

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165

Workforce Development
DETS-16705-E (R. 12/1/2013)

(For the Civil Rights Compliance Period from January 1, 2014, to December 31, 2017)

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

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 (live links can be found under **B. Authority**, starting on page 6 of this document):

- 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 U.S. 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 CFR Section 84.53
- Education Amendments of 1972 - Title IX, as amended
- Title II of the Americans with Disabilities Act of 1990 as amended (42 U.S.C. 12131 et. seq.)
- Civil Rights Act of 1991
- Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRRA)
- Executive Order 13166 Limited English Proficiency Guidelines
- DOJ F.R. Vol. 65, No. 159 / Wednesday, August 16, 2000 / Notices 50123 Enforcement of Title VI of the Civil Rights Act of 1964—National Origin Discrimination Against Persons with Limited English Proficiency, Policy Guidance
- 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 CFR.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
- Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant-Type Programs
- Title I, Section 1557, The Affordable Care Act prohibits discrimination on the basis of gender identity and sex stereotyping
- Church Amendments, 42 U.S.C. 300a-7, section 245 of the Public Health Service Act, 42 U.S.C. 238n, and the Weldon Amendment, Consolidated Appropriations Act, 2010, Public Law 111-117, Div. D, Sec. 508(d), 123 Stat. 3034, 3279-80, referred to collectively as the “federal health care provider conscience protection statutes.”
- 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
- USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance, ensures compliance with and enforcement of the prohibition against discrimination in programs and activities funded in whole or in part by the U.S. Department of Agriculture.
- Title VII of the Civil Rights Act of 1964
- Title I of the Americans 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
- Chapter 106.52 Public Places of Accommodation
- 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, gender identity, disability, or having an association with a person with a disability, religion, retaliation, and applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the DCF, DHS, or DWD. The

Federal Health Care Provider Conscience Protection law prohibits recipients of certain federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. The Genetic Information Nondiscrimination Act of 2008 (P.L. 110-233, 122 Stat. 881)¹, also referred to as GINA, applies to certain health care entities and providers that prohibits discrimination in health coverage and employment based on genetic information. (Not all prohibited bases will apply to all programs and/or employment activities.)

The Recipient will:

1. Provide training to all staff on the CRC laws, and methods of providing meaningful and effective cross-cultural services to diverse populations from different cultures, linguistic, and/or physical conditions through the provision of cultural awareness skill training. Primary recipients and sub-recipients administering USDA-FNS funded programs must provide CRC training to all frontline staff who interact with program applicants and participants, not limited to supervisors and administrators, annually. Non USDA-FNS funded recipients must provide CRC training and/or cross-cultural awareness training for each staff person during the employee's initial orientation process and once every three years thereafter.
2. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990 as amended (ADA) and is applies to local governments and municipalities, Title III of the ADA or Wisconsin Civil Rights Statute Chapter 106.52 Public Places of Accommodations or Amusement, and DWD Chapter 221.1.
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.
4. 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.
5. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
6. Provide translation of vital documents for each eligible LEP group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.
7. Establish an appeal or complaint process that shall be posted in the different languages of those LEP groups like to be eligible and likely to be encountered in the recipient's service area. The appeal and/or complaint process must be posted in conspicuous places such as lobbies and waiting rooms available to applicants/clients.

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, Chapter 106.52 Public Places of Accommodations; 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, gender identity, disability, arrest and conviction record, sexual orientation, marital status, familial or parental status or all or part of an individual's income is derived from any public assistance program, and membership in the military reserve. State law prohibits honesty and genetic testing or protected genetic information in employment, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. The Federal Health Care Provider Conscience Protection Law protects certain health care providers on the basis of religion. 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. Furthermore, USDA-FNS 7 CFR Part 272.2(b) 3., requires DHS to implement the Supplemental Nutrition Assistance Program (SNAP) in a manner that is responsive to the special needs of American Indians on reservations and consult in good faith with tribal organizations about that portion of the State's SNAP Plan of Operation pertaining to the implementation of the Program for members of the tribe on reservations.

The Recipient will:

1. Fairly and consistently administer and revise policies and procedures to comply with federal and state employment laws.
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 Bill Hinkley		Title Employment and Training Administrator	
Telephone Number 920 - 832-1669		Email Address bill.hinkley@outagamie.org	

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 Bill Hinkley		LEP Coordinator Title Employment and Training Administrator
Telephone Number 920 - 832-1669	Email Address bill.hinkley@outagamie.org	

The COUNTY OF OUTAGAMIE 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 and applicants for services, subcontractors, and referral agencies.

The COUNTY OF OUTAGAMIE 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 COUNTY OF OUTAGAMIE agrees to implement the requirements of the CRC Letter of Assurance.

The COUNTY OF OUTAGAMIE 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 - Executive Director or CEO

12 19 13
Date Signed

**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

Outagamie County

Street Address

410 South Walnut Street

City

Appleton

State

WI

Zip Code

54911

Recipient's or Vendor's Total Workforce

1150

Name of Equal Opportunity Coordinator

Bill Hinkley

SIGNATURE - Equal Opportunity Coordinator

Date Signed

12/19/2013

Telephone Number

(920) 832-1669

Email Address

bill.hinkley@outagamie.org

Name of Limited English Proficiency (LEP) Coordinator

Bill Hinkley

SIGNATURE - LEP Coordinator

Date Signed

12/19/2013

Telephone Number

(920) 832-1669

Email Address

bill.hinkley@outagamie.org

Name of Executive Director or Chief Executive Officer (CEO)

Thomas Nelson

SIGNATURE - Executive Director or CEO

Date Signed

12 19 13

Telephone Number

(920) 832-1684

Email Address

thomas.nelson@outagamie.org

Notes:

- Be sure to show the names in print and have the form signed where indicated.
- Important: Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- 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	DCF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. State County Child Welfare	806640
		2. Citizen Review Panel	15655
		3. Child Care	385512
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Social Services and Community Programs	6509645
		2. FSET	214499
		3. IM Consortium	1296563
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	COUNTY AGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

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

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

Fill in all the blanks on the above form

Single-Funded Recipient

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

Mutually-Funded Recipient

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

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

APPENDIX B

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

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

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Children First	40000
		2. Child Support	715338
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. PH Consolidated Contract	65983
		2. PH Infrastructure and QI	1562
		3. PH Preparedness	77354
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	COUNTY AGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

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

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APPENDIX B

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

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

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input checked="" 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	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. PH Prevention	6351
		2. PH TB Control and Prevention	2000
		3. PH WIC	508459
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	COUNTY AGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

