translation and updating annually to reflect which documents have been translated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
u) Developing policies on confidentiality and code of ethics for oral interpretation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) Developing collaborative partnerships to the extent possible, with culturally relevant community based organizations and stakeholders. For example, establishing an LEP Council as advisory to your agency on cultural and linguistic issues of the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Our agency uses the following methods of written translation services:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Contract with an outside translation services to translate the agency's vital documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Partner with community associations for paid or voluntary translation of vital documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Receive and utilize translated materials only from federal and state agencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Our agency uses the following methods of oral interpretation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Establish oral language procedures for taking incoming calls from LEP persons and trained our receptions to utilize oral interpretation resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Our agency hires bilingual staff who are proficient in the following languages: a. Spanish b. Hmong c. Russian d. Other languages _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Use a language line for languages not often used in the service area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Partner with other community organizations for paid or voluntary oral interpretation services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>6) List methods used to communicate vital documents to customers. Check all that apply:</p> <p><input type="checkbox"/> Video</p> <p><input type="checkbox"/> Web Sites</p> <p><input type="checkbox"/> Posters</p> <p><input type="checkbox"/> Voice Mail Messages</p> <p><input type="checkbox"/> Interactive Voice Response (IVR)</p> <p><input type="checkbox"/> Television</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Community Newspaper</p> <p><input type="checkbox"/> Other</p>	
--	--

*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.*

### 10. Discrimination Complaint/Grievance Procedures

<p>1) Our agency is utilizing the DCF, DHS, DWD model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, including the translations required in accordance with LEP Plan for vital documents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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:</p> <ul style="list-style-type: none"> <li>• DCF</li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• DHS Instructions to complete the complaint <a href="http://dhs.wisconsin.gov/forms/f8f80983a.pdf">http://dhs.wisconsin.gov/forms/f8f80983a.pdf</a></li> <li>• DWD</li> <li>• US DHHS Region V Office of Civil Rights, Chicago</li> <li>• US DOJ Office of Civil Rights, Washington D.C.</li> <li>• USDA, Office of Civil Rights, Washington D.C.</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3) Our organization will implement the following procedures:</p>	
<p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b) All written investigation documents are held confidential.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c) All participants in complaint investigations are advised and protected from retaliation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d) Complaints received will be acknowledged within 5 calendar days including appeal rights. If extensions are needed, the complainant will be notified.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

e) Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Corrective action is taken when evidence of discrimination has been found.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Translators, interpreters and/or readers, who meet the communication needs of customers, are provided by the agency during the complaint process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Customers are permitted to have representatives of their choice during the complaint process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i) Complainants are made aware of other venues of redress, including the right to appeal for:</p> <ul style="list-style-type: none"> <li>• Discrimination in service delivery or language access to: <ul style="list-style-type: none"> <li>• DCF Civil Rights Unit</li> <li>• DHS Civil Rights Compliance Office</li> <li>• DWD Civil Rights Unit</li> <li>• Appropriate Federal Office for Civil Rights (depending on the source of federal funds)</li> </ul> </li> </ul> <p>ii). Negative program decisions to:</p> <ul style="list-style-type: none"> <li>• Division of Hearings and Appeals (DOA)</li> </ul> <p>iii). Federal Agencies:</p> <ul style="list-style-type: none"> <li>• US DHHS, Region V OCR, Chicago</li> <li>• USDA, Office of Civil Rights, Washington D.C.</li> <li>• US DOJ, Office of Civil Rights, Washington D.C.</li> </ul> <p>(Note: Recipients or Sub-recipients administering USDA-FNS, this includes the Supplemental Nutrition Assistance Program (SNAP), Formally (Food Stamps), WIC Program, and TEFAP services, and activities must forward all complaints alleging discrimination on the basis of "age" to the appropriate State agency, DHS who must forward all complaints asserting age discrimination to FNS Regional Office of Civil Rights for investigation.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>j) <b>Employees</b> are made aware of other venues of redress for: Discrimination in employment conditions to:</p> <ul style="list-style-type: none"> <li>• Wisconsin Equal Rights Division (ERD)</li> <li>• Equal Employment Opportunity Commission (EEOC), US DOJ</li> <li>• Federal Office of Contract Compliance (FOCC) US DOL</li> <li>• Appropriate Federal Office for Civil Rights (depending on the source of federal funds).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
k) Recipient or sub-recipient staff will assist complainants during the complaint process if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> 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

