

Clark County, Wisconsin

# **Civil Rights Compliance Plan**

For the period of  
January 1, 2022 – December 31, 2025

Clark County, WI



Founded in 1853

*Wayne Hendrickson*

Wayne Hendrickson, Chairman  
Clark County Board of Supervisors

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## Summary

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in programs and activities that receive Federal financial assistance. This Civil Rights Compliance plan details how Clark County, WI and its subrecipients will comply with Federal Civil Rights Laws during the 2022-2025 compliance period.

Clark County is committed to ensuring that no person is excluded from, participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by Clark County in accordance with Title VI of the Civil Rights Act of 1964<sup>1</sup> and related nondiscrimination authorities.

The Plan is reviewed and updated on an annual basis throughout the compliance period by the Civil Rights Coordinator. The Civil Rights Compliance plan is available to any state or member of the public. The plan can be requested from the Civil Rights Coordinator or on its website at [www.clarkcountywi.gov](http://www.clarkcountywi.gov).

## County Buildings, Service Programs and Employees:

This policy is an integral part of the general Clark County operating policy and will be posted on major bulletin boards where it may be viewed by the public, clients and potential applicants for service.

This policy provides guidance and direction in all County programs and to employees to assure compliance with County policy regarding service delivery and handicapped accessibility to buildings, programs, and services. These policies and procedures apply to all departments and employees unless stated otherwise.

Each employee shall be provided with a copy when beginning employment with Clark County and shall return the last page, bearing their signature to their supervisor for insertion into their personnel file. Staff which provide qualified services to clientele shall receive approved training on the laws and regulations concerning service delivery.

Copies of any changes, revisions, or additions shall be provided to each employee and each employee is expected to maintain his or her copy throughout employment with the County. All employees are expected to be aware of policies and to abide by them.

Annually, all resources, as they exist or appear in the area will be informed of our request that they refer all eligible individuals for our services regardless of their protected status.

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<sup>1</sup> Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds of race, color or national origin, be excluded from, participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." – Title 42 USC Section 2000d

## Contracted Services:

Clark County uses purchase of service contracts through private or private nonprofit organizations when deemed appropriate. Such contracts and procedures related to their development must comply with these policies. All purchase of service contracts or model contracts when using the same contract with multiple providers, must be submitted to the Affirmative Action Committee for review prior to implementation to assure that no conflicts with County policy occur.

1. Creation of data collection for clients was put together.

## Department Specific Policies:

Individual departments may have needs which are not specifically addressed through county wide policies. Department, program or specific policies may be developed so long as there is no conflict with County policies. Any service delivery policies developed under this section must be in writing, approved by a supervising committee where required and approved by the Affirmative Action Committee.

## Definitions:

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

**"American Community Survey (ACS)"** is an ongoing survey, conducted by the U.S. Census Bureau that provides data every year. The ACS provides data to communities, state governments, and Federal programs by asking people about their age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, language spoken at home, place of employment and method of commute, residence, and other personal matters. This statistical information is used to help governments and entities make planning decisions.

**"Applicant"** is an individual who is interested in being considered for any Federally funded aid, benefit, service, or training by a recipient, and who has signified that interest by submitting personal information in response to a request by the recipient.

**"Auxiliary aids or services"** include:

1. Qualified interpreters on-site or through video remote interpreting (VRI) services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications

devices; videotext displays; accessible electronic and information technology; or other effective means of making aurally delivered materials available to individuals with hearing impairments; and

2. Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

**“Babel notice”** means a short notice included in a document or electronic medium (e.g., Web site, “app”, email) in multiple languages informing the reader that the communication contains vital information, and explaining how to access language services to have the contents of the communication provided in other languages.

**“Beneficiary”** means the individual or individuals intended by Congress to receive aid, benefits, services, or training from a recipient under a Federal program.

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

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

**“Entity”** as used here, means any person, corporation, partnership, joint venture, sole proprietorship, unincorporated association, consortium, and/or entity authorized by State or local law; any local government; and/or any agency, instrumentality, or subdivision of such a government.

**“Equal Opportunity Coordinator”** includes, but is not limited to, Equal Opportunity, Civil Rights, and 504 Rehabilitation Act Coordinators.

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

- Hispanic/Latino – a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
- Non-Hispanic/Latino – a person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. See also “Race Categories”. For the purpose of this plan, data in Ethnic and Race Categories are combined under the heading “Minorities”.

**“Federal Financial Assistance”** includes, but is not limited to:

- Grants and loans of Federal funds.
- Grants or donations of Federal property and interests in property.
- Any Federal funds for which your agency is a pass through.
- Any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of assistance.

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

**“Interpretation”** is the act of listening to something in one language (source language) and orally translating it into another language (target language).

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

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

**“Limited English Proficiency (LEP) Individual”** means a customers who cannot speak, read, write, or understand the English language at a level that permits them to access program services and benefits in a meaningful way.

**“Major LEP Language Groups”** are LEP persons served or encountered in the eligible service population that speak a language other than English and are encountered with the greatest frequency. The greater the number or proportion of LEP persons served or encountered, the more likely language services are needed.

**“Program or Activity”** means all of the operations of a Federally funded program administered by a contractor for one of the State Agencies. Contractors may include state or local governmental entities, educational institutions, for-profit or non-profit entities, or other organizations. The operations include the entire corporation, partnership, or sole proprietorship under which the contractor operates and all facilities of the contractor.

**“Qualified Interpreter”** means an interpreter who is able to interpret effectively, accurately, and impartially, either for individuals with disabilities or for individuals who are limited English proficient. The LEP interpreter must be an individual who is able to provide the following: demonstrated proficiency in English and a second language; demonstrated knowledge in both languages of relevant specialized terms and concepts; and demonstration of completion of training on the skills and ethics of interpretations. The interpreter must be able to interpret both receptively and expressively, using any necessary specialized vocabulary, either in-person, through a telephone, a video remote interpreting (VRI) service, or via internet, video, or other technological methods.

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**“Race Categories”** The following are the minimum categories for data collection on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting based on the U.S. Office of Management and Budget (OMB):

- **Black/African American or African-** A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
- **American Indian or Alaska Native-** A person descending from any of the original peoples of North, South or Central America who possess a quarter degree or more of documented tribal dissonancy or is enrolled with a Federally and state recognized tribe.
- **Asian-** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander-** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White-**A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

For the purpose of this plan, data collected for reporting ethnic categories are Hispanic or Latino and Not Hispanic or Latino. Also see Ethnic Categories definition.

**“Recipient”** as used here, refers to those entities who receive Federal funds passed through from one or more State Agencies to administer a program or activity. This does not include the actual individual client or beneficiary of the program or activity.

The term “subrecipient” (defined below) refers to those entities who receive Federal funds to administer a program or activity from an entity other than a State Agency (or the Governor).

