

Department of Workforce Development
Department of Health and Family Services

CIVIL RIGHTS COMPLIANCE PLAN

(For the funding period from January 1, 2007 to December 31, 2009)

B. CRC PLAN TEMPLATE

1. RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Recipient La Crosse County Human Services	
Address (include zip code and county) 300 N 4 th Street La Crosse WI 54601	
Print Name of Equal Opportunity Coordinator Kathy Hafner	
Signature of Equal Opportunity Coordinator	Signature Date 12-28-06
Phone Number (608) 785-6084	Email Hafner.kathy@co.la-crosse.wi.us
Print Name of Limited English Proficiency (LEP) Coordinator Kathy Hafner	
Signature of LEP Coordinator	Signature Date 12-28-06
Phone Number (608) 785-6084	Email Hafner.kathy@co.la-crosse.wi.us
Print Name of Executive Director or Chief Executive Officer (CEO) Gerald Huber	
Signature of Executive Director or CEO	Signature Date 12-28-06
Phone Number (608) 785-6095	Email Huber.gerald@co.la-crosse.wi.us

Notes:

- **Be sure to show the names in print as well as include their signatures.**
- **Important.** Please provide e-mail address(es) as we use e-mail to communicate training opportunities and policy updates.

2. FUNDING RELATIONSHIP TO DWD/DHFS AND/OR ANOTHER ENTITY**Please check as many as applicable:**

	List of Contract or Program Name	Contract Amount (\$)
1. Our agency has a direct contract, purchase order (PO), or funding agreement with DWD. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. CCCIG	42,141
	2. W-2	686,510
	3. FSET	71,153
	4. ChildCare	168,993
2. Our agency has a direct contract, purchase order (PO), or funding agreement with DHFS. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. See following list	
	2.	
	3.	



State of Wisconsin
Department of Health and Family Services

2007 State / County Allocations

From 01/01/07 to 12/31/07, updated 11/16/06

County Agency # Agency Type
LaCrosse 32 44

Profile Number and Description	Allocation
381 ADJ ALZHEIMER CAREGIVER SUPPORT	30,800
561 2007 BCA (Less Match)	4,084,949
681 2007 STATE MATCH	492,025
306 SAFE AND STABLE FAMILIES	61,800
313 ADULT PROTECTIVE SERVICES	62,953
342 IV-E INCENTIVE	187,217
360 IV-E Independent Living	21,450
367 COP	478,315
377 KINSHIP BENEFITS	229,544
380 KINSHIP ASSESS-MENTS	13,701
427 CLTS DD AUTISM FEDERAL	255,688
428 CLTS DD FEDERAL	415,144
429 CLTS DD FEDERAL OTHER	201,331
437 CLTS MH AUTISM FEDERAL	49,489
438 CLTS MH FEDERAL	156,542
439 CLTS MH FEDERAL OTHER	40,620
448 CLTS PD FEDERAL	37,084
449 CLTS PD FEDERAL OTHER	30,465
450 CLTS AUTISM NON-FEDERAL	189,295
451 CLTS MH AUTISM NON-FEDERAL	36,639
460 CLTS NON-FEDERAL OTHER	149,054
461 CLTS MH NON-FED OTHER	30,073
462 CLTS OTHER PD GPR	22,555
504 CSP WAIT LIST	61,500
530 INTEGRATED SERVICES FOR CHILDREN WITH	80,000
531 NON-RESIDENT - 997 (SUM SUFFICIENT)	S
550 BIRTH TO THREE	202,307
559 IMD REGULAR RELOC-ATION	70,847
569 MENTAL HEALTH COMMUNITY AIDS	56,779
570 ACDA BLOCK GRANT	204,793
571 IMD-OBRA	35,452
577 FAMILY SUPPORT	99,173
582 SERVICES TO PERSONS IN TREATMENT	36,000
585 IV DRUG	55,000
Allocation Total	8,178,584

S = Sum Sufficient

- If you answered Yes to only number 1 above, you should submit your CRC Plan to DWD for approval.
- If you answered Yes to only number 2 above, you should submit your CRC Plan to DHFS for approval.
- If you answered Yes to both numbers 1 and 2 above, you may submit your CRC Letter of Assurance or CRC Plan to either DWD or DHFS for approval, **except** all W-2 agencies must submit their CRC Letters of Assurance or CRC Plans to the appropriate DWD Bureau of W-2 Regional Office.

3. Our agency has a direct contract with DWD or DHFS, otherwise known as a Primary Recipient **and** also has issued a subcontract to another Primary Recipient of DWD or DHFS for programs/services/activities covered under the requirements of this document.