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

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

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

Mutually-Funded Recipient

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

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

APPENDIX C FUNDED PROGRAMS CHECKLIST

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

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

USE this checklist for Department of 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"/> Adoption <input checked="" type="checkbox"/> Child Support <input checked="" type="checkbox"/> Child Care Program & Licensing <input checked="" type="checkbox"/> Children Residential Programs – Licensing <input type="checkbox"/> Child Placing Agencies- Licensing <input checked="" type="checkbox"/> Child Care Certification <input type="checkbox"/> Quality Child Care Initiative <input checked="" type="checkbox"/> Child Abuse and Neglect (Child Protective Services) <input checked="" type="checkbox"/> Interstate Compact on the Placement of Children <input type="checkbox"/> Milwaukee Child Welfare Program <input type="checkbox"/> Immigrant Integration – Social Services <input type="checkbox"/> Immigrant Integration – Older Refugee <input type="checkbox"/> Immigrant Integration – Preventative Health <input type="checkbox"/> Immigrant Integration – Health Services <input checked="" type="checkbox"/> Refugee Cash and Medical Assistance	<input checked="" type="checkbox"/> Promoting Safe and Stable Families <input type="checkbox"/> Adoption Assistance Program <input checked="" type="checkbox"/> Foster Care <input checked="" type="checkbox"/> Kinship Care <input type="checkbox"/> Child Welfare Licensing <input type="checkbox"/> Indian Child Welfare <input checked="" type="checkbox"/> Domestic Violence/Domestic Abuse Programs <input checked="" type="checkbox"/> Independent Living <input type="checkbox"/> Paternal Interest Registry <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula <input type="checkbox"/> Immigrant Integration – Mental Health <input type="checkbox"/> TANF-GPR <input type="checkbox"/> Other (specify):
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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 checked="" type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input checked="" type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input checked="" type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input type="checkbox"/> Tobacco Control Programs
<input checked="" type="checkbox"/> Children With Special Health Care Needs	<input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Refugee Health
<input checked="" type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input checked="" type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input checked="" 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 checked="" type="checkbox"/> Office on Aging
<input checked="" 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 checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input checked="" type="checkbox"/> Family Care
<input checked="" type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input checked="" type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input type="checkbox"/> AODA- Comprehensive Community Services
<input checked="" type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input checked="" 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 checked="" type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input checked="" type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input checked="" type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input checked="" type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input checked="" type="checkbox"/> BadgerCare-Plus	<input checked="" type="checkbox"/> FoodShare Program
<input checked="" type="checkbox"/> Medicaid Fee for Services	<input checked="" 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 Outagamie County (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.

EMPLOYMENT¹

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, 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 nonuse 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.

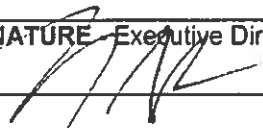
All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

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, sexual identity, sexual orientation, 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. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998. 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.

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Bill Hinkley, Employment and Training Administrator Phone (920) 832-1669 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 <u>Executive Director or Chief Executive Officer</u> 	Date Signed <u>12 19 17</u>
--	---------------------------------------

¹ 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."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.

APPENDIX E
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

The County of Outagamie is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 920-832-1669 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or 920-832-1688 (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation and, in some cases, religion and political beliefs.

The U.S. Department of Health and Human Services (HSS) and Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery.

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or click on the State information /Hotline Number. Click on the link for a listing of the Wisconsin Income Maintenance (IM) Consortia's Call Center number for your area or county and/or local tribal contact numbers: Wisconsin IM Consortia.

If you wish to file a Civil Rights Program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call 866-632-9992, to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Toll free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
12/1/2013

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll free 800-368-1019, 315-353-5693 (TDD), or 312-886-1807 (Fax)


DHS, USDA and HHS are equal opportunity service providers and employers.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write to:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or by dialing 1-888-701-1251 (TTY)

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed

(Mr./Ms.) Bill Hinkley, Employment and Training Administrator Phone: 920-832-1669
as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about the discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer 	Date Signed 12 19 13
--	--------------------------------

APPENDIX F
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS

HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

Outagamie County is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 920-832-1669 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or 920-832-1688 (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation or religion. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain HHS federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's beliefs or moral convictions. These prohibitions apply to employment and service delivery.

If you feel that someone or this institution has discriminated against you based on a protected basis, you may file an informal discrimination complaint with Bill Hinkley, Employment and Training Administrator, Equal Opportunity Coordinator.

To assist us in complying with all applicable equal opportunity rules, regulations, and guidelines, we have appointed Mr. Bill Hinkley, (telephone: 920-832-1669) as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or 1-888-701-1251 (TTY)

Anyone can file written complaints with the Office of Civil Rights. It is recommended that you use the Civil Rights Discrimination Complaint Form Package. You can also request a copy of this form from an OCR regional office. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

OR

To file a complaint of discrimination regarding any program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 or
Toll Free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:
HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll Free 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Federal Health Care Provider Conscience Protection Laws complaints must be filed at the Federal level with the HHS Office for Civil Rights (OCR).

We recommend that you use the Civil Rights Discrimination Complaint Form Package, which can be found on the federal website at <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. However, you also may file a complaint by mail, fax or email. If you need help filing a complaint, please email HHS OCR at OCRMall@hhs.gov.

For further information, contact:
Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Toll Free 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMall@hhs.gov
Website: <http://www.hhs.gov/ocr>

~~Outagamie County~~, DHS, and HHS are equal opportunity service providers and employers.

APPENDIX G
USDA-FNS EMPLOYMENT AND SERVICE DELIVERY STATEMENT
FOR
SNAP/FOODSHARE, WIC, TEFAP AND FSET PROGRAM RECIPIENTS
WEBSITES OR WEBPAGES STATEMENT

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities).**

If you wish to file a Civil Rights Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C., 20250-9410
202-690-7442 (Fax) or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish, or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State) found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA is an equal opportunity provider and employer.

APPENDIX H LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The County of Outagamie

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 Outagamie County

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 request the use of a family member or friend will be ask to sign a Release 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 interpret 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.) Bill Hinkley, Employment and Training Administrator

Phone (920)832-1669

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 - Executive Director or Chief Executive Officer

12 19 13

Date Signed

Hinkley, Bill

From: Duran, David - DHS [David.Duran@dhs.wisconsin.gov]
Sent: Wednesday, February 12, 2014 2:56 PM
To: Nelson, Thomas M.; Hinkley, Bill
Cc: Moss, Earnestine - DCF
Subject: Outagamie County's Civil Rights Compliance Letter of Assurance 2014 - 2017

Dear Mr. Nelson:

This will confirm and acknowledge receipt of Outagamie County's Civil Rights Compliance (CRC) Letter of Assurance (LOA) for funding received from the Department of Health Services (DHS), and Department of Children and Families (DCF), for the period from January 1, 2014 through December 31, 2017. No other information is warrant at this time. Thank you for your compliance.