Recipients and subrecipients include, but are not limited to:

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

- Refugee Service Grant recipient, including Mutual Assistance Associations (MAAs), Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and Refugee Resettlement Agencies; and
- Other Federal grant recipients.

**“Safe Harbor”** means the recipient or subrecipient has taken the following actions that are considered to be strong evidence of compliance with the recipient’s written translation obligations

The recipients and subrecipients are providing written translations of vital documents for each eligible LEP language group that constitutes 5 percent or more or 1,000 people, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

For those LEP groups with fewer than 50 persons in a language group that reaches the 5 percent trigger above, the recipient is not required to translate vital written materials but must provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

**“Service Area”** is the geographic area from which customers of a recipient’s service are drawn (e.g., countywide, multi-county).

**“Subrecipient”** is a non-Federal entity that receives Federal financial assistance from a recipient (other than a State Agency or the Governor) to carry out part of a Federal program or activity, but does not include an individual that is a beneficiary of such program.

**“Vital document”** is any paper or electronic form that contains information critical for accessing the recipient’s programs, services, or benefits; letters or notices that require a response; letters and notices pertaining to approval, denial, reduction, or termination of services or benefits; and documents that inform participants of free language assistance.

**“Vital information”** means information, whether written, oral or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service, and/or training; necessary for an individual to obtain any aid, benefit, service, and/or training; or required by law. Examples of documents containing vital information include, but are not limited to: applications, consent and complaint forms; notices or rights and responsibilities; notices advising LEP individuals of their rights under the specific program, including the availability of free language assistance; rulebooks; written tests that do not assess English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant, or employee.

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**“Written Translation”** is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).



## CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families  
DCF-F-154-E

Health Services  
F-00165 (12/2021)

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

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

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

**By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.**

Wayne Hendrickson

**SIGNATURE** – Authorized Representative

Date: 1-14-22

Printed name: Wayne Hendrickson

Title: County Board Chair

### Instructions for completing Letter of Assurance

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

**RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE  
FEDERAL CIVIL RIGHTS LAWS:**

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.
8. Provide accessible programs, facilities, and reasonable accommodations to service participants/customers with disabilities.
9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

## APPENDIX A-1: RECIPIENT CONTACT INFORMATION

Name of Recipient

Jennifer Brock

Date this form was completed 01/10/2022

Street Address

517 Court Street, Room 205

City

Neillsville

State

WI

Zip Code

54446

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

Jennifer Brock

Address

517 Court Street, Room 205, Neillsville, WI 54456

Telephone Number

(715)743- 5298

Email Address

Jennifer.brock@co.clark.wi.us

Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities:

Christina Jensen

Address

517 Court Street, Neillsville, WI 54456

Telephone Number

(715)7435150

Email Address

Christina.jensen@co.clark.wi.us

Name and title of Recipient-Authorized Representative Making Assurances

Wayne Hendrickson-County Board Chairman

Address

517 Court Street, Neillsville, WI 54456

Telephone Number

(715)743-5225

Email Address

Wayne.hendrickson@co.clark.wi.us

### Instructions for completing Recipient Contact Information

- Fill in all the blanks on this form.
- Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).

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

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. <i>Attached</i> 2. 3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF <input checked="" type="radio"/> Yes	No	1. <i>Attached</i> 2. 3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS.  Name of County or Consortium: <i>Western (WREA)</i>	<input checked="" type="radio"/> Yes	No	1. 2. 3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.  Name of the entity/entities:	Yes	<input checked="" type="radio"/> No	1. 2. 3.	

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

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

	A	B	C
1			
2	<b>GRANT / STATE AND FEDERAL AID FUNDING</b>		
3			2022
4	TITLE / DESCRIPTION	GRANT / AID	GRANT / AID
5	GRANT / STATE OR FEDERAL AID	FUNDING SOURCE	AMOUNT
6			
7	Child Care Certification	DCF	9,002
8	Safe & Stable	DCF	42,827
9	Kinship Benefits	DCF	18,288
10	Kinship Assessments	DCF	1,829
11	Retention Incentives (Foster Parents)	DCF	5,000
12	Foster Parent Training	DCF	3,473
13	Youth Justice Innovation	DCF	25,000
14	JJ AODA	DCF	8,734
15	JJ Youth Aids	DCF	418,552
16	CHIPS Legal	DCF	4,160
17	BCA + State Match	DCF	940,887
18	TPR Adoption	DCF	10,920
19	WISACWIS & Related Program Staff	DCF	2,390
20	DSP In-Home Safety Services	DCF	0
21	TSSF	DCF	42,800
22	Adult Protective Services	DHS	38,251
23	CST	DHS	60,000
24	BCA + State Match	DHS	95,809
25	WHEAP	DOA	60,000
26	Elder Abuse	GWAAR	18,821
27	EFSP Phase 36 Rental Assistance	United Way	0
28	EFSP Phase 39 Rental Assistance	United Way	5,284
29	IM/Child Care Auth & Elig	DHS	658,697
30			
31	DCF = Division of Children & Families		
32	DHS = Dept of Health Services		
33	DOA - Dept of Admin		
34	GWAAR - Greater WI Area Agency		

## DATA COLLECTION

<b>Service Delivery</b> Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	(Yes)	No
Number of potentially eligible or likely to be affected or encountered	(Yes)	No
Number of LEP individuals encountered by phone vs. walk-in	(Yes)	No
Language spoken and/or dialect of LEP participants	(Yes)	No
Number of eligible LEP participants by separate programs and the frequency of encounters	(Yes)	No
Interpretation needs and preferred language of LEP participants	(Yes)	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	(Yes)	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	(Yes)	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	(Yes)	No
Other accommodation requests and needs from participants with disabilities	(Yes)	No

**If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:**

## Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> Yes	No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="radio"/> Yes	No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> </ul> Posters are available from the USDA.	<input checked="" type="radio"/> Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> Yes	No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	<input checked="" type="radio"/> Yes	No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:			

### Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>• Indicate date EOC received CRC Training <u>March 2022</u></li> <li>• Indicate date LEPC received CRC Training <u>March 2022</u></li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

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



### Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5. 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="radio"/> Yes	<input type="radio"/> No
6. 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="radio"/> Yes	<input type="radio"/> No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
C) Other: Specify		

8. Our entity uses the following methods for oral interpretation:			
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Spanish</li> <li><input type="radio"/> Hmong</li> <li><input type="radio"/> Arabic</li> <li><input type="radio"/> French</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> German</li> <li><input type="radio"/> Pennsylvanian Dutch</li> <li><input type="radio"/> Albanian</li> <li><input type="radio"/> Other languages: (Specify)</li> </ul>			
C) Use a language line for languages not often used in the service area.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
H) Other: Specify			
9. List methods used to communicate important benefit information to customers. Check all that apply:			
<ul style="list-style-type: none"> <li><input type="checkbox"/> Video</li> <li><input checked="" type="checkbox"/> Web Sites</li> <li><input checked="" type="checkbox"/> Posters</li> <li><input checked="" type="checkbox"/> Voice Mail Messages</li> <li><input type="checkbox"/> Interactive Voice Response (IVR)</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Television</li> <li><input type="checkbox"/> Radio</li> <li><input type="checkbox"/> Community Newspaper</li> <li><input type="checkbox"/> Other: Specify</li> </ul>	