1) The following CRC training requirements apply to Agency Heads, Administrators, Mid-Level Managers and Front-line staff of <b>Non-USDA-FNS</b> funded recipients:	
a) New employees, managers are informed of the CRC policies as part of their orientation program and in-service training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) New staff will receive training on the CRC policies, along with instructions on how the laws and regulations provide protections to protected groups involving equal opportunity in employment and service delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Copies of the civil rights laws and regulations are made available to staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Staff refresher training on CRC and updates are required once every three years if you are a non-USDA-FNS funded program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) 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, the agency does not have to answer 3 a-e below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Annual CRC training is required for staff of recipients administering USDA-FNS funded programs, services and activities. These include; FoodShare, FSET, WIC, and TEFAP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Our agency will provide annual CRC training to the following staff: <ul style="list-style-type: none"> <li>• Agency Heads</li> <li>• Administrators</li> <li>• Mid-Level Managers</li> <li>• Front-line staff</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b) New employees, managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) New staff will receive training on the policies, along with instructions on the laws and regulations concerning equal opportunity in employment and service delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Copies of the nondiscrimination laws and regulations are made available to staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) 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 the following: <ul style="list-style-type: none"> <li>• Sub-recipients and their Supervisors, Managers, Administrators Frontline Staff</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
1) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Take appropriate remedial steps to eliminate the effects of any discrimination or adverse impact that resulted from past policies or practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Monitor reasonable accommodation procedures for employees with disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Make improvements to facilities as reasonable and necessary, providing physical accessibility to persons with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Monitor the civil rights and equal employment opportunity compliance assurance of sub-grantees, sub-contractors and/or vendors on a biennial basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Assess entity's representation of members of protected classes, participation on boards, councils, as volunteers, and opportunities to become sub-grantees where appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Maintain reports of providers, recipients, sub-recipients, and vendors' compliance and steps to achieve compliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Maintain reports of all complaints by name, address, date, protected basis, nature, and investigation status. These reports must be accessible during on-site visits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.*

## APPENDIX A Recipient Contact Information and Signature Page

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient/Direct Vendor		
Street Address		
City	State	Zip Code
Name of Equal Opportunity Coordinator		
Signature of Equal Opportunity Coordinator		Signature Date
Telephone Number ( ) -		Email Address
Name of Limited English Proficiency (LEP) Coordinator		
Signature of LEP Coordinator		Signature Date
Telephone Number ( ) -		Email Address
Name of Executive Director or Chief Executive Officer (CEO)		
Signature of Executive Director or CEO		Signature Date
Telephone Number ( ) -		Email Address

### Notes:

- Be sure to show the names in print and have the form signed where indicated.
- Important. Please provide e-mail addresses, as we may communicate policy updates and other program information to the recipient, via e-mail.
- Be sure to print their names and have them sign the form.

### Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

**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	<b>DCF</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	<b>DHS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	<b>DWD</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	<b>COUNTY AGENCY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

**Note:** If you have more than 3 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 agency 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 agency 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 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"/> Wisconsin Works (W-2)	<input type="checkbox"/> Promoting Safe and Stable Families
<input type="checkbox"/> Adoption	<input type="checkbox"/> Adoption Assistance Program
<input type="checkbox"/> Child Support	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Child Care Program & Licensing	<input type="checkbox"/> Kinship Care
<input type="checkbox"/> Children Residential Programs – Licensing	<input type="checkbox"/> Child Welfare Licensing
<input type="checkbox"/> Child Placing Agencies- Licensing	<input type="checkbox"/> Indian Child Welfare
<input type="checkbox"/> Child Care Certification	<input type="checkbox"/> Domestic Violence/Domestic Abuse Programs
<input type="checkbox"/> Quality Child Care Initiative	<input type="checkbox"/> Independent Living
<input type="checkbox"/> Child Abuse and Neglect (Child Protective Services)	<input type="checkbox"/> Paternal Interest Registry
<input type="checkbox"/> Interstate Compact on the Placement of Children	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Milwaukee Child Welfare Program	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Immigrant Integration – Social Services	<input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP)
<input type="checkbox"/> Immigrant Integration – Older Refugee	<input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula
<input type="checkbox"/> Immigrant Integration – Preventative Health	<input type="checkbox"/> Immigrant Integration – Mental Health
<input type="checkbox"/> Immigrant Integration – Health Services	<input type="checkbox"/> TANF-GPR
<input type="checkbox"/> Refugee Cash and Medical Assistance	<input type="checkbox"/> Other (specify):