David Durán
Civil Rights Compliance Officer
Office of Affirmative Action and Civil Rights Compliance
Department of Health Services
1 W. Wilson Street, Room 656
P.O. Box 7850
Madison, WI 53707-7850
(608)-266-9372 (Voice)
(608)-266-0583 (Fax)
1-(888)-701-1251 (TTY)
Email: David.Duran@Wisconsin.gov

CIVIL RIGHTS COMPLIANCE PLAN

Children and Families
DCF-F-154-E

Health Services
F-00164

Workforce Development
DETS-16706-E (R. 12/1/2013)

1. Recipient Contact Information and Signature Page - APPENDIX A

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

2. Funding Relationship to DCF, DHS or DWD - APPENDIX B

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

3. Funded Programs Checklist - APPENDIX C

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

4. Data Collection

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

Employment	
a. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every <u>0</u> years. The data collection process is in compliance with ADA requirements for confidentiality	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Our agency has a system that records the race, ethnicity and gender of our employees and applicants applying for employment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Service Delivery	
c. Our agency has a system that records the race, ethnicity, sex/gender, disability status, and primary language of:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Participants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	
• Number of potentially eligible or likely to be affected or encountered	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of LEP individuals encountered by phone vs. walk-in.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of eligible LEP participants by separate programs and the frequency of encounters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Interpretation needs of LEP participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• The number of written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of sign language interpretation requests received from the deaf and hard of hearing participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Other accommodation requests and needs from participants with disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

5. Customer Service Population Data Analysis

(Link to additional Population Data Analysis Charts)

Brewster Village

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.) (2013)

Category	Eligible Population Likely to be served or likely to be affected or Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area	176,666	100%	421	100%	N/A
White	162,811	92.1%	416	98%	N/A
Black or African American	1,882	Combined #: 19,080 Combined %: 10.7	0	Combined #: 5 Combined %: .01	-10.69
American Indian or Alaska Native	2,688		3		
Asian	5,393		0		
Hispanic/Latino Regardless of Race	6,337		1		
Native Hawaiian or Other Pacific Islander	32		1		
More than One Race	2,748		0		
Females	88,678	50.2%	280	66.5%	16.3
Persons with Disabilities	16,863	9.5%	421	100%	90.5

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

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

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

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

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

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

Step 2:

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

Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County, Wisconsin
- Data Source(s): American Fact Finder
- Data Period: From: 1/13 To: 1/14

This Customer Service Data Analysis was prepared by:

Jeff Marks

PRINT NAME of Preparer



SIGNATURE - Preparer

1/14/14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

David Rothmann

PRINT NAME of Program Administrator



SIGNATURE - Program Administrator

1/16/14

Date Signed

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

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

LEP Customer Data Analysis for Translation of Vital Documents:

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

We ensure that we have completed the analyses for the program name administered by agency name.

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 Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Population Likely to Be Affected or Encountered	Frequency of LEP Population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 2,390	1.3%	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hmong: 1,492	< 1.0%		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Burmese: 0			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 73	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 15	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 40	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chinese: 221	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 4	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 72	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC*: 87	< 1.0%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Specify Filipino		1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* BSC = Bosnian/Serbian/Croatian

(Link to additional LEP Data Analysis Charts)

Summary for LEP Customer Data Analysis

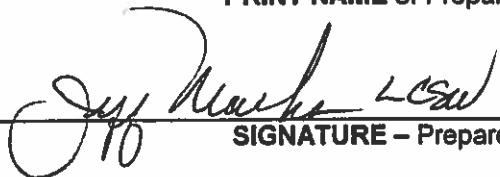
- Service Area: Outagamie County, Wisconsin
- Data Source(s): B16001 LEP Groups by County 2007-2011
- Data From Previous 12 Months - From: 1/13 To: 1/14

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:

Jeff Marks

PRINT NAME of Preparer

 **SIGNATURE - Preparer**

1/14/14

Date Signed

I am the (Administrator, Coordinator or Director) of the LEP program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

David Rothmann

PRINT NAME of Program Administrator

 **SIGNATURE - Program Administrator**

1/16/14

Date Signed

Services to LEP Language Groups

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

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

Written Translation:

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

5. Customer Service Population Data Analysis

Program Name(s): Economic Support Division (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 Served or Likely to be Affected or 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	46,850	100%	33,824	100%	N/A
White	42,698		27,948		N/A
Black or African American	574	Combined #: <u>5,269</u> Combined %: <u>11.2%</u>	1,259	Combined #: <u>8,290</u> Combined %: <u>24.5%</u>	<u>13.3%</u>
American Indian or Alaska Native	685		1,360		
Asian	1,469		2,325		
Hispanic/Latino regardless of race	1,772		2,414		
Native Hawaiian or other Pacific Islander	23		38		
More than 1 Race	746		894		
Females	23,528	50.2%	18,768	55.5%	5.3%
Persons with Disabilities	4,418	9.4%	4,050	11.9%	2.5%

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

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

N/A

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

N/A

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

N/A

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

None

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

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

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

Step 2:

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

Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County
- Data Source(s): 2012 American Community Survey 1 Year Estimates; and CARES
- Date Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Tracy Bork

Name – Preparer


SIGNATURE – Preparer

2-13-14
Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

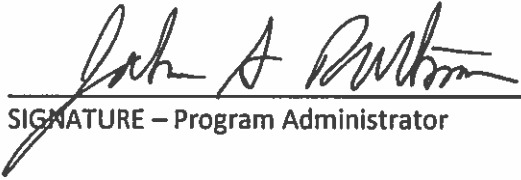
☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator

Feb 16, 2014

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

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 Served or Likely to be Affected or Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service Area" for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** 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 listed programs administered by the Outagamie County Department of Health & Human Services.

Program Names: Economic Support Division (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) = 46,850.

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Affected or Encountered	Frequency of LEP population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 626	1.3%	665	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hmong: 391	.8%	800	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Burmese: 0	0%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0	0%	7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 4	.008%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 10	.02%	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Chinese: 58	.1%	22	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 1	.002%	21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 19	.04%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 23	.05%	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 146	.31%	18	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*)BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Outagamie County
- Data Source(s): Wisconsin Dept of Health Services LEP Groups by County Report; 2012 American Community Survey 1 Year Estimates; and CARES.
- Date Period: From: 1/1/2013 To: 12/31/2013

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

N/A

This LEP Customer Data Analysis was prepared by:

Tracy Bork
Name – Preparer


SIGNATURE – Preparer

2-13-14
Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator

Jul 16, 2014
Date Signed

Services to LEP Language Groups

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

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

Written Translation

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

5. Customer Service Population Data Analysis

Program Name(s): Women, Infants and Children (WIC) (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 Served or Likely to be Affected or 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	41,307	100%	4,334	100%	N/A
White	37,646		3,260		N/A
Black or African American	506	Combined #: <u>4,644</u> Combined %: <u>11.2 %</u>	157	Combined #: <u>1,717</u> Combined %: <u>39.6%</u>	<u>28.4%</u>
American Indian or Alaska Native	604		40		
Asian	1,295		541		
Hispanic/Latino regardless of race	1,562		643		
Native Hawaiian or other Pacific Islander	20		10		
More than 1 Race	657		326		
Females	20,743	50.2%	1,229	28.4%	(21.8%)
Persons with Disabilities	3,895	9.4%	0	0%	(9.4%)

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

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

The ROSIE System only allows us to report out on the number of women served and does not include the number of female children; whereas the number of eligible population served includes all participants (women and female children). The ROSIE System also does not allow us to enter/report out on Persons with Disabilities.

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

It is likely that this percentage is within the requirements for females. We do not have the ability to track persons with disabilities in the ROSIE System.