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

## Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT	Yes	No
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

## Social Services

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in <b>Appendix G</b>)</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No

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

### Discrimination Complaint/Grievance Procedures

<p>2. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:</p> <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	Yes	No
<p>3. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</p>	Yes	No
<p>4. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	Yes	No
<p>5. All participants in complaint investigations are advised of and protected from retaliation.</p>	Yes	No

## Social Services

6. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
7. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
8. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
9. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
10. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
11. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

## Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> Yes	No	
3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	<input checked="" type="radio"/> N/A

**Social Services**

b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	<input checked="" type="radio"/> Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	<input checked="" type="radio"/> Yes	No	N/A
<p><b>If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:</b></p> <div style="border: 1px solid black; height: 250px; margin-top: 10px;"></div>			

## Customer Service Population Analysis (CSPA) Data Chart

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

	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	6	100.00%	0.00%
<b>Breakdown by Race</b>					
White	33,359	96.47%	4	66.67%	-29.81%
Black or African American	164	0.47%	2	33.33%	32.86%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	0	0.00%	-0.40%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	2	3.33%	29.81%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	0	0.00%	-4.69%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	3	50.00%	-0.58%
Male	17,090	49.42%	3	50.00%	0.58%
Disabilities	4,127	11.93%	0	0.00%	-11.93%

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

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

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



Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	Clark County Youth Justice Innovation Grant

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p> <p>White, black</p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p> <p>American Indian, Asian, Hawaiian, Other</p>
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p> <p>High white population, Small/rural area</p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p> <p>No</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p> <p>Public outreach, social media</p>
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p> <p>N/A</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

## Customer Service Population Analysis (CSPA) Data Chart

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

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	26	100.00%	0.00%
<b>Breakdown by Race</b>					
White	33,359	96.47%	23	88.46%	-8.01%
Black or African American	164	0.47%	2	7.69%	7.22%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	1	3.85%	3.45%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	3	11.54%	8.01%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	0	0.00%	-4.69%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	16	61.54%	10.96%
Male	17,090	49.42%	10	38.46%	-10.96%
Disabilities	4,127	11.93%	0	0.00%	-11.93%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	eWisacwis, Out-of-Home-Care

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p> <p>White, Black, Asian</p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p> <p>American Indian, Hawaiian, Other, More than one race.</p>
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p> <p>High white population, small/rural area.</p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p> <p>They are being served.</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p> <p>Public outreach, social media advertising.</p>
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p> <p>NA</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

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

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

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )	
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>
Total Population	34,579	100.00%
<b>Breakdown by Race</b>		
White	33,359	96.47%
Black or African American	164	0.47%
American Indian or Alaska Native	78	0.23%
Asian	138	0.40%
Native Hawaiian or Pacific Islander	1	0.00%
Other	332	0.96%
More Than One Race	507	1.47%
Subtotal, Non-White	1,220	3.53%
Hispanic/Latino (Regardless of Race)	1,622	4.69%
<b>Breakdown by Sex</b>		
Female	17,489	50.58%
Male	17,090	49.42%
Disabilities	4,127	11.93%

Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
36	100.00%	0.00%
29	80.56%	-15.92%
2	5.56%	5.08%
1	2.78%	2.55%
0	0.00%	-0.40%
0	0.00%	0.00%
0	0.00%	-0.96%
0	0.00%	-1.47%
3	8.33%	4.81%
5	13.89%	9.20%
19	52.78%	2.20%
10	27.78%	-21.65%
0	0.00%	-11.93%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	Safe & Stable Report

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p>
White, black
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p>
American Indian, Asian, Hawaiian, Other, More than one race.
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p>
High white population, small/rural area.
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p>
No
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p>
Public outreach, social media advertising.
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p>
NA

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

## Customer Service Population Analysis (CSPA) Data Chart

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

	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	6	100.00%	0.00%
<b>Breakdown by Race</b>					
White	33,359	96.47%	6	100.00%	3.53%
Black or African American	164	0.47%	0	0.00%	-0.47%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	0	0.00%	-0.40%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	0	0.00%	-3.53%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	0	0.00%	-4.69%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	6	100.00%	49.42%
Male	17,090	49.42%	0	0.00%	-49.42%
Disabilities	4,127	11.93%	0	0.00%	-11.93%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	PPS Child Care System

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p> <p>White</p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p> <p>Black, American Indian, Asian, Hawaiian, Other</p>
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p> <p>Small rural area. High white population</p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p> <p>They are being served.</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p> <p>Public outreach, social media advertising</p>
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p> <p>N/A</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

## Customer Service Population Analysis (CSPA) Data Chart

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

	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage- Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	37	100.00%	0.00%
<b>Breakdown by Race</b>					
White	33,359	96.47%	18	48.65%	-47.82%
Black or African American	164	0.47%	5	13.51%	13.04%
American Indian or Alaska Native	78	0.23%	1	2.70%	2.48%
Asian	138	0.40%	1	2.70%	2.30%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	7	18.92%	15.39%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	3	8.11%	3.42%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	16	43.24%	-7.33%
Male	17,090	49.42%	11	29.73%	-19.69%
Disabilities	4,127	11.93%	0	0.00%	-11.93%

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

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

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



Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	eWisacwis, Out-of-Home-Care, Out-of-Home Placements

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p> <p>White, Black, American Indian, Asian</p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p> <p>Hawaiian, Other, More than one race</p>
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p> <p>Small/rural area, high white population</p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p> <p>They are being served.</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p> <p>Public outreach, social media advertising.</p>
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p> <p>N/A</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

## Customer Service Population Analysis (CSPA) Data Chart

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

Category <sup>1</sup>	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	34,579	100.00%	684	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96.47%	465	67.98%	-28.49%
Black or African American	164	0.47%	22	3.22%	2.74%
American Indian or Alaska Native	78	0.23%	14	2.05%	1.82%
Asian	138	0.40%	1	0.15%	-0.25%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	80	11.70%	10.74%
More Than One Race	507	1.47%	7	1.02%	-0.44%
Subtotal, Non-White	1,220	3.53%	124	18.13%	14.60%
Hispanic/Latino (Regardless of Race)	1,622	4.6%	102	14.91%	10.22%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	393	57.46%	6.88%
Male	17,090	49.42%	273	39.91%	-9.51%
Disabilities	4,127	11.93%	1	0.15%	-11.79%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	EWisacwis, Alleged Victim Details

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p>
White, Black, American Indian, Other, Hispanic/Latino
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p>
Asian, Native Hawaiian, More than one race
What factors may be contributing to any under-/over-representation? <sup>5</sup>
Small, rural community. High white population
Do you believe these results indicate potentially eligible participants are or are not being served?
They are being served.
What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)
Public outreach, social media.
It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:
N/A

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Child Abuse & Neglect-Child Protective Services
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	21	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	Certified Languages International; Individual Interpreters

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☒ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant’s preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

Spanish  
Hmong/Laotian  
Chinese  
Korean  
Vietnamese  
Tagalog  
German/Germanic  
Russian/Polish/Other Slavic  
French/Patois/Haitian/Creole/Cajun  
Arabic  
Other – Specify:

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

Are being served.