**APPENDIX C** *continued funded Programs checklist*

**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):

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Oral Health
<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input type="checkbox"/> Tobacco Control Programs
<input type="checkbox"/> Children With Special Health Care Needs	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Refugee Health
<input type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Emergency Medical Services for Children	<input type="checkbox"/> Office for the Blind and Visually Impaired
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Office on Aging
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Office of Independence and Employment
<input type="checkbox"/> Family & Community Health	<input type="checkbox"/> Physical Disabilities Resources Coordinator
<input type="checkbox"/> Health Statistics	<input type="checkbox"/> WisTech Assistive Technology Program
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Family Care
<input type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input type="checkbox"/> AODA- Comprehensive Community Services
<input type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input type="checkbox"/> Community Support Programs (CSP)	<input type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS)
<input type="checkbox"/> Integrated Service Project (CST-ISP)	<input type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input type="checkbox"/> BadgerCare-Plus	<input type="checkbox"/> FoodShare Program
<input type="checkbox"/> Medicaid Fee for Services	<input type="checkbox"/> Food Stamp Employment and Training (FSET)
<input type="checkbox"/> Office for the Deaf and Hard of Hearing	<input type="checkbox"/> Other (specify):

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

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

Other (specify):

Other (specify):

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

## APPENDIX D: EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of \_\_\_\_\_ (Organization Name) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

### EMPLOYMENT

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion<sup>1</sup>, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or non use of lawful products off the employers premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

### SERVICE DELIVERY

No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, age, sex, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Under the Food Stamp Act and USDA-FNS policy, discrimination is prohibited also on the basis of religion and political beliefs or affiliation. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.

Signature of the Executive Director or Chief Executive Officer	Date Signed
--	-------------

<sup>1</sup> Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious." These exceptions apply only to employment conditions.

## APPENDIX E: LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The (Organization Name) \_\_\_\_\_ is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of (Organization Name) \_\_\_\_\_ to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and requests the use of a family member or friend will be ask to sign a Release Form acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpreter under any circumstances.

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

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed.

(Mr./Ms.) \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ as Limited English Proficiency Coordinator. 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 to you upon request.

Signature of the Executive Director or Chief Executive Officer	Date Signed
--	-------------

## APPENDIX F: SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

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

Equal Opportunity Coordinator	Phone (Voice) ( ) -	Phone (TDD) ( ) -
Name of Complainant	Phone ( ) -	
Address (number, street, city, state, zip code)		

**Basis for Service Delivery or Employment Discrimination Complaint:** In service delivery, discrimination is prohibited on the following basis: Age, color, disability, national origin, religion, political belief or affiliation (apply to USDA-FNS programs only), race, sex or retaliation for filing a complaint, or for assisting with a complaint, opposing discrimination in a program, service or activity.

Employment discrimination is prohibited on the basis of: age (over 40), national origin or ancestry, arrest record, conviction record, color, creed or religion, disability or association with a person with a disability, genetic testing, honesty testing, marital status, pregnancy or childbirth, military service, race, sex, sexual orientation, use or non use of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

Name of the Agency and/or Employee or Employer Against Whom the Complaint is Filed.

Describe the action or treatment which 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 Satisfaction you Want:

Signature of Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
--	--------------------------

Children and Families  
DCF-F-156-E

Health Services  
F-00166

Workforce Development  
DETS-16707-E (R. 10/2009)

**APPENDIX F** *continued Service or Employment Compliant*

The information below is to be completed by the person at the agency who receives your complaint, looks into it and responds to you.

**Informal Complaint Form**

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

Agency

Actions and Individual(s) to be Investigated:

Findings (Must be completed within 30 days):

Action Taken:

Further Action Required?  Yes  No

If yes, what action is recommended?

Children and Families  
DCF-F-156-E

Health Services  
F-00166

Workforce Development  
DETS-16707-E

## APPENDIX F cont'd: HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

### Instructions for Completing Employment or Service Delivery Discrimination Complaint (Appendix F)

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non use of lawful products off the employers or service providers premises during non-working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

**IMPORTANT:** If your application for service was not taken or your were told you were not eligible for a particular program, BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or State administrative hearing review. You're right to appeal a decision or to request a State administrative hearing does not need to be connected to a discrimination complaint.

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with a state or federal agency. However, complaints alleging discrimination on the basis of age for the United States Department of Agriculture, Food and Nutrition Services (USDA-FNS) programs, this complaint will be forwarded to the appropriate FNS Regional OCR within 5 working days after receipt. FNS Regional OCR will refer the complaint to the Federal Medication and Conciliation Services (FMCS) within 10 days of initial receipt by the agency. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say that they saw, heard or experienced.