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

N/A

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

None

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

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

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

Step 2:

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

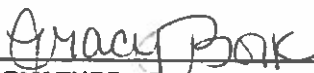
Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County
- Data Source(s): 2012 American Community Survey 1 Year Estimates; and the ROSIE System
- Date Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Tracy Bork

Name – Preparer



SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator

John Rathman

SIGNATURE – Program Administrator

Feb 5, 2019

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

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 Served or Likely to be Affected or Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service Area" for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** 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 listed programs administered by the Outagamie County Department of Health & Human Services.

Program Names: Women, Infants and Children (WIC) (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) = 41,307

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Affected or Encountered	Frequency of LEP population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 552	1.3%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hmong: 345	.8%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Burmese: 0	0%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 0	0%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0	0%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 4	.01%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 9	.02%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Chinese: 51	.1%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 1	.002%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 17	.04%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 20	.05%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 128	.31%	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*)BSC = Bosnian/Serbian/Croatian

NOTE: The "Frequency of LEP Population Served in the Service Area" information is not available within the ROSIE System

Summary for LEP Customer Data Analysis

- Service Area: Outagamie County
- Data Source(s): Wisconsin Dept of Health Services LEP Groups by County Report; 2012 American Community Survey 1 Year Estimates; and the ROSIE System
- Date Period: From: 1/1/2013 To: 12/31/2013

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

N/A

This LEP Customer Data Analysis was prepared by:

Tracy Bork

Name – Preparer

Tracy Bork

SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator

Feb 5, 2014

Date Signed

Services to LEP Language Groups

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

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

Written Translation

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

5. Customer Service Population Data Analysis

Program Name(s): Public Health Division (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 Served or Likely to be Affected or 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	178,816	100%	1,130	100%	N/A
White	162,970		974		N/A
Black or African American	2,189	Combined #: <u>20,105</u> Combined %: <u>11.2%</u>	38	Combined #: <u>156</u> Combined %: <u>13.8%</u>	<u>2.6%</u>
American Indian or Alaska Native	2,615		14		
Asian	5,606		36		
Hispanic/Latino regardless of race	6,763		65		
Native Hawaiian or other Pacific Islander	86		3		
More than 1 Race	2,846		0		
Females	89,800	50.2%	719	63.6%	13.4%
Persons with Disabilities	16,863	9.4%	0	0 %	(9.4%)

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

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

It appears that staff may not be properly noting persons with disabilities in our case management system.

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

Staff will be reminded that they need to indicate the type of disability an individual has in our case management system. We will also continue to do outreach through our disability advocate agencies, the Aging & Disability Resource Center, and the general community to make individuals more aware of programs that they may be eligible for.

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

N/A

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

None

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

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

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

Step 2:

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

Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County
- Data Source(s): 2012 American Community Survey 1 Year Estimates; and The Clinical Manager (TCM)
- Date Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Tracy Bork

Name – Preparer

Tracy Bork

SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

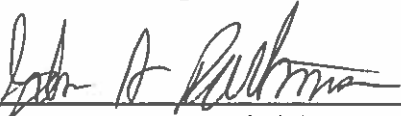
I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes

☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator

Feb 5, 2019

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

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 Served or Likely to be Affected or Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service Area" for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** 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 listed programs administered by the Outagamie County Department of Health & Human Services.

Program Names: Public Health Division (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) = 178,816.

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Affected or Encountered	Frequency of LEP population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 2,390	1.3%	15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 1,492	.8%	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Burmese: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 15	.008%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 40	.02%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Chinese: 221	.1%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 4	.002%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 72	.04%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 87	.05%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 556	.31%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*)BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Outagamie County
- Data Source(s): Wisconsin Dept of Health Services LEP Groups by County Report; and The Clinical Manager (TCM).
- Date Period: From: 1/1/2013 To: 12/31/2013

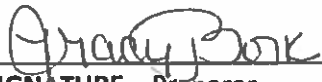
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

This LEP Customer Data Analysis was prepared by:

Tracy Bork

Name – Preparer



SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator



Date Signed

Services to LEP Language Groups

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

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

Written Translation

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

5. Customer Service Population Data Analysis

Program Name(s): Children, Youth & Families and Youth & Family Services Divisions (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 Served or Likely to be Affected or 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	178,816	100%	4,682	100%	N/A
White	162,970		3,991		N/A
Black or African American	2,189	Combined #: <u>20,105</u> Combined %: <u>11.2%</u>	237	Combined #: <u>691</u> Combined %: <u>14.8%</u>	<u>3.6%</u>
American Indian or Alaska Native	2,615		183		
Asian	5,606		116		
Hispanic/Latino regardless of race	6,763		149		
Native Hawaiian or other Pacific Islander	86		6		
More than 1 Race	2,846		0		
Females	89,800	50.2%	2,333	49.8%	(.4%)
Persons with Disabilities	16,863	9.4%	0	0 %	(9.4%)

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

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

It appears that staff may not be properly noting persons with disabilities in our case management system.

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

Staff will be reminded that they need to indicate the type of disability an individual has in our case management system. We will also continue to do outreach through our disability advocate agencies, the Aging & Disability Resource Center, and the general community to make individuals more aware of programs that they may be eligible for.

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

N/A

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

None

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

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

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

Step 2:

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

Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County
- Data Source(s): 2012 American Community Survey 1 Year Estimates; and The Clinical Manager (TCM)
- Date Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Tracy Bork

Name – Preparer

Tracy Bork

SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes

☐ No

John Rathman

PRINT NAME of Program Administrator

John A Rathman

SIGNATURE – Program Administrator

July 5, 2014

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

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 Served or Likely to be Affected or Encountered in Service Area”** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the numbers entered into the Customer Service Population Analysis column “Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service Area” for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served.
- **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **“LEP population served in the service area”** 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 listed programs administered by the Outagamie County Department of Health & Human Services.

Program Names: Children, Youth & Families and Youth & Family Services Divisions (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) = 178,816.

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Affected or Encountered	Frequency of LEP population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 2,390	1.3%	17	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 1,492	.8%	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Burmese: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 15	.008%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 40	.02%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Chinese: 221	.1%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 4	.002%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 72	.04%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 87	.05%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 556	.31%	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*)BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Outagamie County
- Data Source(s): Wisconsin Dept of Health Services LEP Groups by County Report; and The Clinical Manager (TCM).
- Date Period: From: 1/1/2013 To: 12/31/2013

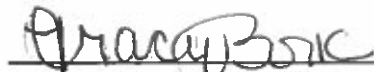
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

This LEP Customer Data Analysis was prepared by:

Tracy Bork

Name – Preparer



SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

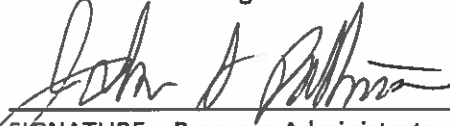
☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

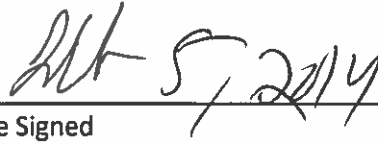
☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator



Date Signed

Services to LEP Language Groups

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

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

Written Translation

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

5. Customer Service Population Data Analysis

Program Name(s): Aging & Long Term Support and Mental Health Divisions (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 Served or Likely to be Affected or 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	178,816	100%	4,567	100%	N/A
White	162,970		4,215		N/A
Black or African American	2,189	Combined #: <u>20,105</u> Combined %: <u>11.2%</u>	113	Combined #: <u>352</u> Combined %: <u>7.7%</u>	(3.5%)
American Indian or Alaska Native	2,615		78		
Asian	5,606		74		
Hispanic/Latino regardless of race	6,763		81		
Native Hawaiian or other Pacific Islander	86		6		
More than 1 Race	2,846		0		
Females	89,800	50.2%	2,428	53.2 %	3 %
Persons with Disabilities	16,863	9.4%	3	< .1%	(9.3%)

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

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

Ethnicity: There were 431 individuals whose Ethnicity is listed as "unknown." Staff will be reminded that they must enter the ethnicity in our database.