☐ Yes ☒ No

3a. If you answered Yes to 3 above, identify the Primary Recipients to which you have issued subcontracts for programs/services/activities covered by the requirements of this document:

- | | | |
|-----------------------------|------------------------------|---------------|
| a. County | <input type="checkbox"/> Yes | Agency: _____ |
| b. Municipality | <input type="checkbox"/> Yes | _____ |
| c. University | <input type="checkbox"/> Yes | _____ |
| d. School District | <input type="checkbox"/> Yes | _____ |
| e. Area Technical College | <input type="checkbox"/> Yes | _____ |
| f. Profit/Non-profit Entity | <input type="checkbox"/> Yes | _____ |

If you checked Yes for any of the above entities, those entities listed, as Primary Recipients, should submit their CRC Letter of Assurance or CRC Plan to DWD or DHFS for review and approval. The CRC Letter of Assurance or CRC Plan should include the programs/funds under the subcontract. You may defer to DWD or DHFS for the review and approval of their CRC Letter of Assurance or CRC Plan that includes the subcontract.

4. Our agency has a direct contract with DWD or DHFS **and** also is the recipient of a subcontract from another Primary Recipient of DWD or DHFS for programs/services/activities covered under the requirements of this document.

☐ Yes ☒ No

If you checked Yes here, you should include the programs/services/activities under the subcontract in your CRC Letter of Assurance or CRC Plan submitted to DWD or DHFS for approval.

4a. If you answered Yes to 4 above, identify the Primary Recipients from which you are a recipient of a subcontract for programs/services/activities covered by the requirements of this document:

- | | | |
|--------------------|------------------------------|---------------|
| a. County | <input type="checkbox"/> Yes | Agency: _____ |
| b. Municipality | <input type="checkbox"/> Yes | _____ |
| c. University | <input type="checkbox"/> Yes | _____ |
| d. School District | <input type="checkbox"/> Yes | _____ |

e. Area Technical College

☐ Yes

f. Profit/Non-profit Entity

☐ Yes

If you checked Yes for any of the above entities, those entities listed, as Primary Recipients, should submit their CRC Letter of Assurance or CRC Plan to DWD or DHFS for review and approval, and those entities may defer to DWD or DHFS for the review and approval of your CRC Letter of Assurance or CRC Plan that includes the subcontract.

Note: If you are unsure if an entity is a Primary Recipient of DWD or DHFS, please contact the appropriate representatives identified in Section H Technical Assistance.

3. FUNDED PROGRAMS CHECKLIST

Please check all the programs/services/activities received under grant/contract or other agreement from DWD that are covered by this CRC Letter of Assurance or CRC Plan:

<input checked="" type="checkbox"/> Wisconsin Works (W-2)	<input checked="" type="checkbox"/> FoodShare Employment & Training
<input type="checkbox"/> Workforce Investment Act (WIA)	<input type="checkbox"/> Refugee Programs
<input checked="" type="checkbox"/> Child Support	<input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Child Care	<input type="checkbox"/> Other (specify):

Please check all the programs/services/activities received under grant/contract or other agreement from DHFS that are covered by this CRC Letter of Assurance or CRC Plan:

<input type="checkbox"/> Adoption and Foster Care	<input checked="" type="checkbox"/> FoodShare Wisconsin (Food Stamps)
<input type="checkbox"/> Aging	<input type="checkbox"/> Home Consultation Services for Child-related Programs
<input type="checkbox"/> Programs and Services for the Blind	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Chronic Disease and Health Prevention	<input checked="" type="checkbox"/> Medicaid Health Care, BadgerCare, SeniorCare, FamilyCare
<input type="checkbox"/> Communicable Diseases	<input checked="" type="checkbox"/> Mental Health
<input type="checkbox"/> Programs/Services for Deaf & Hard of Hearing	<input type="checkbox"/> Milwaukee Child Welfare Program
<input checked="" type="checkbox"/> Developmental Disability	<input type="checkbox"/> Bioterrorism
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Regulations and Licensing for Child Care, Group Foster Homes and Child Welfare
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input checked="" type="checkbox"/> Substance Abuse/Tobacco
<input type="checkbox"/> Environmental Health	<input checked="" type="checkbox"/> Foster Care/Kinship Care
<input type="checkbox"/> Family Health and Community Health	<input type="checkbox"/> Refugee Health
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

Other DHFS Type A Programs: (See Single Agency Audit requirements for description of Types)

<input type="checkbox"/> Brain Injury, Community Supported Living Arrangement	<input type="checkbox"/> Community Options Program Waivers (COP-W)
<input type="checkbox"/> Case Management Agency Provider/ Wisconsin Medical Assistance Program	<input type="checkbox"/> Long Term Care/Family Care
<input type="checkbox"/> Community Integration Program IA, IB (CIP IA, CIP IB)	<input type="checkbox"/> Medicaid Personal Care Program
<input type="checkbox"/> Community Integration Program II (CIP II)	<input type="checkbox"/> Other (specify):

Note: If not included in the charts above, write in the space above the specific program or grant that you administer that receives federal and/or state funds.