All formal complaints must be filed within 180 days of the event or treatment you feel was discrimination. However, you should file the complaint as soon as possible after the action took place. IF you file an informal complaint and you are not satisfied with the resolution, you can still file a formal complaint as long as you do it within filing time frame. Do not wait until after the filing deadline to get an answer to the informal complaint if you plan to make a formal complaint.

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator at ( ) - or TDD ( ) - .

Send the completed form back to your provider's Equal Opportunity Coordinator. His or her name should be on this form.

If you wish to file a formal discrimination complaint, you may send the completed complaint form directly to the appropriate state or federal agency listed on the following pages. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the state or federal agency will provide the results to you within 90 days.

**APPENDIX F cont'd:**

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

<b>PROGRAM</b>	<b>STATE AGENCY</b>
<p>Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, 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, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),</p>	<p><b>Wisconsin Department of Children and Families</b>                  201 E. Washington Ave, Second Floor                  P.O. Box 8916                  Madison, WI 53708-8916                  Voice: (608) 266-5335                  TTY: 1-800-864-4585</p>
<p>Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services.</p>	<p><b>Wisconsin Department of Health Services</b>                  Office of Civil Rights Compliance                  1 W. Wilson, Room 561                  P.O. Box 7850                  Madison, WI 53707                  Voice: (608) 266-9372                  TTY: 1-888-701-1251</p>
<p>Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development.</p>	<p><b>Wisconsin Department of Workforce Development</b>                  ATTN: Equal Opportunity Officer                  201 E. Washington Ave, Room G100                  P.O. Box 7972                  Madison, WI 53707-7972                  Voice: (608) 266-6889                  TDD: 866-275-1165</p>
<p>Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.</p>	<p>Equal Rights Office                  P.O. Box 8928                  Madison, WI 53708                  Telephone: (608) 266-6860                  TDD-Hearing Impaired: (608) 264-8752</p> <p>Equal Rights Office                  819 North Sixth Street, Room 255                  Milwaukee, WI 53203                  Telephone: (414) 227-4384                  TDD: (414) 227-4081</p> <p>U.S. Equal Employment Opportunity Commission                  310 W. Wisconsin Ave., Suite 800                  Milwaukee, WI 53203                  Telephone: 414-297-1111, TDD: 414-297-1115</p> <p>The Office of Federal Contract Compliance                  U.S. Department of Labor                  230 South Dearborn Street                  Chicago, IL 60603                  Telephone: 312-353-2158, TDD: 312-353-2158</p>

**APPENDIX F cont'd:**

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

PROGRAM	FEDERAL AGENCY
<p>Formal Discrimination Complaint about any of the above services administered by the Wisconsin Department of Health Services.</p>	<p>HHS, Director, Office for Civil Rights                      Room 506-F,                      200 Independence Avenue, S.W.,                      Washington, D.C. 20201                      (202)-619-0403 (Voice)                      (202)-619-3257 (TTY)</p> <p>U.S. Dept. of Health and Human Services                      Office for Civil Rights                      Region V, 233 N. Michigan Ave.                      Chicago, IL 60601                      Telephone: 312-886-2359, TDD: 315-353-5693</p>
<p>Formal Discrimination Complaint about any program receiving federal assistance.</p>	<p>Coordination and Review Section - NWB                      Civil Rights Division                      U.S. Department of Justice                      950 Pennsylvania Avenue, N.W.                      Washington, D.C. 20530</p> <p>(888) 848-5306 - English and Spanish (inglés y español)                      (202) 307-2222 (voice)                      (202) 307-2678 (TDD)</p> <p>Title VI Hotline:                      1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p><u>Disability Complaints:</u>                      U.S. Department of Justice                      Civil Rights Division                      950 Pennsylvania Avenue, NW                      Disability Rights Section - NYAV                      Washington, DC 20530</p> <p>800-514-0301 (voice)                      800-514-0383 (TTY) (also in Spanish)</p>
<p>Formal Discrimination Complaint for the Supplemental Nutrition Assistance Program (SNAP) (Formerly known as the Food Stamp Program at the Federal level) FoodShare (Formerly known as the Food Stamps in Wisconsin), WIC, TEFAP and the Food Stamp Employment and Training (FSET) Program.</p>	<p>USDA Director, Office of Civil Rights                      1400 Independence Avenue, S.W.,                      Washington, D.C. 20250-9410                      (800)-795-3272 (Voice)                      (202)-720-6382 (TTY)</p> <p>Food and Consumer Services                      Civil Rights Program                      U.S. Department of Agriculture                      77 Jackson Boulevard, 20th Floor                      Chicago, IL 60604                      (312)-353-1457(Voice)</p>

## APPENDIX G: COMPLAINANT CONSENT/RELEASE FORM

Complainant's Name:			Date (mm/dd/yyyy)	
Address:		City:	State	Zip Code
Telephone Number ( ) -	Cell Phone Number ( ) -	Email Address		
Program(s) for which this Consent/Release Form apply				

Please read the information below, initial the appropriate space, sign and date this form.