Disabilities: It appears that staff may not be properly noting persons with disabilities in our case management system.

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

Staff will be reminded that they need to indicate ethnicity and the type of disability an individual has in our case management system. We will also continue to do outreach through our disability advocate agencies, the Aging & Disability Resource Center, and the general community to make individuals more aware of programs that they may be eligible for.

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

N/A

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A

copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

None

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

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

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

Step 2:

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

Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County
- Data Source(s): 2012 American Community Survey 1 Year Estimates; and The Clinical Manager (TCM)
- Date Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Tracy Bork

Name – Preparer

Tracy Bork

SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes

☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes

☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes

☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator

Feb 5, 2019

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

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 Served or Likely to be Affected or Encountered in Service Area”** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the numbers entered into the Customer Service Population Analysis column “Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service Area” for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served.
- **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **“LEP population served in the service area”** 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 listed programs administered by the Outagamie County Department of Health & Human Services.

Program Names: Aging & Long Term Support and Mental Health Divisions (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) = 178,816.

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Affected or Encountered	Frequency of LEP population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 2,390	1.3%	19	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 1,492	.8%	43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Burmese: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 15	.008%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 40	.02%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Chinese: 221	.1%	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 4	.002%	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 72	.04%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 87	.05%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 556	.31%	8	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*)BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Outagamie County
- Data Source(s): Wisconsin Dept of Health Services LEP Groups by County Report; Wisconsin Dept of Health Services LEP Groups by County Report; and The Clinical Manager (TCM).
- Date Period: From: 1/1/2013 To: 12/31/2013

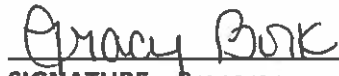
Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

This LEP Customer Data Analysis was prepared by:

Tracy Bork

Name – Preparer



SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator

John A. Rathman

SIGNATURE – Program Administrator

Feb 5, 2019

Date Signed

Services to LEP Language Groups

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

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

Written Translation

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

5. Customer Service Population Data Analysis

Program Name(s): Child Support Division (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 Served or Likely to be Affected or 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	178,816	100%		24,034	100%	N/A
White	162,970			20,202		N/A
Black or African American	2,189	Combined #: <u>20,105</u>	Combined %: <u>11.2%</u>	1,250	Combined #: <u>3,832</u> Combined %: <u>15.9 %</u>	<u>4.7 %</u>
American Indian or Alaska Native	2,615			277		
Asian	5,606			804		
Hispanic/Latino regardless of race	6,763			1,187		
Native Hawaiian or other Pacific Islander	86			19		
More than 1 Race	2,846			295		
Females	89,800	50.2%		11,565	48.1%	(2.1%)
Persons with Disabilities	16,863	9.4%		774	3.2 %	(6.2%)

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

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

This question does not apply to Child Support

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

We will continue to do outreach through our disability advocate agencies, the Aging & Disability Resource Center, and the general community to make individuals more aware of programs that they may be eligible for.

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

N/A

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

None

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

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

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

Step 2:

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

Summary for Customer Service Data Analysis

- Geographic Service Area: Outagamie County
- Data Source(s): 2012 American Community Survey 1 Year Estimates; and the KIDS System
- Date Period: From: 1/1/2013 To: 12/31/2013

This Customer Service Data Analysis was prepared by:

Tracy Bork

Name – Preparer



SIGNATURE – Preparer



Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

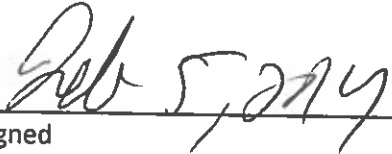
I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator


SIGNATURE – Program Administrator


Date Signed

6. Limited English Proficiency (LEP) Data Analysis

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 Served or Likely to be Affected or Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service Area" for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** 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 listed programs administered by the Outagamie County Department of Health & Human Services.

Program Names: Child Support Division (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) = 178,816.

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Affected or Encountered	Frequency of LEP population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	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: 2,390	1.3%	205	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 1,492	.8%	94	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Burmese: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 15	.008%	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 40	.02%	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Chinese: 221	.1%	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 4	.002%	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 72	.04%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*): 87	.05%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: 556	.31%	6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*)BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Outagamie County
- Data Source(s): Wisconsin Dept of Health Services LEP Groups by County Report; and the KIDS System.
- Date Period: From: 1/1/2013 To: 12/31/2013


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

N/A

This LEP Customer Data Analysis was prepared by:

Tracy Bork

Name – Preparer



SIGNATURE – Preparer

1-31-14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

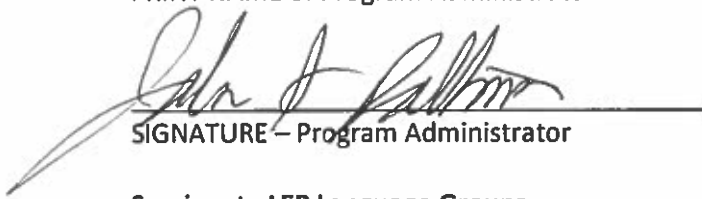
☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

John Rathman

PRINT NAME of Program Administrator



SIGNATURE – Program Administrator



Date Signed

Services to LEP Language Groups

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

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

Written Translation

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

- ☐ There are fewer than 5 percent and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

7. Equal Opportunity Policy and LEP Policy and Notification

1. Our agency is utilizing the DCF, DHS, DWD model for Equal Opportunity Policy Statement that is provided in Appendices D-G .	<input checked="" 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 checked="" type="checkbox"/> No
3. Our agency is utilizing the DCF, DHS, DWD model for LEP Policy Statement that is provided in Appendix H .	<input checked="" 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 checked="" type="checkbox"/> No
5. Our equal opportunity policy includes all of the protected groups covered under federal and state employment and service delivery laws and our LEP Policy reflects the LEP Federal Guidance and DCF, DHS, and DWD requirements.	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 and applicants applying for services may review and read them in their own languages as required by our LEP population analysis and service plan.	<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 Service Delivery Policy" and "LEP Policy Statements" are posted in the required languages on our entity's lobbies and/or waiting rooms (i.e., Appendixes D, E, F, G, and H.).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) The EO and LEP policies are available in alternate formats upon request (i.e., relevant language translations, large print, on tape, Braille). If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities when requested.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6) 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) Entities administering USDA-FNS programs must post the appropriate "Justice For All" poster designated for their specific program as follow: <ul style="list-style-type: none"> Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B Entities administering WIC programs must post the "Justice For All" poster 475C. Posters are available from USDA (www.fns.usda.gov/cr/obtaining-and-justice-all-posters)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8) The EO and LEP requirements are incorporated in contracts, agreements and purchase orders when extending federal assistance to other vendors and contractors for the delivery of services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9) Customer referral sources are notified of the EO and LEP policies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Our EOC and LEPC received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> Indicate date EOC received CRC Training <u>7/27/2004</u> Indicate date LEPC received CRC Training <u>7/27/2004</u> 	<input checked="" 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 acknowledging acceptance and understanding of their responsibilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Our EOC and LEPC have the following responsibilities:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a) Handling service delivery, employment discrimination and language access complaints.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d) Acting as a liaison between the provider, DCF, DHS, DWD, federal agencies, and the community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program by program basis in the organization.	<input checked="" 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 checked="" 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"> Provide Name: _____ Sub-recipients/Subcontractors Supervisors/Managers/Administrators Frontline Staff 	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i) Meet with the CEO, President, Director, or Administrator of the organization to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" 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 checked="" 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