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

Not aware of any.

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

Continue to do community outreach in a variety of languages.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None filed.

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Foster Care Payments-No Services Provided
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents  Column (b) is 1,000 or more OR Column (c) is 5% or more?	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents  Column (b) is less than 50 AND Column (c) is 5% or more?
Language Groups <sup>1</sup>					
Spanish	922	2.67%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	

### Services to LEP Language Groups

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

- ☐ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☐ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.



### LEP Customer Data Analysis

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

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

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

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

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Promoting Safe & Stable Families
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	6	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	Certified Languages International; Individual Interpreters

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☒ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

Spanish  
Hmong/Laotian  
Chinese  
Korean  
Vietnamese  
Tagalog  
German/Germanic  
Russian/Polish/Other Slavic  
French/Patois/Haitian/Creole/Cajun  
Arabic  
Other – Specify:

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

Are being served.

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

Not aware of any.

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

Continue to do community outreach in a variety of languages.

Please discuss the nature of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None filed.

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Child Care Certification or Licensing-No Services Provided
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <div style="text-align: center;"> <input checked="" type="checkbox"/> All income levels           <span style="margin-left: 200px;"><input type="checkbox"/> Income below poverty level</span> </div>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	

### Services to LEP Language Groups

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

- ☐ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☐ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

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

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

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

Please discuss the nature of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Child Welfare Case Management Services
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	15	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.



<b>Data Source(s) for LEP Potentially Eligible Population:</b>	Civil Rights Compliance (CRC) Census Data Dashboard
<b>Data Source(s) for Number LEP Served:</b>	Certified Languages International; Spanish Interpreter

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☒ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

Spanish  
Hmong/Laotian  
Chinese  
Korean  
Vietnamese  
Tagalog  
German/Germanic  
Russian/Polish/Other Slavic  
French/Patois/Haitian/Creole/Cajun  
Arabic  
Other – Specify:

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

Are being served.

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

Not aware of any.

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

Continue to do community outreach in a variety of languages.

Please discuss the nature of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None filed.

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Child Abuse & Neglect-Prevention Services-No Services Provided
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
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Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<b>Data Source(s) for LEP Potentially Eligible Population:</b>	Civil Rights Compliance (CRC) Census Data Dashboard
<b>Data Source(s) for Number LEP Served:</b>	

### Services to LEP Language Groups

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

- ☐ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☐ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

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

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

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

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="checkbox"/> Yes	No	1. Birth to 3	\$90,014.00
			2. Children's COP	\$95,905.00
			3. Children's LTS Waiver	\$28,085.00
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS.  Name of County or Consortium: _____	Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.  Name of the entity/entities: _____	Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	

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

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

## DATA COLLECTION

<b>Service Delivery</b> Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	<input checked="" type="radio"/> Yes	No
Number of potentially eligible or likely to be affected or encountered	<input checked="" type="radio"/> Yes	No
Number of LEP individuals encountered by phone vs. walk-in	<input checked="" type="radio"/> Yes	No
Language spoken and/or dialect of LEP participants	<input checked="" type="radio"/> Yes	No
Number of eligible LEP participants by separate programs and the frequency of encounters	<input checked="" type="radio"/> Yes	No
Interpretation needs and preferred language of LEP participants	<input checked="" type="radio"/> Yes	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	<input checked="" type="radio"/> Yes	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	<input checked="" type="radio"/> Yes	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	<input checked="" type="radio"/> Yes	No
Other accommodation requests and needs from participants with disabilities	<input checked="" type="radio"/> Yes	No

**If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:**

## Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> Yes	No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="radio"/> Yes	No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> </ul> Posters are available from the USDA.	<input checked="" type="radio"/> Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> Yes	No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	<input checked="" type="radio"/> Yes	No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	Yes	No	<input checked="" type="radio"/> N/A

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



### Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>Indicate date EOC received CRC Training <u>March 2022</u></li> <li>Indicate date LEPC received CRC Training <u>March 2022</u></li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

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

### Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	<input checked="" type="radio"/> Yes	No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	<input checked="" type="radio"/> Yes	No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="radio"/> Yes	No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="radio"/> Yes	No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	<input checked="" type="radio"/> Yes	No
5. 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="radio"/> Yes	No
6. 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="radio"/> Yes	No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="radio"/> Yes	No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="radio"/> Yes	No
C) Other: Specify		

8. Our entity uses the following methods for oral interpretation:			
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Spanish</li> <li><input type="radio"/> Hmong</li> <li><input type="radio"/> Arabic</li> <li><input type="radio"/> French</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> German</li> <li><input type="radio"/> Pennsylvanian Dutch</li> <li><input type="radio"/> Albanian</li> <li><input type="radio"/> Other languages: (Specify)</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Laotian</li> <li><input type="radio"/> Polish</li> <li><input type="radio"/> Russian</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> Bosnian/Serbian/Croatian</li> <li><input type="radio"/> Hindi</li> <li><input type="radio"/> Tagalog</li> </ul>			
C) Use a language line for languages not often used in the service area.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.		<input type="radio"/> Yes	<input type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.		<input type="radio"/> Yes	<input type="radio"/> No
H) Other: Specify			
9. List methods used to communicate important benefit information to customers. Check all that apply:			
<ul style="list-style-type: none"> <li><input type="radio"/> Video</li> <li><input checked="" type="radio"/> Web Sites</li> <li><input type="radio"/> Posters</li> <li><input type="radio"/> Mail Messages</li> <li><input type="radio"/> Voice Interactive Voice Response (IVR)</li> <li><input type="radio"/> Television</li> <li><input type="radio"/> Radio</li> <li><input type="radio"/> Community Newspaper</li> <li><input type="radio"/> Other: Specify</li> </ul>			

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

## Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT		
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	Yes	No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	Yes	No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	Yes	No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in <b>Appendix G</b>)</p>	Yes	No

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

### Discrimination Complaint/Grievance Procedures

<p>2. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:</p> <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	(Yes)	No
<p>3. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</p>	(Yes)	No
<p>4. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	(Yes)	No
<p>5. All participants in complaint investigations are advised of and protected from retaliation.</p>	(Yes)	No