I have read the Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DCF, DHS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DCF, DHS or DWD to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that, as a complainant, I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in an action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

### CONSENT/RELEASE

**CONSENT GRANTED** - I have read and understand the above information and authorize DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize DCF, DHS or DWD to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and or medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily. Place your Initials on this line if you give consent: \_\_\_\_ *(Initials)*.

**CONSENT DENIED** - I have read and understand the information and do not want DCF, DHS or DWD to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed. Place your Initials on this line if you do not give consent: \_\_\_\_ *(Initials)*.

Signature of Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
--	--------------------------

Children and Families  
DCF-F-157

Health Services  
F-00167








Workforce Development  
DETS-16708-E

## APPENDIX H: ACRONYMS

Initial	Term	Initial	Term
AA	Affirmative Action	FBO	Faith Based Organization
AAP	Affirmative Action Plan	FMCS	Federal Medication and Conciliation Services
ADA	American with Disabilities Act of 1990	FMNP	Farmers' Market Nutrition Program
ADAAG	ADA Accessible Guidelines	FOCC	Federal Office of Contract Compliance
CBO	Community Base Organization	FS	FoodShare (Formerly Food Stamps)
CEO	Chief Executive Officer	FSET	FoodShare Employment and Training
CRC	Civil Rights Compliance	LEP	Limited English Proficiency
CSPA	Customer Service Population Analysis	LEPC	Limited English Proficiency Coordinator
DCF	Wisconsin Department of Children and Families	LOA	Letter of Assurance
DET	DWD Division of Employment and Training	MAA's	Mutual Assistance Associations
DHS	Wisconsin Department of Health Services	OMB	Regional Office for Civil Rights
DHFS	Wisconsin Department of Health and Family Services (Now DHS)	PRWOR A	Office of Management and Budget
DHHS	US Department of Health and Human Services	SSN	Personal Responsibility and Work Reconciliation Act
DOA	Wisconsin Department of Administration	SNAP	Social Security Number
DOE	US Department of Education	TDD	Supplemental Nutrition Assistance Program (Formerly known as the Federal Food Stamp Program)
DOJ	US Department of Justice	TEFAP	Telecommunications Device for the Deaf
DOL	US Department of Labor	TTY	The Emergency Food Assistance Program
DPI	Wisconsin Department of Public Instruction	USDA-FNS	Teletypewriter
DWD	Wisconsin Department of Workforce Development	WIC	United States Department of Agriculture-Food and Nutrition Service
EEOC	Equal Employment Opportunity Commission	WOCC	Women, Infants and Children Program
EOC	Equal Opportunity Coordinator	OMB	Wisconsin Office of Contract Compliance
DHFS	Wisconsin Department of Health and Family Services (Now DHS)		

Updated 09/2009

**APPENDIX I: THE WISCONSIN PROGRAMS AND SERVICES ACCESS SELF-ASSESSMENT CHECKLIST**

**Note: images are linked to definitions, located elsewhere in Appendix I. To jump to an image definition, hold down the ctrl key, while clicking on the image.**

**Introduction**

Section 504 of The Rehabilitation Act of 1973, as amended, (29 U.S.C. 794), HHS [45 C.F.R. Part 84](#) provide much broader protections than any disability law that came before it. The Rehabilitation Act makes it illegal for the federal government, federal contractors, and their sub-recipients that receive federal financial assistance to discriminate on the basis of disability. Section 504 obligates state and local governments and their sub-recipients to ensure that persons with disabilities have equal access to any programs, services, or activities receiving federal financial assistance. State and local governments and their sub-recipients must also insure that their employment practices do not discriminate on the basis of disability.

[The Americans with Disabilities Act of 1990](#) The ADA is built upon the foundation previous lay by the Rehabilitation Act. It uses as its model Section 504 definition of disability and then goes further. While Section 504 apply to entities receiving federal financial assistance only, the ADA covers all state and local governments, their federally funded recipients and sub-recipients, the law also apply to private businesses that meet the ADA’s definition of “public accommodation” (restaurants, hotels, movie theaters, and doctors’ offices hospitals, social service agencies, schools are just a few examples), commercial facilities (office buildings, factories, and warehouses), and many other private employers.