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

9) Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards at the local levels through notification of membership opportunities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10) Allocating funds for programs, services, and activities in a non-discriminatory manner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11) Providing equal opportunity for applicants to become vendors, grantees and sub-grantees, and contractors in programs, services or activities where this is allowed. Using nondiscriminatory factors in determining awards, sizes of grants, contracts, projects, and the quality, quantity, and range of benefits provided in proportion to the number of such members in the service area.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12) Establishing or developing program service areas to integrate members of protected classes and enabling them to receive equal opportunity in service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13) Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contact.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14) Incorporating training and posting policies for our employees regarding treating protected class members with full courtesy and respect in all personal, oral, written, and other forms of communication and contacts. This includes listing the names and other identifiable information of the EOC and the LEPC to allow those protected by laws who wish to file a complaint against the agency/employee the ability to file.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15) Providing culturally trained bilingual and/or bicultural qualified staff and specialized services to maximize use and completion of the program by the protected class.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16) 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
17) Providing access through Telecommunication Device for the Deaf (TDD) or Wisconsin Relay Service (WRS) for the deaf and hard of hearing participants upon request.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18) Notifying LEP customers of their right to ask for translation of vital program information at no cost to a language other than English whenever they access programs and services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19) Preparing a listing of our vital documents requiring written translation and updating the inventory list annually to reflect which documents have been translated and prioritizing those needing translation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20) Developing policies on confidentiality and code of ethics for oral interpretation for contracted vendors and/or community volunteers used for interpreting by individual agency programs.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21) Developing collaborative partnerships to the extent possible, with culturally relevant community-based organizations and stakeholders. For example, establishing an LEP Council as advisors to your agency on cultural and linguistic needs of the LEP communities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Our agency uses the following methods to ensure written translation services:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3) Receive and utilize translated materials only from federal and state agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Other: Specify	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Our agency uses the following methods to ensure oral interpretation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to utilize oral interpretation resources.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Spanish • Hmong • Arabic • Burmese • Chinese • German • Korean • Laotian • Somali • Russian • Vietnamese • Other languages: Specify 	
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 other community organizations for paid or voluntary oral interpretation 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) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8) Other: internal staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. 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 checked="" type="checkbox"/> Interactive Voice Response (IVR)	<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Community Newspaper <input type="checkbox"/> Other: Specify

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.

9A Scheduled for 2015

10. Discrimination Complaint/Grievance Procedures

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

- | | |
|--|---|
| ○ DCF Civil Rights Unit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ○ DHS Civil Rights Compliance Office | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ○ DWD Civil Rights Unit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ○ Appropriate Federal Office for Civil Rights (depending on the source of federal funds) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| i). Negative program decisions to: | |
| • Division of Hearings and Appeals (DOA) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ii). Federal Agencies: | |
| – U.S. DHHS, Region V OCR, Chicago | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| – USDA, Office of Adjudication, Washington D.C. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • U.S. DOJ, Office of Civil Rights, Washington D.C. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

<p>k) Employees are made aware of other venues of redress for discrimination in employment such as:</p> <ul style="list-style-type: none"> • Wisconsin Equal Rights Division (ERD) • Equal Employment Opportunity Commission (EEOC), U.S. DOJ • Federal Office of Contract Compliance (FOCC) U.S. DOL • Wisconsin Office of Contract Compliance • Appropriate Federal Office for Civil Rights (depending on the source of federal funds). 	<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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>l) Recipient or sub-recipient staff will assist complainants during the complaint process if necessary.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>m) Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.</p>	<input checked="" 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

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

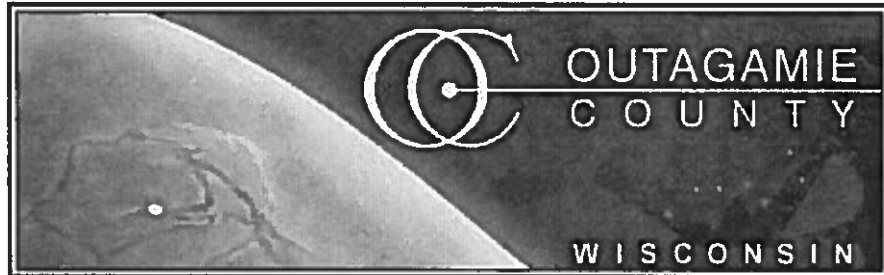
If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

12. Self-Assessment

Our agency **annually** assesses and revises its service delivery, employment practices and language access according to the following procedures:

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

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.



WORKFORCE ANALYSIS REPORT

**Data as of:
January 2, 2014**

**Outagamie County
Human Resources Department**

PURPOSE

This report has been prepared by the Outagamie County Human Resources Department to assist in evaluating the make-up of the Outagamie County workforce; to identify potential inconsistencies with Outagamie County objectives and provisions of Federal, State, and Local laws and policies; and for compliance with the Civil Rights requirements of the State of Wisconsin Department of Workforce Development.

To avoid confusion, data for Outagamie County, the employer will be referred to in this report as "The Workforce." The data for county constituents will be referenced as "The Labor Force."

DATA

To provide the most current data, projections for the Outagamie County Labor Force from the Wisconsin Department of Workforce Development (DWD) are utilized.

The DWD data is reported in a manner not consistent with the format data is collected and stored by Outagamie County for federal reporting purposes. Of note:

- **Ethnic Classifications:** The Employer collection of employee ethnic data and computer coding of that information follows the format required for EEOC reporting. The Labor Force data provided by the DWD for Outagamie County does not exactly match that format. Consequently, some massaging of the DWD data is necessary to enable comparison to our data. The chart below lists the DWD Ethnic Classifications and the Classifications used in this report. The EEOC format does not include Hawaiians or Pacific Islanders as a classification nor does the EEOC provide options for multiple races. Consequently, all of those options are combined into the "Other" classification for this report. Note however, that while it is an option, no employees have indicated "Other" as their ethnic classification.