4. DATA COLLECTION:

In order to complete our agency's workforce and customer service population analyses to comply with the requirements of the CRC Plan, our agency has the following data collection activities:

<p>Employment:</p> <p>a. 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.</p> <p>b. Our agency has a system that records the race and ethnicity of our employees</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Service Delivery:</p> <p>a. Our agency has a system that records the race, ethnicity and persons with disabilities of:</p> <ul style="list-style-type: none"> Participants (Self-identification by the applicant, participant is the preferred method of obtaining characteristic data) <p>b. Our agency has a system to record the:</p> <ul style="list-style-type: none"> Number of eligible LEP participants in programs Interpretation needs of LEP participants List of written translation of vital documents for LEP groups Sign language interpretation needs of the deaf and hard of hearing participants Other accommodation needs of participants with disabilities 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you responded "No" to any of the above questions, describe your plan for addressing these requirements, including target dates for completion of milestones, in the following space:

To date, The La Crosse County Personnel Department does not have ability to track effectively employees with disabilities

5. WORKFORCE ANALYSIS

As stated in the Instructions, the purpose of the Workforce Analysis is to compare your workforce with the available labor market in your area to determine if women, minorities and persons with disabilities are represented in your workforce in at least as great a proportion as their representation in the available labor market.

Step 1 - Labor Market Area Analysis: Use the DWD Labor Market website to access your labor market area's data <http://dwd.wisconsin.gov/oea/affirm.htm>. Select applicable county or metropolitan area and complete the data for job categories included in your agency's workforce. For example, if you do not have any positions under "Sales Workers" you do not need to calculate the Labor Market Area percentages for "Sales Workers."

Job Categories	Labor Market Area Totals	Females		Minorities	
		Totals	%	Totals	%
Officials & Managers	5274	1847	35	50	.9
Professionals	10597	6226	59	353	3
Technicians	1679	1034	62	49	3
Sales Workers	7010	3549	51	187	3
Office & Clerical Workers	9557	7141	75	309	3
Craft Workers	5091	310	6	176	3
Operatives	7888	2268	29	662	8
Laborers	2600	424	16	109	4
Service Workers	9653	6181	64	549	6

Step 2 - Workforce Analysis of Your Agency: Employees include all full-time, part-time and temporary employees that you employ in Wisconsin within one year of receiving the State of Wisconsin contract. If your agency belongs to a multi or international corporation, report only the number of employees actually working in Wisconsin. Individuals who work for your organization under a vendor's contract are NOT considered your agency's employees.

Job Categories	Agency Workforce Totals	Females		Minorities	
		Totals	%	Totals	%
Officials & Managers	84	42	50	0	0
Professionals	357	243	68	6	2
Technicians	101	58	57	1	.9
Sales Workers	0				
Office & Clerical Workers	302	269	89	21	7
Craft Workers	0				
Operatives	0				
Laborers	0				
Service Workers	162	68	42	10	6

Step 3 - Analysis for Under-representation by Job Groups in Your Agency: By comparing the representation of minorities and women in your workforce with their representation in the labor market, you will determine which, if any, job categories are under-represented. To compute the variance between the representation in the Labor Market Area as it compares with your agency's workforce, take the labor market percentage of the Job Group for each protected group and subtract this percentage from your workforce percentage.

Variance = (Agency Workforce % - Labor Market %)

a) For Women:

	<i>From Step 1</i>	<i>From Step 2</i>	
Job Categories	Labor Market % (a)	Agency Workforce % (b)	Variance (+/-) b-a
Officials & Managers	35	50	15 +
Professionals	59	68	9 +
Technicians	62	57	5 -
Sales Workers	0	0	
Office & Clerical Workers	75	89	14 +
Craft Workers	0		
Operatives	0		
Laborers	0		
Service Workers	64	42	22 -

Is there a negative variance for any job category? ☒ Yes ☐ No

If yes, specify which category or categories: Technicians / Service Workers

b) For Minorities:

	From Step 1	From Step 2	
Job Categories	Labor Market % (a)	Agency Workforce % (b)	Variance (+/-) b-a
Officials & Managers	.9	0	.9 -
Professionals	3	2	1 -
Technicians	3	.9	2 -
Sales Workers	0		
Office & Clerical Workers	3	7	4 +
Craft Workers	0		
Operatives	0		
Laborers	0		
Service Workers	6	6	0

Is there a negative variance for any job category? ☒ Yes ☐ No

If yes, specify which category or categories: Office & Managers / Professionals / Technicians /

c) For Persons with Disabilities:

Use the data on page one for a county or metropolitan area from <http://dwd.wisconsin.gov/oea/affirm.htm> to determine what percent of the Labor Force is made up of persons with a disability.

Total Labor Market: = 59519 (a)		Total Agency Workforce: = _____ (d)		Variance (+/-) f-c
Number of persons with disabilities in labor market = 2038	Percent (b/a) = 3.4%	Number of persons with disabilities in the agency = 0	Percent (e/d): 0%	
(b)	(c)	(e)	(f)	

Is the variance negative? ☐ Yes ☒ No **Information unknown**

This Workforce Analysis was prepared by:

Name Kathy Hafner	
Title Office Supervisor	Date 12-29-06

6. AFFIRMATIVE ACTION GOALS AND STEPS FOR ACHIEVING A BALANCED WORKFORCE

If a **negative variance exists** for any protected group (i.e., women, minorities or persons with a disability) above, describe your corrective action goals and steps for addressing under-representation of this group. Please attach separately the Affirmative Action Goals and Steps as described in A.6 of the instructions that will reflect your agency's strategy and recruitment plan for a qualified and competent balanced workforce.