## Community Services

6. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
7. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
8. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
9. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
10. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
11. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

## Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> Yes	No	

## Community Services

3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	Yes	No	N/A

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



## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Birth To 3
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	45	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96.47%	45	100.00%	3.53%
Black or African American	164	0.47%	0	0.00%	-0.47%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	0	0.00%	-0.40%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	0	0.00%	96.47%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	11	24.44%	19.75%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	15	33.33%	-17.24%
Male	17,090	49.42%	30	66.67%	17.24%
Disabilities	4,127	11.93%	45	100.00%	88.07%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	State of WI/DHS PPS reporting system CRICTS (agency Electronic Health Record system)

### Customer Service Population Data Analysis

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

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

White, Males

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

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

Females

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

Enrollment in the Birth to 3 Program fluctuates from time to time in terms of the number of children being served as well as their genders. In some years, the program may serve more males than females, while in other years, more females may be referred and found eligible than males. The large majority of the population in the county is white; therefore, one would expect the majority of the individuals being served by the program to be included in that group. There doesn't seem to be any particular trend or factor that contributes to this.

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

No. The Birth to 3 Program receives a high volume of referrals throughout the year from multiple sources, i.e. medical professionals, child care providers, parents, other professional/service agencies, etc. Each of those referrals is followed up on, yet not all parents choose to participate. It's a voluntary program, so if/when a child is found to be eligible, and his/her parents wish for them to receive services, they are enrolled.

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

The Birth to 3 Program participates in a variety of Child Find activities throughout the year. They also reach out to referral sources to provide education regarding the program, how to make referrals, typical eligibility criteria, etc.

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

within the one calendar or program year you looked at to complete the CSPA table:

Not applicable. Individuals would only be denied services from this program if they were found to be not functionally eligible per the program criteria/standards.

## Customer Service Population Analysis (CSPA) Data Chart

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

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	98	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96.47%	93	94.90%	-1.57%
Black or African American	164	0.47%	2	2.04%	1.57%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	1	1.02%	0.62%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	3	3.06%	94.43%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	7	7.14%	2.45%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	35	35.71%	-14.86%
Male	17,090	49.42%	63	64.29%	14.86%
Disabilities	4,127	11.93%	98	100.00%	88.07%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	State of WI/DHS PPS reporting system CRICTS (agency Electronic Health Record system)

### Customer Service Population Data Analysis

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

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

Male, non-white

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

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

Female

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

The number and gender of children enrolled in this program fluctuates over time. At times there are more males than females (and vice versa) and at times the enrollment numbers are fairly equal. There are no known factors as to when and why the numbers may differ from one year to the next.

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

Eligibility for this program is determined by criteria set forth by the State of WI Dept of Health Services. Based on the number of children also being served in CCOP and the number of participants typically receiving services through this program, the identified number appears to be in the average range.

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

Program staff participate in a number of countywide committees as a means of providing outreach to other agencies who serve children who may be eligible for this program. Parents and community members participate in these committees. Community presentations are given at schools and to other groups as requested.

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

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

Services are only denied if the individual is not found to be eligible. If they are eligible and interested in receiving services, they, along with their parents/guardians, meet with program staff to determine what supports will best meet their needs.

## Customer Service Population Analysis (CSPA) Data Chart

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

Category <sup>1</sup>	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	34,579	100.00%	29	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96.47%	25	86.21%	-10.26%
Black or African American	164	0.47%	1	3.45%	2.97%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	1	3.45%	3.05%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	2	6.90%	96.47%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	2	6.90%	2.21%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	13	44.83%	-5.75%
Male	17,090	49.42%	16	55.17%	5.75%
Disabilities	4,127	11.93%	29	100.00%	88.07%

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

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

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

<b>Data Source(s) for Potentially Eligible Population:</b>	United States Census Bureau
<b>Data Source(s) for Population Served:</b>	State of WI/DHS PPS reporting system CRICTS (agency Electronic Health Record system)

### Customer Service Population Data Analysis

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

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

Male – Non-white

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

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

White - Female

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

The number and gender of children enrolled in this program fluctuates over time. At times there are more males than females (and vice versa) and at times the enrollment numbers are fairly equal. There are no known factors as to when and why the numbers may differ from one year to the next.

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

Eligibility for this program is determined by criteria set forth by the State of WI Dept of Health Services. Based on the number of children also being served in CLTS and the number of participants typically receiving services through this program, the identified number appears to be in the average range.

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

Program staff participate in a number of countywide committees as a means of providing outreach to other agencies who serve children who may be eligible for this program. Parents and community members participate in these committees. Community presentations are given at schools and to other groups as requested.

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

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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



Services are only denied if the individual is not found to be eligible. If they are eligible and interested in receiving services, they, along with their parents/guardians, meet with program staff to determine what supports will best meet their needs.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Birth To 3
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	10	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	2	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify: American Sign Language	35	.10%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<b>Data Source(s) for LEP Potentially Eligible Population:</b>	Civil Rights Compliance (CRC) Census Data Dashboard
<b>Data Source(s) for Number LEP Served:</b>	State of W/DHS PPS reporting system CRICTS (agency Electronic Health Record system)

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

Spanish, Pennsylvania Dutch, American Sign Language

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

Those individuals who present for services are being served via their primary language.

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

The only fact that would contribute to potentially eligible participants not being served is their own personal choice. This is a voluntary program.

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

Contracts are developed as needed with interpreters and language lines.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None - N/A

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Children's Long Term Support Waiver
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	7	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	State of W/DHS PPS reporting system CRICTS (agency Electronic Health Record system)

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
Those individuals who present for services are being served via their primary language.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
The only fact that would contribute to potentially eligible participants not being served is their own personal choice. This is a voluntary program.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Contracts are developed as needed with interpreters and language lines.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:
None - N/A

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Children's Community Options Program
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	2	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
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Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.



Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	State of W/DHS PPS reporting system CRICTS (agency Electronic Health Record system)

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
Those individuals who present for services are being served via their primary language.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
The only fact that would contribute to potentially eligible participants not being served is their own personal choice. This is a voluntary program.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Contracts are developed as needed with interpreters and language lines.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:
None - N/A

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	<b>DHS</b> <input checked="" type="checkbox"/> Yes	No	1. See Attached Letterhead	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<b>DCF</b> Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS.  Name of County or Consortium: <u>WWPHRC</u>  Western Wisconsin Public Health Readiness Consortium	<input checked="" type="checkbox"/> Yes	No	1. WWPHRC	\$6,950
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.  Name of the entity/entities:	Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	

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

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.