DWD Ethnic Classifications	Ethnic Classifications For This Report
White alone Hispanic or Latino	Hispanic
All other Hispanic or Latino	White
White alone	Black
Black or African American alone	American Indian
American Indian and Alaska Native alone	Asian
Asian alone	Other
Native Hawaiian and Other Pacific Islander	
Multiple/Mixed races (many options)	

- **Occupational Groups:** Similar to Ethnic Classifications, The Outagamie County Workforce has been coded according to the Occupational Groups established by the EEOC. The data provided by the DWD is a close match with this format. However, some massaging was still necessary. The DWD splits "Professionals" into "Science and Engineering, Healthcare, and Other Professional" Occupational Groups. Those groups are combined in this report as "Professional." Similarly, the DWD splits "Skilled Crafts" into 4 separate categories. For this report, they have been combined to form one group of Skilled Crafts. The EEOC provides a group for "Paraprofessionals" while the DWD does not. To handle this disparity, "Paraprofessionals" and "Administrative Support" groups are combined in this report under "Administrative Support." The following chart lists the Occupational Groups as provided by the DWD, the groups used by the EEOC, and the groups used for this report.

Occupational Groups DWD	Occupational Groups EEOC	Occupational Groups For This Report
Officials and Managers	Officials and Administrators	Officials and Managers
Professionals	Professionals	Professionals
Technicians	Technicians	Technicians
Sales	Protective Service Workers	Protective Services
Administrative Support	Paraprofessionals	Administrative Support
Skilled Crafts	Administrative Support	Skilled Crafts
Laborers and Helpers	Skilled Craft Workers	Service & Maintenance
Protective Services	Service & Maintenance	
Service Workers		

LABOR FORCE TO WORKFORCE COMPARISON

The DWD Labor Force data for Outagamie County is depicted in **Table 1**. These numbers include all employed civilians 16 years and older. Some groups like "Sales" have been factored out. All individuals in the county not identified as "White", "Hispanic", "Black", "American Indian", or "Asian", have been combined and listed as "Other".

Table 2 contains the data for the Outagamie County Workforce. Each cell in the matrix contains the number of county employees in an Ethnic Classification within an Occupational Group, the percentage of that ethnicity for that Occupational Group, and also the percentage of that ethnicity for the Occupational Group in the Labor Force. For example, in the Occupational Group "Administrative Support", 11 Hispanics are employed in the Outagamie County Workforce. Those 11 Hispanics represent 2.21% of the

Outagamie County “Administrative Support” Workforce. In that same box, it is indicated that the percentage of Hispanics in the “Administrative Support” Occupational Group in the Outagamie County Workforce is 1.02%. The percentage of our “Administrative Support” Workforce is higher than the percentage of “Administrative Support” individuals in the Labor Force resulting in a favorable utilization rate for that particular cell. The table provides a detailed view of our hiring practices for each of the Ethnic Classifications and for each of the Occupational Groups.

RESULTS

- **Women In The Outagamie County Workforce:** Outagamie County continues to maintain a very favorable record as it pertains to the employment of women. **Table 2** figures show that women comprise 67.19% of the Outagamie County Workforce, far exceeding the Labor Force figure of 47.84%. Of equal importance, Outagamie County employment figures for women far surpass the Labor Force numbers in the higher compensation Occupational Group of “Professionals”.
- **Minorities In The Outagamie County Workforce:** Overall employment of minorities at Outagamie County falls short of the Labor Force percentage by 23 employees. **Table 2** indicates that the Labor Force target for minorities is 7.54% and minorities make up only 5.53% of the Outagamie County Workforce. **Table 2** shows favorable employment practices related to the Asian and Black ethnic classifications and in hiring for “Professionals, Technicians and Administrative Support.

TRENDS

Overall, the January, 2014 data is favorable. More telling, however, is the trending since this report was initiated in 1999. **Table 3** shows a 69% increase in the employment of minorities in the Outagamie County Workforce in the past 10 years and an increase from 3.26% to 5.53%.

Hiring and separation data for the Outagamie County Workforce for 2013 is shown in **Table 4**. As indicated, overall hiring of individuals in minority Ethnic Classifications for 2013 far exceeded the Labor Force numbers. However, termination data exceeds the Labor Force numbers for 2013. Hiring and termination data does not include any seasonal or temporary status employees. It should be noted that the separation data includes all forms of separations and does not imply involuntary terminations.

DEPARTMENTAL STATISTICS

Table 5 provides a breakdown of employment in each department at Outagamie County. Included in the table are statistics for Total Employment, Employees Over 50 Years of Age, Employees Between 40 and 50 Years of Age, Minorities, Veterans, and Disabled. As of January of 2014, 36% of the county workforce is 50 years of age or older and 64% of our employees over the age of 40.

LABOR FORCE COMPOSITION

OUTAGAMIE COUNTY

Based on Wisconsin Department of Workforce Development projections

Table shows the number and percentage of workers of each ethnic background per Occupational Group in the Outagamie County Labor Force.

	Officials & Managers	Professionals	Technicians	Protective	Administrative Support	Skilled Crafts	Service & Maintenance	Total Workforce
White	10,530 94.44%	14,595 94.42%	2,625 95.18%	1,385 93.90%	15,055 95.59%	22,595 91.30%	10,390 85.65%	77,175 92.46%
Hispanic	225 2.02%	180 1.16%	14 .51%	10 .68%	160 1.02%	865 3.49%	770 6.35%	2,224 2.66%
Black	0 0%	149 .96%	4 .14%	0 0%	90 .57%	115 .46%	210 1.73%	568 .68%
American Indian	85 .76%	124 .80%	60 2.17%	70 4.75%	165 1.05%	260 1.05%	300 2.47%	1,064 1.27%
Asian	265 2.38%	320 2.07%	55 1.99%	10 .68%	215 1.36%	745 3.01%	345 2.84%	1,955 2.34%
Other*	45 .40%	90 .58%	0 0%	0 0%	65 .41%	169 .68%	115 .95%	484 .58%
TOTALS	11,150	15,458	2,758	1,475	15,750	24,749	12,130	83,470
Total Minorities	620 5.56%	863 5.58%	133 4.82%	90 6.10%	695 4.41%	2,154 8.70%	1,740 14.34%	6,295 7.54%
Women	4,480 43.41%	8,655 56.05%	1,630 59.10%	400 27.12%	12,565 79.78%	4,095 16.55%	8,110 66.86%	39,935 47.84%

* "Other" represents the various other ethnic categories including those with multiple races.