If a **negative variance does not exist**, the agency does not need to submit Affirmative Action Goals and Steps; however, the agency must still complete the workforce data analysis section to illustrate compliance plus **Attachment 1**---Equal Employment Opportunity Policy. **Attachment 1** provides a model of that policy.

Our agency has submitted: (Please check)

☐ AA Goals and Steps to Achieve a Balanced Workforce

☒ Equal Employment Opportunity Policy (Attachment 1 or agency's own policy)



1 EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY

2 PURPOSE

- To establish the La Crosse County policy for equal opportunity in employment and service delivery
- To encourage employees and members of the public who are victims of harassment, poor treatment or other violations based on race, color, or ethnicity to report these instances
- To establish a procedure for the reporting of instances of harassment or other civil rights violations
- To inform persons involved with La Crosse programs of its policy

3 POLICY

It is the policy of La Crosse County to provide a businesslike work environment free from all forms of employment discrimination, poor treatment or incidents of harassment for both its employees and those who use County services. Persons associated with La Crosse County programs will work in a non-discriminatory fashion and treat all persons with dignity and respect. La Crosse County maintains and subscribes to the principles of Equal Opportunity and Affirmative Action to all persons in the services it provides. No employee shall be subjected to unsolicited and unwelcome overtures or conduct, either verbal or physical. The employer will not tolerate any form of harassment in the workplace. Harassment will be treated as misconduct with appropriate disciplinary sanctions, up to and including discharge. All persons accessing County services will be treated with the same dignity and respect and be able to utilize the services irregardless of race, ethnicity, color, sex, disability, etc.

4 PROHIBITED CONDUCT

La Crosse County's harassment policies are specifically designed to prevent and discourage words or actions that are harmful, derogatory, or otherwise demeaning to any human being. Phrases and expressions that should be considered very likely to be offensive in today's working environment include those regarding age, sex, race, creed, color, national origin, ancestry, sexual preference, disability or arrest and conviction record, except where such conditions constitute a bona fide occupational qualification.

EQUAL ACCESS TO SERVICES PROVIDED

All persons within the County who are eligible to receive services will have equal access to the services provided directly through the County or through its contracted services. All contractors of service will be held to the same standards of equal opportunity as stated in this policy.

8/2000

personnel dept:s:policies



LA CROSSE COUNTY

EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION POLICY

All employees are reminded that it is the official policy of La Crosse County, in harmony with the legislative policy of the State of Wisconsin expressed in Wis. Stats. Sec. III.31, to provide equal employment opportunities for properly qualified individuals without regard to their age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation or arrest and conviction record, except where such conditions constitute a bona fide occupational qualification. It is further the official policy of La Crosse County to employ minorities in proportion to their representation in the local population according to statistics, which shall be on file in the Office of the County Clerk. These official policies are contained in Chapter I4 of the La Crosse County General Code of Ordinances.

La Crosse County has a written Affirmative Action Plan, which is a compilation of the ordinances, resolutions, rules and policies promulgated by La Crosse County to comply with Affirmative Action and Equal Opportunity mandates. A copy of the plan is available from the Personnel Department upon request.

All employees and members of the public are invited to submit any questions, comments or concerns regarding the operation of Equal Opportunity or Affirmative Action programs within the County to the County's Affirmative Action Officer which is the Personnel Director. Requests for confidentiality will be honored.

This memo is to be posted on employee bulletin boards and communicated to all employees of La Crosse County.

4.1

4.1.1

Please Post 5/02; 3/03

7. CUSTOMER SERVICE POPULATION ANALYSIS

As stated in the Instructions, the purpose of the Customer Service Population Analysis 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. **(Additional forms can be found on the planning website at http://dwd.wisconsin.gov/dws/civil_rights/plans_instructions.htm)**

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.

Program Name(s): _Developmental Disability - children_ (Complete a separate table for each program checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance		
Category	Number	Percent (%)		Number	One Year %		
* TOTAL eligible population in service area	107120	100%		185	100%	NA	
White, not of Hispanic origin	100883	94 %		154	83 %	NA	
African American or African origin	1016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	19	Combi- ned #: <u>31</u> Combi- ned %: <u>17 %</u>	<u>11%</u>	
American Indian or Alaska Native	440			2			
Asian	3376			6			
Hispanic/Latino regardless of race	990			4			
Native Hawaiian or other Pacific Islander	21			0			
More than 1 Race	1098						
Females	55194			51 %			93
Persons with Disabilities	14426	13 %		185	100 %	0	

***** The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

Program Name(s): Family Care / CMO _____ (Complete a separate table for each program checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

	Eligible Population Likely to be Encountered in Service Area			Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %		
* TOTAL eligible population in service area	107,120	100%		1745	100%	NA	
White, not of Hispanic origin	100,833	94 %		1594	91 %	NA	
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	46	Combi- ned #: <u>151</u>	Combi- ned %: <u>9 %</u>	<u>3 %</u>
American Indian or Alaska Native	440			7			
Asian	3,376			68			
Hispanic/Latino regardless of race	990			11			
Native Hawaiian or other Pacific Islander	21			0			
More than 1 Race	1,098			19			
Females	55,194	51 %		1106	63 %	12 %	
Persons with Disabilities	14,426	13 %		1086	62 %	49 %	