# Clark County Health Department 517 Court Street, Room 105 | Neillsville, WI 54456

Phone: (715) 743-5105 | Fax: (715) 743-5115 | <http://www.clarkcounty.wi.gov/healthdepartment>

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

Contract or Program Name	Funding Amount (\$)
1. Immunization Action Plan	\$13,355
2. Maternal Child Health	\$32,966
3. Childhood Lead	\$4,752
4. Enhancing Detection – COVID	\$211,200
5. Lead Safe Homes	\$286,650
6. Women's Health/Family Planning	\$6,033
7. Women's Health/Family Planning GPR	\$35,890
8. TITLE X SERVICES	\$18,200
9. TPCP WI Wins	\$2,400
10. Prevention	\$11,402
11. Bioterrorism - Preparedness	\$35,129
12. Wisconsin Seal-A-Smile	\$23,200*
	*Award estimate, performance based.
13. ELC Cares – COVID19	\$16,200
14. Cares COVID19 Testing Coordination	\$72,400
15. Cares COVID19 Plan	\$30,000
16. COVID19 Contact Tracing	\$298,611
17. Communicable Disease Control and Prevention	\$4,000
18. Workforce Development	\$83,600
19. COVID Immunization Supplement	\$69,100
20. ARPA COVID Recovery Fund	\$453,100

## DATA COLLECTION

<b>Service Delivery</b> Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	(Yes)	No
Number of potentially eligible or likely to be affected or encountered	(Yes)	No
Number of LEP individuals encountered by phone vs. walk-in	(Yes)	No
Language spoken and/or dialect of LEP participants	(Yes)	No
Number of eligible LEP participants by separate programs and the frequency of encounters	(Yes)	No
Interpretation needs and preferred language of LEP participants	(Yes)	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	(Yes)	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	(Yes)	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	(Yes)	No
Other accommodation requests and needs from participants with disabilities	(Yes)	No

**If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:**

## Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> <li>- Posters are available from the USDA.</li> </ul>	Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	Yes	No	N/A
If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:			

### Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>Indicate date EOC received CRC Training <u>March 2022</u></li> <li>Indicate date LEPC received CRC Training <u>March 2022</u></li> </ul>	<input checked="" type="radio"/> Yes	No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes	No	

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

### Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5. 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="radio"/> Yes	<input type="radio"/> No
6. 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="radio"/> Yes	<input type="radio"/> No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
C) Other: Specify		



8. Our entity uses the following methods for oral interpretation:		
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Spanish</li> <li><input type="radio"/> Hmong</li> <li><input type="radio"/> Arabic</li> <li><input type="radio"/> French</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> German</li> <li><input type="radio"/> Pennsylvanian Dutch</li> <li><input type="radio"/> Albanian</li> <li><input type="radio"/> Other languages: (Specify)</li> </ul> <ul style="list-style-type: none"> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Laotian</li> <li><input type="radio"/> Polish</li> <li><input type="radio"/> Russian</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> Bosnian/Serbian/Croatian</li> <li><input type="radio"/> Hindi</li> <li><input type="radio"/> Tagalog</li> </ul>		
C) Use a language line for languages not often used in the service area.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
H) Other: Specify		
9. List methods used to communicate important benefit information to customers. Check all that apply:		
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Video</li> <li><input checked="" type="checkbox"/> Web Sites</li> <li><input checked="" type="checkbox"/> Posters</li> <li><input checked="" type="checkbox"/> Mail Messages</li> <li><input checked="" type="checkbox"/> Voice Interactive Voice Response (IVR)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Television</li> <li><input checked="" type="checkbox"/> Radio</li> <li><input checked="" type="checkbox"/> Community Newspaper</li> <li><input type="checkbox"/> Other: Specify</li> </ul>	

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

- Will display proper "I Speak" poster and "Your Right to an Interpreter"

## Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT		
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	Yes	No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	Yes	No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	Yes	No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in <b>Appendix G</b>)</p>	Yes	No

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

### Discrimination Complaint/Grievance Procedures

<p>2. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:</p> <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	(Yes)	No
<p>3. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</p>	(Yes)	No
<p>4. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	(Yes)	No
<p>5. All participants in complaint investigations are advised of and protected from retaliation.</p>	(Yes)	No

## Public Health

6. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
7. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
8. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
9. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
10. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
11. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

## Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> Yes	No	

**Public Health**

3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	(N/A)
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	Yes	No	(N/A)
4. Does the entity provide CRC training for subrecipient agency staff?	(Yes)	No	N/A

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

## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Family Planning Only
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

Category <sup>1</sup>	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	34,579	100.00%	284	100.00%	0.00%
<b>Breakdown by Race</b>					
White	33,359	96.47%	282	99.30%	2.82%
Black or African American	164	0.47%	2	0.70%	0.23%
American Indian or Alaska Native	78	0.23%	0	0.00%	-0.23%
Asian	138	0.40%	0	0.00%	-0.40%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	2	0.70%	-2.82%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	4	1.41%	-3.28%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	229	80.63%	30.06%
Male	17,090	49.42%	55	19.37%	-30.06%
Disabilities	4,127	11.93%	2	0.70%	-11.23%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	Nightingale Notes-EHR

### Customer Service Population Data Analysis

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

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

White & female

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

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

Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Other, More than 1 Race, Hispanic/Latino, Male

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

A large portion of our family planning program is to dispense contraception to females. We do dispense a limited amount of contraception to males (condoms only). We have the services available to everyone who meets the program's eligibility criteria.

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

Yes. We offer our services, and make them available to those who are interested.

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

We have developed Get Your Self-tested campaigns focusing on our under-served populations.

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

N/A

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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



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

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

	(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
					Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>			Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%		0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%		0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<b>Data Source(s) for LEP Potentially Eligible Population:</b>	Civil Rights Compliance (CRC) Census Data Dashboard
<b>Data Source(s) for Number LEP Served:</b>	Nightingale Notes-EHR System

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

Spanish

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

Yes

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

Unaware of services and/or how to access services, cultural factors in which they may not be interested in contraception services, etc.

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

We continuously promote our contraception services to all individuals. Promotional materials are translated into Spanish and posted to our Facebook page, website, etc. We also work with our Clark County schools to ensure staff is aware of our services and how to refer a student for services if needed.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

N/A

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

**Funding Relationship to DHS/DCF/DWD and/or another Recipient**

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. Medicaid FFS	2,928,453
			2. WIC	174,650
			3. Family Care	4,282,036
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	DWD Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD.  Name of County or Consortium? _____	<input checked="" type="radio"/> Yes	No	1. Barron	Varies
			2. Chippewa	Varies
			3. Eau Claire, Florence, Outagamie, Pepin, Portage, Price, Rusk, Taylor, Walworth, Wood	Varies
Our agency/entity has a sub-contract with another entity that receives Federal funding from DHS/DCF/DWD.  Name of the entity/entities: _____	Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	