Table 1

OUTAGAMIE COUNTY

EMPLOYEE WORKFORCE ANALYSIS

Data as of January 2, 2014

OFFICIALS & MANAGERS

PROFESSIONAL

TECHNICIANS

PROTECTIVE SERVICE

ADMIN SUPPORT

SKILLED CRAFTS

SERVICE MAINTENANCE

TOTAL

County Workforce	34	252	47	157	498	89	62	1140
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White, Non-Minority	33	238	44	153	460	89	60	1077
% OC Workforce	97.06	94.44	93.62	97.45	92.37	100.00	95.24	94.47
% Labor Force	94.44	94.42	95.18	93.90	95.59	91.30	85.65	92.46
Hispanic	0	2	2	1	11	0	0	16
% OC Workforce	0	.79	4.25	.64	2.21	0	0	1.40
% Labor Force	2.02	1.16	.51	.68	1.02	3.49	6.35	2.66
Black	0	0	0	0	8	0	0	8
% OC Workforce	0	0	0	0	1.61	0	0	.70
% Labor Force	0	.96	.14	0	.57	.46	1.73	.68
American Indian	0	2	0	0	7	0	0	9
% OC Workforce	0	.79	0	0	1.41	0	0	.79
% Labor Force	.76	.80	2.17	4.75	1.05	1.05	2.47	1.27
Asian	1	10	1	3	12	0	3	30
% OC Workforce	2.94	3.97	2.13	1.91	2.41	0	4.76	2.63
% Labor Force	2.38	2.07	1.99	.68	1.36	3.01	2.84	2.34
Other Minority	0	0	0	0	0	0	0	0
% OC Workforce	0	0	0	0	0	0	0	0
% Labor Force	.40	.58	0	0	.41	.68	.95	.58

Minorities (Total)	1	14	3	4	38	0	3	63
% OC Workforce	2.94	5.55	6.38	2.55	7.63	0	4.76	5.53
% Labor Force	5.56	5.58	4.82	6.10	4.41	8.70	14.34	7.54

Females	14	188	19	29	487	6	23	766
% OC Workforce	41.18	74.60	40.42	18.47	97.79	6.74	36.51	67.19
% Labor Force	43.41	56.05	59.10	27.12	79.78	16.55	66.86	47.84

Table 2

OUTAGAMIE COUNTY MINORITY AND DISABILITY EMPLOYMENT HISTORY (10 years)
(Data reflective of numbers in January of specified year)

	2005		2006		2007		2008		2009		2010		2011		2012		2013		2014	
	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment	# of Employees	% of Employment
Black	1	.09	2	.18	3	.27	4	.35	6	.52	6	.53	5	.44	7	.61	7	.61	8	.70
Hispanic	11	.98	10	.88	12	1.07	13	1.15	13	1.14	16	1.41	15	1.32	17	1.49	19	1.66	16	1.40
American Indian	8	.70	7	.62	6	.53	6	.53	6	.52	6	.53	5	.44	6	.53	6	.53	9	.79
Other Minority	17	1.50	17	1.51	17	1.51	21	1.85	23	2.01	23	2.02	24	2.12	25	2.19	29	2.54	30	2.63
All Minorities	37	3.26	36	3.19	38	3.38	44	3.88	48	4.19	51	4.48	49	4.33	55	4.82	61	5.34	63	5.53
Disabled	14	1.23	11	.97	13	1.16	13	1.15	12	1.05	11	.97	11	.97	12	1.05	13	1.14	14	1.23

Table 3

OUTAGAMIE COUNTY HIRING AND TERMINATION DATA FOR 2013

	Total	Black	Hispanic	American Indian	Asian	Other Minority	Total Minority
Hires	141	5	5	1	4	0	15
% of Total Hires		3.5%	3.5%	.71%	2.8%	0	10.6%
Separations	137	4	5	1	2	0	12
% of Total Separations		2.9%	3.6%	.73%	1.46%		8.76%
Labor Force %		.60%	2.58%	.46%	1.94%	.59%	6.16%

Table 4

OUTAGAMIE COUNTY DEPARTMENTAL EMPLOYMENT STATISTICS

As Of January 2, 2014

Department	# Employed	# Over 50	# 40 – 50	Minorities	Veterans	Disabled
Airport	20	8	3	4	1	0
Brewster Village	269	79	54	24	6	4
Circuit Courts*	23	21	0	0	5	0
Clerk of Courts*	27	14	7	0	1	0
Coroner*	8	0	7	0	1	0
Corporation Counsel	7	2	3	1	0	0
County Clerk*	2	1	1	0	0	0
County Executive*	2	1	1	0	0	0
County Treasurer*	3	2	0	0	0	0
Court Commissioner	4	0	4	1	0	0
District Attorney*	17	7	6	0	0	0
Emergency Management	4	0	4	0	0	0
Family Court Commissioner	9	7	1	0	0	0
Financial Services	9	3	5	0	1	0
Health and Human Services	328	121	90	24	8	5
Highway	79	33	23	0	5	0
Human Resources	6	4	2	0	0	0
Land Conservation	9	1	4	0	0	0
Legislative Services	4	3	0	0	1	0
Maintenance	19	10	8	0	1	1
MIS	17	9	3	2	2	1
Parks	11	7	2	0	1	1
Planning	5	2	1	0	0	0
Register in Probate	3	2	0	0	0	0
Register of Deeds*	8	3	4	0	0	0
Sheriff*	199	45	78	7	28	0
Solid Waste	25	9	6	0	4	1
UW Extension*	4	3	1	0	0	0
Veterans Services	6	5	0	0	2	1
VIOS	8	4	0	0	0	0
Zoning	5	3	2	0	0	0
TOTALS	1140	409	320	63	67	14

* Totals do not include "Elected" or "State" employees.

Table 5

GOALS

- Continue to list all external openings with Wisconsin JobCenter to get statewide coverage.
- Continue placing job openings in large metropolitan papers and/or national trade journals as appropriate.
- Continue advertising Outagamie County as an Equal Opportunity Employer.
- Continue to identify and utilize recruitment sources likely to refer women, minorities and individuals with disabilities.

PLAN DISSEMINATION

A copy of the Outagamie County Workforce Analysis Report is distributed annually to all Department Heads. Departments with obvious deficiencies in their employment numbers are counseled on these issues. The Outagamie County Workforce Analysis Report is also available to all interested county employees by contacting the Human Resources Department. All required employment posters including the Equal Opportunity and Wisconsin Fair Employment Act posters are displayed in all county locations as well as on the Outagamie County website.

INTERNAL MONITORING

The Workforce Analysis Report will be compiled and evaluated annually by the Affirmative Action Officer. The Affirmative Action Officer and/or other members of county management will work with, educate and counsel management staff on Affirmative Action issues as needed.

Bill Hinkley

Employment and Training Administrator
Affirmative Action Officer
Equal Opportunity Coordinator
LEP Coordinator

2/7/2014

Date

CRC Posters

	Appendix D EOE General	Appendix E EOE DOA/FNS	Appendix F EOE Health Care	Appendix H LEP	Complaint Grievance	I Speak	And Justice For All
Family Court	x			x	x	x	
Family Court	x			x	x	x	
Sheriff	x			x	x	x	
Sheriff	x			x	x	x	
Brewster Village			x	x	x	x	
Corporation Counsel	x			x	x	x	
Clerk of Courts	x			x	x	x	
YFS Lobby	x			x	x	x	
WIC Lobby		x		x	x	x	x
CYF Lobby	x			x	x	x	
ADRC Lobby	x	x		x	x	x	x
ALTS (4 th Floor)	x			x	x	x	x
Public Health		x	x	x	x	x	
Mental Health			x	x	x	x	
Economic Support		x		x	x	x	x
DHHS Administration	x			x	x	x	
Totals	11	4	3	16	16	16	4

And Justice For All poster required wherever USDA-FNS programs such as FoodShare, WIC and TEFAP are administered.