***** The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

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

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		301	100%	NA
White, not of Hispanic origin	100,883	94 %		223	74 %	NA
African American or African origin	1,016	Combi- ned #: 6,941	Combi- ned %: 6 %	46	Combi- ned #: 88 % Combi- ned %: 29 %	<u>23 %</u>
American Indian or Alaska Native	440			6		
Asian	3,376			21		
Hispanic/Latino regardless of race	21			9		
Native Hawaiian or other Pacific Islander	21			6		
More than 1 Race	1,098			0		
Females	990	51 %		158	52 %	1 %
Persons with Disabilities	14,426	13 %		241	80 %	67 %

* The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

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

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		7414	100%	NA
White, not of Hispanic origin	100,883	94 %		4701	63 %	NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	405	Combi- ned #: <u>673</u> Combi- ned %: <u>9 %</u>	<u>3 %</u>
American Indian or Alaska Native	440			80		
Asian	3,376			122		
Hispanic/Latino regardless of race	990			66		
Native Hawaiian or other Pacific Islander	21			0		
More than 1 Race	1,098			0		
Females	55,194	51 %		3729	50 %	1 %
Persons with Disabilities	14,426	13 %		2	?	?

* The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

none

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

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

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		2101	100%	NA
White, not of Hispanic origin	100,883	94 %		1961	93 %	NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	70	Combi- ned #: <u>119</u> Combi- ned %: <u>6 %</u>	<u>0</u>
American Indian or Alaska Native	440			2		
Asian	3,346			29		
Hispanic/Latino regardless of race	990			16		
Native Hawaiian or other Pacific Islander	21			2		
More than 1 Race	1,098			0		
Females	55,194	51 %		1020	49 %	2 %
Persons with Disabilities	14,426	13 %		357	17 %	4 %

***** The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

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

	Eligible Population Likely to be Encountered in Service Area			Eligible Population Served in Most Recent Calendar or Program Year		Variance
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		3045	100%	NA
White, not of Hispanic origin	100,883	94 %		2829	93 %	NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	113	Combi- ned #: <u>216</u> Combi- ned %: <u>7 %</u>	<u>1 %</u>
American Indian or Alaska Native	440			25		
Asian	3,376			49		
Hispanic/Latino regardless of race	990			25		
Native Hawaiian or other Pacific Islander	21			4		
More than 1 Race	1,098			0		
Females	55,194	51 %		799	26 %	25 %
Persons with Disabilities	14,426	13 %		1723	56 %	43 %

***** The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

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

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		9347	100%	NA
White, not of Hispanic origin	100,883	94 %		6733	72 %	NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	637	Combi- ned #: <u>2614</u> Combi- ned %: <u>28 %</u>	<u>22 %</u>
American Indian or Alaska Native	440			60		
Asian	3,376			1334		
Hispanic/Latino regardless of race	990			242		
Native Hawaiian or other Pacific Islander	21			5		
More than 1 Race	1,098			336		
Females	55,194	51 %		5702	61 %	10%
Persons with Disabilities	14,426	13 %		1550	17 %	4 %

* The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

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

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		3358	100%	NA
White, not of Hispanic origin	100,883	94 %		2562	76 %	NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	166	Combi- ned #: <u>796</u> Combi- ned %: <u>24 %</u>	<u>18 %</u>
American Indian or Alaska Native	440			20		
Asian	3,376			350		
Hispanic/Latino regardless of race	990			55		
Native Hawaiian or other Pacific Islander	21			2		
More than 1 Race	1,098			193		
Females	55,194	51 %		2098	62 %	11 %
Persons with Disabilities	14,426	13 %		49	1 %	12 %

***** The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

Program Name(s): W-2_____ (Complete a separate table for each program checked on the **Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)**

	Eligible Population Likely to be Encountered in Service Area			Eligible Population Served in Most Recent Calendar or Program Year			Variance
Category	Number	Percent (%)		Number	One Year %		
* TOTAL eligible population in service area	107,120	100%		521	100%		NA
White, not of Hispanic origin	100,883	94 %		246	47 %		NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	41	Combi- ned #: <u>275</u>	Combi- ned %: <u>53 %</u>	<u>47 %</u>
American Indian or Alaska Native	440			1			
Asian	3,376			207			
Hispanic/Latino regardless of race	990			9			
Native Hawaiian or other Pacific Islander	21			0			
More than 1 Race	1,098			17			
Females	55,194	51 %		318	61 %		10 %
Persons with Disabilities	14,426	13 %		11	2 %		11 %

***** The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

Program Name(s): BADGERCARE; MEDICAID_____ (Complete a separate table for each program checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Variance	
Category	Number	Percent (%)		Number	One Year %	
* TOTAL eligible population in service area	107,120	100%		16902	100%	NA
White, not of Hispanic origin	100,883	94 %		13450	80 %	NA
African American or African origin	1,016	Combi- ned #: <u>6,941</u>	Combi- ned %: <u>6 %</u>	592	Combi- ned #: <u>3452</u> Combi- ned %: <u>20 %</u>	<u>14 %</u>
American Indian or Alaska Native	440			105		
Asian	3,376			1718		
Hispanic/Latino regardless of race	990			606		
Native Hawaiian or other Pacific Islander	21			9		
More than 1 Race	1,098					
Females	55,194	51 %		10310	61 %	10 %
Persons with Disabilities	14,426	13 %		2144	13 %	0

* The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) will be used in the completion of the customer service language access data table.