**Instructions for completing Funding Relationship to DHS, DCF or DWD**

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

## DATA COLLECTION

<b>Service Delivery</b> Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	(Yes)	No
Number of potentially eligible or likely to be affected or encountered	(Yes)	No
Number of LEP individuals encountered by phone vs. walk-in	(Yes)	No
Language spoken and/or dialect of LEP participants	(Yes)	No
Number of eligible LEP participants by separate programs and the frequency of encounters	(Yes)	No
Interpretation needs and preferred language of LEP participants	(Yes)	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	(Yes)	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	(Yes)	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	(Yes)	No
Other accommodation requests and needs from participants with disabilities	(Yes)	No

**If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:**

## Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> Yes	No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="radio"/> Yes	No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> </ul> Posters are available from the USDA.	<input checked="" type="radio"/> Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> Yes	No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	<input checked="" type="radio"/> Yes	No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:			

### Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>Indicate date EOC received CRC Training <u>March 2022</u></li> <li>Indicate date LEPC received CRC Training <u>March 2022</u></li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

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

### Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5. 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="radio"/> Yes	<input type="radio"/> No
6. 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="radio"/> Yes	<input type="radio"/> No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
C) Other: Specify		



8. Our entity uses the following methods for oral interpretation:			
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none"> <li>• <u>Spanish</u></li> <li>• Hmong</li> <li>• Arabic</li> <li>• French</li> <li>• Chinese</li> <li>• German</li> <li>• Pennsylvanian Dutch</li> <li>• Albanian</li> <li>• Other languages: (Specify)</li> </ul> <ul style="list-style-type: none"> <li>• Korean</li> <li>• Laotian</li> <li>• Polish</li> <li>• Russian</li> <li>• Vietnamese</li> <li>• Bosnian/Serbian/Croatian</li> <li>• Hindi</li> <li>• Tagalog</li> </ul>			
C) Use a language line for languages not often used in the service area.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.		<input type="radio"/> Yes	<input checked="" type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.		<input type="radio"/> Yes	<input checked="" type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.		<input type="radio"/> Yes	<input checked="" type="radio"/> No
H) Other: Specify			
9. List methods used to communicate important benefit information to customers. Check all that apply:			
<div style="display: flex; justify-content: space-between;"> <div> Video Web Sites Posters Mail Messages Voice Interactive Voice Response (IVR) </div> <div> Television Radio Community Newspaper Other: Specify </div> </div> <div style="border: 1px solid black; width: fit-content; margin-top: 5px; padding: 2px;">Email, Phone, Mail</div>			

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

- Facility does not use community partners for translation services.
- Phone system is manual vs. automated.

### Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT	Yes	No
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	Yes	No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	Yes	No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	Yes	No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in <b>Appendix G</b>)</p>	Yes	No

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

### Discrimination Complaint/Grievance Procedures

<p>2. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:</p> <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	(Yes)	No
<p>3. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</p>	(Yes)	No
<p>4. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	(Yes)	No
<p>5. All participants in complaint investigations are advised of and protected from retaliation.</p>	(Yes)	No

6. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
7. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
8. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
9. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
10. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
11. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

### Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> Yes	No	

3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	<input checked="" type="radio"/> Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	<input checked="" type="radio"/> Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	<input checked="" type="radio"/> Yes	No	N/A

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

## Customer Service Population Analysis (CSPA) Data Chart

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

Category <sup>1</sup>	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	34,579	100.00%	177	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96.47%	171	96.61%	0.14%
Black or African American	164	0.47%	0	0.00%	-0.47%
American Indian or Alaska Native	78	0.23%	4	2.26%	2.03%
Asian	138	0.40%	0	0.00%	-0.40%
Native Hawaiian or Pacific Islander	1	0.00%	0	0.00%	0.00%
Other	332	0.96%	0	0.00%	-0.96%
More Than One Race	507	1.47%	0	0.00%	-1.47%
Subtotal, Non-White	1,220	3.53%	4	2.26%	-1.27%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	2	1.13%	-3.56%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	95	53.67%	3.10%
Male	17,090	49.42%	82	46.33%	-3.10%
Disabilities	4,127	11.93%	177	100.00%	88.07%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
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Data Source(s) for Population Served:	Clark County Rehabilitation and Living Center (CCRLC) Resident Census Multiple Internal Records
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### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p>
N/A
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p>
N/A
What factors may be contributing to any under-/over-representation? <sup>5</sup>
N/A
Do you believe these results indicate potentially eligible participants are or are not being served?
Are Being Served
What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)
N/A
It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:
N/A

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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



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

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

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	2	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<b>Data Source(s) for LEP Potentially Eligible Population:</b>	Civil Rights Compliance (CRC) Census Data Dashboard Clark County Rehabilitation and Living Center (CCRLC) Resident Census Multiple Internal Records
<b>Data Source(s) for Number LEP Served:</b>	Clark County Rehabilitation and Living Center (CCRLC) Resident Census Multiple Internal Records

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☒ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish Hmong/Laotian Chinese Korean Vietnamese Tagalog German/Germanic Russian/Polish/Other Slavic French/Patois/Haitian/Creole/Cajun Arabic Other – Specify:
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
Are being served.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
Not aware of any.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Continue to do community outreach in a variety of languages.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:
None filed.

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. See attached	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS.  Name of County or Consortium: <u>Marathon</u>	<input checked="" type="radio"/> Yes	No	1. Marathon county ADRC	Cost per meal
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.  Name of the entity/entities:	<input checked="" type="radio"/> Yes	No	1. GWAAR	See Attached
			2.	
			3.	

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

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

Department	Name of Grant	Grant Amount	CFDA # or State ID #	Pass-through Agency	Pass Through Entity ID #	Grant Start Date	Grant End Date
ADRC	Aging and Disability Resource Center Grant	292,874.00		Dept. of Health & Human Services		1/1/2022	12/31/2022
ADRC	Medicare Improvements for Patients and providers Act	3,939.00		Dept. of Health & Human Services		9/1/2021	8/31/2022
ADRC	Expanding Access to COVID-19 vaccines via the Aging networks	5,450.00	93.044	Dept. of Health & Human Services		4/1/2021	12/31/2021
ADRC	EBS SPAP REIMB	5,432.00	560328	Dept of Health Services		1/1/2021	12/31/2021
ADRC	Health Ins Informa TN SHIP	4,470.00	560432	Dept of Health Services		4/1/2021	3/31/2022
ADRC	COVID-19 Vaccination Community Outreach Grant	7,500.00	560201	Dept of Health Services		3/1/2021	8/31/2021
Aging	ARPA IIIB Supportive Services	25,252.00	93.044	ARPA			
Aging	ARPA IIIC-1 Cong Meal Program	23,993.00	93.045	ARPA			
Aging	ARPA IIIC-2 Home Delivered Meals	20,070.00	93.045	ARPA			
Aging	ARPA IIID Preventive Health	3,965.00	93.043	ARPA			
Aging	ARPA IIIE Family Caregiver Support	6,560.00	93.052	ARPA			
Aging	Nutrition Services Incentive Program (NSIP)	29,585.00	93.053	GWAAR		10/1/2021	9/30/2022
Aging	(HDC5) Consolidated Appropriations ACT, 2021 suppl. Funding, nutrition OAA Title III-C2	18,139.00		GWAAR		1/1/2021	12/31/2021
Aging	Alzheimer's Family Caregiver Support Program (AFCSP)	15,948.00		GWAAR		1/1/2021	12/31/2021
Aging	Title IIIB Supportive Services	49,352.00	93.044	GWAAR		1/1/2021	12/31/2021
Aging	Title IIIC-1 Cong Meal Program	139,133.00	435-560350	GWAAR		1/1/2021	12/31/2021
Aging	Title IIIC-2 Home Delivered Meals	27,261.00	93.045	GWAAR		1/1/2021	12/31/2021
Aging	Title IIID Preventive Health	7,792.00	435-560360	GWAAR		1/1/2021	12/31/2021
Aging	Title IIIE Family Caregiver Support	27,711.00	93.045	GWAAR		1/1/2021	12/31/2021
Aging	Senior Community Services Program	8,412.00	93.052	GWAAR		1/1/2021	12/31/2021
Aging	Alzheimer's Family Support Aging	15,948.00	435-560321	GWAAR		1/1/2021	12/31/2021