Title II is the section specifically applicable to “public entities” (state and local governments) and to the programs, services, and activities they administer. The Department of Justice (“DOJ”), through its Civil Rights Division (CRD), and the US Department of Health and Human Services (DHHS) through its Office of Civil Rights (OCR), are the key agencies responsible for enforcing Title II and for coordinating with other federal agencies’ enforcement activities under Title II. The DOJ has the ability to enforce the employment provisions of Title I of the ADA through the US Equal Employment Opportunity

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

Commission (EEOC), as they pertain to state and local government employees. DOJ is the only federal entity with the authority to initiate ADA litigation against state and local governments for employment violations under Title I of the ADA and for all violations under Title II of the ADA.

[Title II regulations for state and local governments](#) are found at Title 28, Code of Federal Regulations, Part 35 (abbreviated as 28 CFR pt. 35). The ADA Standards for Accessible Design are located in Appendix (A) of Title 28, Code of Federal Regulations, Part, 36 (abbreviated as 28 CFR pt. 36 app. A).

[Title III regulations prohibits discrimination on the basis of disability in "places of public accommodation"](#) (businesses and non-profit agencies that serve the public) and "commercial facilities" (other businesses). The regulation includes Appendix (A) to Part, 36 - Standards for Accessible Design establishing minimum standards for ensuring accessibility when designing and constructing a new facility or altering an existing facility.

## **PURPOSE**

Section 504 of the Rehabilitation Act of 1973 and the ADA of 1990 require recipients to complete a self-assessment of their programs, services and physical accessibility to the facilities by persons with disabilities. The self-assessment must be conducted with the assistance of interested persons, including disabled persons and/or organizations representing disabled persons. All federally assisted recipients and sub-recipients must review their current policies and practices and the effects thereof that do not or may not meet the requirements of Section 504. Recipients and sub-recipients must modify and take remedial steps to eliminate the effects of any discrimination that resulted from adherence to existing policies and practices after consultation with interested persons, including disabled persons and/or organizations representing disabled persons.

Public entities that employ fifty (50) or more employees must retain a copy of the self-assessment for a period of three-years. Public entities with less than fifty (50) employees are not required to retain their self-assessment by federal law; however, DHS, DCF and DWD encourage all entities to retain a copy of the self-assessment if one was conducted in the previous compliance period as evidence of the public entity's good faith efforts to comply with Title II requirements. Title II self-assessment requirements apply only to those policies and practices that previously had not been included in a self-assessment required under Section 504 if a previous Section 504 self-assessment was conducted. Since Section 504 self-assessment might have been done many years ago, DHS, DCF and DWD expects that many public entities will have to re-examine all their policies and practices. Programs and functions may have changed significantly since the Section 504 self-assessment was last completed. Actions that were taken to comply with Section 504 may not have been implemented fully or may no longer be effective.

In addition, Section 504 coverage was changed by statutory amendment by the Civil Rights Restoration Act of 1987 which expanded the definition of a covered "program or activity." Public entities need to ensure that all programs, activities, and services are examined fully, except where there is evidence that all policies were previously scrutinized when they last conducted a Section 504 self-assessment. Public entities are not required to take actions that would result in undue financial and administrative burdens. They are; however, required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

Similarly, entities considered to be public accommodations must also conduct a self-assessment to comply with specific requirements related to architectural standards for new and altered buildings. They are expected to make modifications to policies, practices, and procedures; providing effective communication to people with hearing, vision, or speech disabilities; and other access requirements. Public accommodations may have to remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources. Under the ADA, public accommodations and other places of lodging designed or constructed after January 26, 1993, must be usable by persons with disabilities.

The following self-assessment checklists are being provided to help local government programs, and public accommodation entities receiving federal assistance to comply with these laws.

A self-assessment must be conducted “with the assistance of interested persons, including disable persons or organizations representing disable persons in order for it to be acceptable(45 C.F.R. § 84.6(c). We recommend entities seek the assistance of persons with disabilities or organizations that represent persons with disabilities to assist with the internal self-assessment to insure that knowledgeable persons who have major disabilities such as: visual, hearing, mobility, and mental impairments, interest and concerns are addressed.

The self-assessment must identify the interested persons who have assisted in the process, the areas examined, the programs identified and the modifications made and/or remedial steps taken to correct the problems identified.