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

None

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:
None

How many discrimination complaints were filed within the last 24 months?
None

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

7.1. Summary for Customer Service Data Analysis

Geographic Service Area: La Crosse County
Data Source(s): CARES; KIDS; HSRs; SACWIS reports / MGRS & Supervisors
Data Period: From: 2005 To: 2006

7.2. This Customer Service Data Analysis was prepared by:

Name Kathy Hafner	
Title Office Supervisor	Date 12-29-06

8. LIMITED ENGLISH PROFICIENCY (LEP)

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 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. The analysis is intended to assist your agency to determine the size of each LEP group, languages spoken and methods your agency will use to ensure full and meaningful access to all your programs and services. This access is at no cost to the customer.

8.1. 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 the population of persons currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served. These include eligible LEP participants. This number is from the table for this program in item 7 above.
- **“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 to LEP populations.

Program Name: DEVELOPMENTAL DISABILITY--CHILDREN (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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)**

= 107,120

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 for Interpreter Services
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. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hmong: 3376	3 %	6	<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
BSC(*):			<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

8.2. 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:

Program Name: FAMILY CARE --CMO_____ (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County 2000 Census / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: FOSTER CARE _____ **(Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)**

Note: From item 7 (above) 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) = _107,120

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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area L a Crosse County
Data Source(s) La Crosse County Census 2000 / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: KIDS_____ (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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) = _107,120__

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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	66	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	122	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County Census 2000 / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: MENTAL HEALTH _____ **(Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)**

Note: From item 7 (above) 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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	16	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	29	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County 2000 Census / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: SUBSTANCE ABUSE_____ (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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)**
= 107,120

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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	25	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	49	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County 2000 Census / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

Program Name: FOODSHARE_____ (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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) = 107,120

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 for Interpreter Services
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. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	242	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	1334	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County 2000 Census / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: CHILD CARE_____ (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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)**
= 107,120

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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	55	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	350	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County Census 2000 / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: W-2___ (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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)**
= 107,120

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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	207	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County 2000 Census / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

Program Name: BadgerCare / Medicaid (Complete a separate Table for each program checked on the Funded Programs Checklist of the Plan)

Note: From item 7 (above) 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)**
= 107,120

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 for Interpreter Services
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. (column c) is 5% and column b is less than 50
Spanish: 990	.9 %	606	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3376	3 %	1718	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<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

8.2. Summary for LEP Customer Data Analysis

Service Area La Crosse County
Data Source(s) La Crosse County 2000 Census / Customer Service Population Analysis
Data From Previous 12 Months From: 2005 To: 2006

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

None

8.3. This LEP Customer Data Analysis was prepared by:

Name Kathy Hafner	
Title Office Supervisor	Date 12-29

8.4. 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 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:

- c. ☒ The eligible LEP population group constitutes 5% or 1,000, of the population of persons eligible for, encountered by programs in our service area. Therefore, written translation of vital documents will be provided.
- d. ☐ There are fewer than 50 persons in a language group. Our agency will provide written notice in the primary language of the LEP group of their right to oral interpretation of written materials, free of cost.
- e. ☒ Vital documents for our programs or services are regularly identified and inventoried.

9. EQUAL OPPORTUNITY POLICY AND LEP POLICY AND NOTIFICATION

a. Our agency is utilizing the DWD/DHFS model for Equal Opportunity Policy Statement that is provided in Attachment 3. (see in prior pages)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Instead of utilizing the model for Equal Opportunity Policy Statement provided by DWD/DHFS, we have provided our own policy statement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our agency is utilizing the DWD/DHFS model for LEP Policy Statement that is provided in Attachment 4.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Instead of utilizing the model for LEP Policy Statement provided by DWD/DHFS, we have provided our own policy statement.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Our Equal Opportunity Policy includes all of the protected groups required by Federal and State employment and services delivery laws and our LEP Policy reflects LEP Federal Guidance and DWD/DHFS requirements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. We will disseminate the policy statements for both Equal Opportunity and LEP in the following ways:	
1. The policies are included in our policy and operating procedures manual.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. The policies are permanently posted where current customers, patients and applicants for services may review and read them in their own languages.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. The policies are reviewed annually and updated by the Agency Head, Managers, supervisors and frontline staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. An Equal Opportunity in Employment and Services Delivery statement is posted in required languages on our entity's home web page.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. The Equal Opportunity 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 as requested.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Is a short form of the policies included in recruitment materials, use of media, publications, phone listings, directories and web site(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. 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.	<input checked="" type="checkbox"/> Does Not Apply
a. Do your agency information sources, such as materials and Web sites, include the FNS nondiscrimination statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the County or local agencies, instruct their subrecipients to inform the public about FNS programs nondiscrimination statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The Equal Opportunity and LEP policies are incorporated in contracts, agreements and Purchase Orders with vendors and contractors for services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Customer referral sources are notified of the Equal Opportunity and LEP policies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion of milestones in the following space:

10. DESIGNATION OF EQUAL OPPORTUNITY COORDINATOR AND LEP COORDINATOR

a. Management level employees are appointed to the positions of Equal Opportunity Coordinator (EOC) and Limited English Proficiency Coordinator (LEPC).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Our EOC and LEPC have direct access to the organization head to discuss equal opportunity and LEP issues or activities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our EOC and LEPC receive or will receive civil rights training within six months of assuming duties.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Our EOC and LEPC have the following responsibilities:	
1. Handling service delivery, employment discrimination and language access complaints.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Preparing equal opportunity and language access plans and reports.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Acting as a liaison between the provider, DWD/DHFS, federal agencies and the community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Monitoring, conducting compliance reviews, and evaluating equal opportunity and language access activities in the organization.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Providing monitoring, and evaluating civil rights, cultural awareness disability sensitivity, and language needs for provider staff training. <ul style="list-style-type: none"> • Subrecipients/Subcontractors • Supervisors/Managers/Administrators • Frontline Staff 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Maintaining equal opportunity files and confidential records. Monitoring the records and files relative to the organization's civil rights program and ensuring that subrecipients and subgrantees are maintaining records uniformly for all individuals, regardless of protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Providing input to management to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Where functions relate to equal opportunity and language access, the LEPC and EOC will plan and carry out functions in unison.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

11. ACCESS TO SERVICES

<p>a. A copy of the Wisconsin Physical and Program Access Self-Assessment Process checklist for your facility or facilities is completed and maintained on file. (Note: the website to access this self-assessment checklist is provided in the Instructions Section).</p> <p>Provide the date of the most recent assessment: 12-2005</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Our agency assures that services are equally available to everyone by:</p>	
<p>1. Providing equal access to all programs, services or activities, including but not limited to eligibility, treatment, staff assignments, outreach, intake, diagnosis, assessment, evaluation, research, days and hours of service, facilities assignments, communication of information and referrals to other services.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Assuring physical access to the facilities by allowing persons with functional limitations caused by impairments of sight, hearing, coordination or perception, or persons with semi-ambulatory or non-ambulatory disabilities to enter, leave, circulate within, use public toilet facilities and elevators.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Providing language interpreters and/or sign interpreters to assist applicants and customers with limited ability to read, speak or understand English or those who are deaf or hard of hearing.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Providing readers or assistive technology for persons with visual impairments.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Providing special assistance for persons with developmental or learning disabilities.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards on local levels through notification of membership opportunities.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Allocating funds in a non-discriminatory manner.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Providing equal opportunity for applicants to become vendors, grantees and subgrantees, and contractors. 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Establishing program service areas to integrate members of protected classes.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contact.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Providing culturally trained bilingual and/or bicultural qualified staff and specialized services to maximize use and completion of the program by the protected class.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

14. Ensuring that sanctions and terminations are applied in a culturally sensitive, nondiscriminatory manner without regard to protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Preparing a listing of our vital documents requiring written translation and updating annually to reflect which documents have been translated.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. Developing policies on confidentiality and code of ethics for oral interpretation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. To the extent possible, developing collaborative partnerships 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our agency uses the following methods of written translation services:	
1. Contract with an outside translation services to translate the recipient's vital documents.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Partner with community associations for paid or voluntary translation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Receive translated materials from federal and state agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Other: bilingual staff assist	
d. Our agency uses the following methods of oral interpretation:	
1. Establish procedures for taking incoming calls from LEP persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Hire bilingual staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Use a language line for languages not often used in the service area.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Partner with community associations for paid or voluntary translation services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Other:	
e. List methods used to communicate vital documents to customers. Check all that apply:	
<input type="checkbox"/> Video <input checked="" type="checkbox"/> Web Sites <input checked="" type="checkbox"/> Posters <input type="checkbox"/> Voice Mail Messages <input type="checkbox"/> Interactive Voice Response (IVR)	<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Community Newspaper <input type="checkbox"/> Other

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

12. DISCRIMINATION COMPLAINT/GRIEVANCE PROCEDURES

a. Our agency is utilizing the DWD/DHFS model Discrimination Complaint Forms and Process, which is provided in Attachment 5 , including the translations required in accordance with LEP Plan for vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. 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: <ul style="list-style-type: none"> • DHFS/DWD • U.S.DHHS Region V OCR • USDA-FNS-OCR • U.S. DOJ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Our organization will implement the following procedures:	
1. The complaint resolution procedures, including the name, address and phone number of the 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. All written investigation documents are held confidential.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. All participants in complaint investigations are protected from retaliation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Complaints received will be acknowledged within 5 calendar days including appeal rights. If extensions are needed, the complainant will be notified.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Translators, interpreters and/or readers, who meet the communication needs of customers, are provided by the agency during the complaint process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Customers are permitted to have representatives of their choice during the complaint process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>9. Complainants are made aware of other avenues of redress, including the right to appeal for:</p> <p>a) Discrimination in service delivery or language access to:</p> <ul style="list-style-type: none"> • Division of Workforce Solutions, DWD • AA and Civil Rights Office, DHFS • Appropriate Federal Office for Civil Rights (depending on the source of federal funds) <p>b) Program decisions to:</p> <ul style="list-style-type: none"> • Division of Hearings and Appeals (DOA) <p>c) Federal Agencies:</p> <ul style="list-style-type: none"> • USDHHS OCR Regional Office • USDA-FNS RO OCR • USDOJ <p>(Note: Recipients or Subrecipients administering USDA-FNS program, services, and activities must forward all complaints alleging discrimination on the basis of "age" to the appropriate State agency DHFS or DWD who must forward all complaints asserting age discrimination to FNS Regional Office of Civil Rights for investigation.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Employee complainants are made aware of other avenues of redress for:</p> <p>◆ Discrimination in employment conditions to:</p> <ul style="list-style-type: none"> • Wisconsin Equal Rights Division (ERD) for the private and public sectors. • Equal Employment Opportunity Commission (EEOC), U.S. DOJ • Federal Office of Contract Compliance (FOCC) U.S. DOL • Appropriate Federal Office for Civil Rights (depending on the source of federal funds). 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Recipient or subrecipient staff will assist complainants during the complaint process if necessary.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

13. TRAINING REQUIREMENTS

a. The following AA/CRC training requirements apply to Agency Heads, Administrators, Mid-Level Managers and Front-line staff of Non-USDA-FNS funded recipients:	
1. New employees, managers are informed of the AA/CRC policies as part of their orientation program and in-service training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Copies of the laws and regulations are made available to staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Staff refresher training on CRC and updates are required once every three years if you are a non-USDA-FNS funded entity.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The recipient is a USDA-FNS funded agency. (If No, the agency does not have to answer c1-5 below.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Annual CRC training is required for staff of recipients administering USDA-FNS funded programs, services and activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Our agency will provide annual CRC training to the following staff: <ul style="list-style-type: none"> • Agency Heads • Administrators • Mid-Level Managers • Front-line staff 	<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
2. New employees, managers are informed of the AA/CRC policies as part of their orientation program and in-service training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. New staff will receive training on the policies, along with instructions on the laws and regulations concerning equal opportunity in employment and service delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Copies of the laws and regulations are made available to staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Our agency subcontracts 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"> • Subrecipients and their Supervisors, Managers, Administrators Frontline Staff 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a required action above, describe your plan for addressing these requirements, including target dates for completion of major milestones.

14. SELF-ASSESSMENT

Our agency annually assesses and revises its service delivery, employment practices, and language access according to the following procedures: (The DWD/DWS Civil Rights web page, monitoring section, contains tools that may be useful in conducting this assessment.)	
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 checked="" 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 checked="" 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 checked="" 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, and 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Compare racial/ethnic, gender, and disability workforce statistics in proportion to their representation in the local labor market. <ul style="list-style-type: none"> • Our entity has achieved a balance workforce as required by DWD and DHFS • Our entity is meeting its goals and objectives as outlined in our AA steps and strategy plan for achieving a balance workforce 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Monitor reasonable accommodation procedures for employees with disabilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Make improvements to facilities as reasonable and necessary, providing physical accessibility to persons with disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Monitor the civil rights and equal employment opportunity compliance of subgrantees, subcontractors and/or vendors on a biennial basis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Assess needs of members of 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Assess entity's representation of members of protected classes participation on boards, councils, as volunteers, and opportunities to become sub-grantees where appropriate.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Maintain reports of providers, recipients, subrecipients, and vendors' compliance and steps to achieve compliance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

14. Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion of milestones.

15. OTHER REQUIRED ITEMS FOR SUBMITTING WITH THE CRC PLAN

Required Items	Counties, Municipalities, School Districts, Universities	Profit & Nonprofit Entities
1. Attachment 1: Affirmative Action Equal Opportunity in Employment Policy	Required	Required
2. Attachment 2: Form DOA-3607 , Notice to Vendor Filing Information, consent for inclusion in the DOA Vendor Directory. Form DOA-3024 , Request for Exemption for Submitting Affirmative Action Workforce Data Analysis, Strategies, Goals and Steps for achieving a balanced workforce, for contractors with less than 25 employees or other exempted categories listed in the form. Form DOA-3023 , Vendor's Subcontractor List, for recipient to list subcontractors that have 25 or more employees and receive \$25,000 or more funding from the recipient.	Not Required	Required
3. Attachment 3: Equal Opportunity Policy	Required	Required
4. Attachment 4: LEP Policy	Required	Required
5. Attachment 5: How to File a Discrimination Complaint	Required	Required