ACCESS ELEMENT	Suggested Modifications or Remedial Steps Taken	
<p>1. Has your facility(s) completed a self-assessment of its policies and practices to determine compliance with:</p> <ul style="list-style-type: none"> <li>✓ Section 504</li> <li>✓ Title II of the ADA (State &amp; Local Governments)</li> <li>✓ Title III of the ADA (Entities considered to be Public Accommodations)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2. If your facility previously completed a self-assessment that is less than three-years old, you may not have to conduct another self-assessment. Provide a copy of the complete self-assessment to the CRC monitoring team at the time of your on-site-monitoring visit.</p> <p><b>Check which type of self assessment checklist was used to assess your programs, services and your facility:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Section 504 of the Rehabilitation Act of 1973;</li> <li><input type="checkbox"/> Title II of the ADA (State, County and local Municipalities)</li> <li><input type="checkbox"/> Title III of the ADA (Entities covered under Public Accommodations)</li> <li><input type="checkbox"/> Other Please identify _____</li> </ul>	<p>Date self-assessment completed</p> <p>_____</p>	
<p>3. Entities with fewer than fifteen (15) employees are not required to complete a full self-assessment but must describe and keep on file, a description of the process used to evaluate the covered entity's accessibility to programs, services, activities and buildings.</p> <p>Description of the self-assessment process must include the following:</p> <ul style="list-style-type: none"> <li>✓ A list of disable persons or other interested persons consulted.</li> <li>✓ A brief description of the policies, practices and structural issues examined.</li> <li>✓ A brief description of the problems identified, modifications made or remedial steps taken.</li> </ul>		
<p>3a. Entities or facilities that employ fifteen (15) or more persons must designate at least one person to coordinate its efforts to comply with Section 504 and the ADA. The Equal Opportunity Coordinator may serve this purpose when Section 504 and ADA duties are assigned</p>	<p>Name of Equal Opportunity Coordinator</p> <p>_____</p>	
<p>3b. Entities that employ fifteen (15) or more persons must adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504 and the</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>ADA. Entities utilizing DHS, DCF, and DWD Model Complaint Policies and Procedures are compliant with this requirement; otherwise, the entity's grievance procedures must incorporate due process standards as outline in Section 504 and ADA regulations.</p>		
<p>4. A self-assessment compliant process that meets Section 504 and ADA requirements must be performed with the assistance of interested persons with disabilities or organizations representing persons with disabilities.</p> <p><b>Entities must provide:</b></p> <p>A list of all interested persons consulted.</p> <ul style="list-style-type: none"> <li>√ Identify the disabilities of each of the person (i.e., hearing impaired, use of wheelchair, blind, etc.).</li> <li>√ Identify each disability organization contacted.</li> <li>√ Identify other interested persons contacted.</li> </ul> <p>A list of all policies and practices examined relating to services and employment.</p> <p>A list of all areas reviewed to determine physical accessibility.</p> <p>A list of the problems identified.</p> <p>A description or list of the modifications made and/or remedial steps taken to correct the problems identified</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. Has the entity taken initial and continuing steps to notify participants/customers, applicants and employees that you do not discriminate on the basis of disability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. Has the entity notified unions or professional organizations that you have collective bargaining or professional agreements of your nondiscrimination policies?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7. Has the entity taken steps to include persons with impaired vision or hearing in fulfilling the community notification requirements of your nondiscrimination policies?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>8. Dose the entity's published material include a nondiscrimination notice stating the entity does not discriminate on the basis of disability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. Has the entity reviewed contracts it may have with employment and referral agencies, with labor unions, with organizations providing or administering fringe benefits to employees, and with organizations providing training and apprenticeship programs to make sure that you are not, subjecting disable persons to discrimination through such contracts?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Has your entity included a nondiscrimination clause in your contracts and subcontract(s)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>11. Has your entity taken steps to ensure that, when you recruit for employees, your hiring procedures do not exclude any class of disabled persons because of the nature of the media used?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12. Has the entity reviewed policies related to hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right to return from layoff and rehiring to ensure that they are not discriminatory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>13. Has the entity reviewed fringe benefits such as medical, hospital, accident or life insurance, and retirement offering to ensure that they are not discriminatory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

14. Is the entity's in-service educational, social and recreational opportunities and activities made available to all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does the entity have a policy concerning reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Does the entity have an adequate process and procedures to insure documentation of decisions regarding refusal to hire or promote because of undue hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is the entity's Human Resource Office located in a facility that is full accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Has the entity conducted a review of the physical and mental requirements of the primary duties of each job descriptions to ensure that no criteria are included that would discriminate against disable persons unless such criteria are specifically necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is the entity's employment application form and hiring process devoid of questions regarding disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. If the answer to item # 20 is no, does the entity employment application questions comply with Section 84.14 (b) of the regulations and compliant with ADA Title I requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are all your programs or activities readily accessible to disabled persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. In choosing methods to make your programs accessible, have you given priority to those methods that allow disabled persons to participate in your programs or activities in the most integrated setting appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If you are planning structural changes, has the entity developed a transitional plan that identify methods to be use to ensure program accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Are you aware of the ADA requirements that contain the scoping and technical requirements that apply to design, construction and alteration of buildings and facilities of covered entities under Title II and Title III of the ADA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Has the covered entity completed an ADA Accessibility Guidelines for Buildings and Facilities (ADAAG) Checklist prior to designing, constructing or doing alterations to existing buildings and facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Does the covered entity have procedures to ensure that qualified disabled persons are not denied benefits or services solely on the basis of their disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Does the covered entity have procedures to ensure that different or separate services or benefits to disabled persons are not provided unless necessary to provide qualified disable persons with benefits and services that are as effective as those provided to other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Is the covered entity's postings and notification statements clearly stated, visible, and in alternate formats and sufficient for insuring that people with impaired sensory or speaking skills receive information as to the existence and location of services, activities and facilities accessible to and usable by disabled persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Has the covered entity established procedures for communicating with hearing-impaired persons for the purpose of providing direct services or in the case of a hospital provision of emergency care during an ER visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Has the covered entity prepared plans, procedures, and methods for providing auxiliary aids to disable persons to afford them an equal benefit to the services offered by the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

31. Covered entities that are hospitals, out-patient facilities and ADOA programs must have procedures to ensure that a drug or alcohol abuser, who is suffering from a medical condition, is not denied admission or treatment solely because of his other drug abuse or alcoholism?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	--

**The American with Disability Act of 1990  
Accessibility Guidelines (ADAAG) Requirements for Covered Entities under  
Title II and Title III Checklist for Buildings and Facilities**

State and local governments are covered under the public entity's Title II regulations and public accommodations entities are covered under Title III. Both Title II and Title III required covered entities to utilize the American with Disability Act (ADA) Accessibility Guidelines (ADAAG) Checklists when conduct their self-assessment for existing facilities and/or for new or remodeled facilities. The ADAAG provide separate checklists for different types of facilities to assist individuals and entities comply with their rights and duties. The checklists present information in summary form on the Department of Transportation (DOT) and Department of Justice (DOJ) regulations. Entities should use the checklist together with DOT or DOJ regulations and the ADAAG for accuracy.

The purpose of the checklists are intended to assist covered entities to survey places of public accommodations, commercial facilities, and transportation facilities for compliance with new construction and alterations requirements of Title II, Subtitle B (Public Transportation) and Title III of the ADA. The checklist can be used to identify barriers in existing buildings. Completion of this checklist in its self may not constitute compliance under Title II or Title III. The entity should demonstrate by making good faith efforts to document the process use, and steps it is taking to eliminated barriers to programs, services, activities, and their facilities.

To access the appropriate ADAAG checklist click on the following link to obtain further instructions for completing the correct surveys. The size of the document is fairly large (8.90 MB) so it may take a few minutes to download:

<http://www.access-board.gov/adaag/checklist/pdf/a16.pdf>

## Access (Other Than Print or Braille) for Individuals Who Are

### BLIND OR HAVE LOW VISION



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

### SYMBOL FOR ACCESSIBILITY



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

### AUDIO DESCRIPTION



**AUDIO DESCRIPTION** is a service for persons who are blind or have low vision that makes the performing arts, visual arts, television, video, and film more accessible. Description of visual elements is provided by a trained Audio Describer through the Secondary Audio Program (SAP) of televisions and monitors equipped with stereo sound. An adapter for non-stereo TVs is available through the American Foundation for the Blind, (800) 829-0500. For live Audio Description, a trained Audio Describer offers live commentary or narration (via headphones and a small transmitter) consisting of concise, objective descriptions of visual elements: i.e., a theater performance or a visual arts exhibition.

### TELEPHONE TYPEWRITER (TTY)



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

### VOLUME CONTROL TELEPHONE



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

## ASSISTIVE LISTENING SYSTEMS



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

## SIGN LANGUAGE INTERPRETATION



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

## Accessible Print (18 pt. or Larger)



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

## THE INFORMATION SYMBOL



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

## CLOSED CAPTIONING (CC)



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

instruction to press a button for captioning.

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

## 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.