## DATA COLLECTION

<b>Service Delivery</b> Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	(Yes)	No
Number of potentially eligible or likely to be affected or encountered	(Yes)	No
Number of LEP individuals encountered by phone vs. walk-in	(Yes)	No
Language spoken and/or dialect of LEP participants	(Yes)	No
Number of eligible LEP participants by separate programs and the frequency of encounters	(Yes)	No
Interpretation needs and preferred language of LEP participants	(Yes)	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	(Yes)	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	(Yes)	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	(Yes)	No
Other accommodation requests and needs from participants with disabilities	(Yes)	No

**If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:**

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be <b>over-represented</b> in the program's customer population.<sup>1</sup></i></p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be <b>under-represented</b> in the program's customer population.</i></p>
<p>What factors may be contributing to any under-/over-representation?<sup>2</sup></p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (<b>Note:</b> Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p>
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p>

<sup>1</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>2</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

## Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> </ul> Posters are available from the USDA.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:			



### Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>Indicate date EOC received CRC Training <u>March 2022</u></li> <li>Indicate date LEPC received CRC Training <u>March 2022</u></li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

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

### Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	(Yes)	No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	(Yes)	No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	(Yes)	No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	(Yes)	No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	(Yes)	No
5. Preparing a listing of our vital documents requiring written translation and updating the inventory list annually to reflect which documents have been translated and prioritizing those needing translation.	(Yes)	No
6. Developing policies on confidentiality and code of ethics for oral interpretation for contracted vendors and/or community volunteers used for interpreting by individual agency programs.	(Yes)	No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	(Yes)	No
B) Partner with community associations for paid or voluntary translation of vital documents.	(Yes)	No
C) Other: Specify		

8. Our entity uses the following methods for oral interpretation:		
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Spanish</li> <li><input checked="" type="radio"/> Hmong</li> <li><input type="radio"/> Arabic</li> <li><input type="radio"/> French</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> German</li> <li><input type="radio"/> Pennsylvanian Dutch</li> <li><input type="radio"/> Albanian</li> <li><input type="radio"/> Other languages: (Specify)</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Laotian</li> <li><input type="radio"/> Polish</li> <li><input type="radio"/> Russian</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> Bosnian/Serbian/Croatian</li> <li><input type="radio"/> Hindi</li> <li><input type="radio"/> Tagalog</li> </ul>		
C) Use a language line for languages not often used in the service area.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
H) Other: Specify		
9. List methods used to communicate important benefit information to customers. Check all that apply:		
<ul style="list-style-type: none"> <li>Video</li> <li><input checked="" type="checkbox"/> Web Sites</li> <li>Posters</li> <li>Mail Messages</li> <li>Voice Interactive Voice Response (IVR)</li> <li>Television</li> <li><input checked="" type="checkbox"/> Radio</li> <li><input checked="" type="checkbox"/> Community Newspaper</li> <li>Other: Specify</li> </ul>		

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

- We will provide interpretation of documents on an as needed basis.
- Plan to conduct translation services with an established company which will be responsible for confidentiality and ethic issues.
- Will display "I Speak" and "Your Right to an Interpreter" posters for identified LEP groups.

### Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT	<input checked="" type="radio"/>	<input type="radio"/>
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	<input checked="" type="radio"/> Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	<input checked="" type="radio"/> Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	<input checked="" type="radio"/> Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	<input checked="" type="radio"/> Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	<input checked="" type="radio"/> Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	<input checked="" type="radio"/> Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	<input checked="" type="radio"/> Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	<input checked="" type="radio"/> Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	<input checked="" type="radio"/> Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	Yes	No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	Yes	No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	Yes	No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in <b>Appendix G</b>)</p>	Yes	No

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

### Discrimination Complaint/Grievance Procedures

2. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b> , or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate: <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	<input checked="" type="radio"/> Yes	No
3. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.	<input checked="" type="radio"/> Yes	No
4. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.	<input checked="" type="radio"/> Yes	No
5. All participants in complaint investigations are advised of and protected from retaliation.	<input checked="" type="radio"/> Yes	No

## ADRC

6. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
7. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
8. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
9. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
10. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
11. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

### Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> Yes	No	

# ADRC

3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	Yes	No	N/A

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



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

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

	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	208	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96%	208	100%	.006
Black or African American	164	.0047%	0	0%	0
American Indian or Alaska Native	78	.0023%	0	0%	0
Asian	138	.004%	0	0%	0
Native Hawaiian or Pacific Islander	1	0%	0	0%	0
Other	332	.0096%	0	0%	0
More Than One Race	507	.0147%	0	0%	0
Subtotal, Non-White	1,220	.0353%	0	0%	0
Hispanic/Latino (Regardless of Race)	1,622	.0469%	0	0%	0
<b>Breakdown by Sex</b>					
Female	17,489	50%	157	.01%	.009
Male	17,090	50%	51	.003%	.003
Disabilities	4,127	.1193%	208	100%	.0504

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
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Data Source(s) for Population Served:	Internal records
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### Customer Service Population Data Analysis

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

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

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

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

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

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

no

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

Marketing/education

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

No denials

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

## Customer Service Population Analysis (CSPA) Data Chart

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

Category <sup>1</sup>	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	34,579	100.00%	914	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96%	903	98.8%	.27
Black or African American	164	.004%	0	0%	0
American Indian or Alaska Native	78	.0023%	1	.0011 %	.0128
Asian	138	.004%	1	.0011%	.0072
Native Hawaiian or Pacific Islander	1	0%	2	.0022%	-.50
Other	332	.0096%	5	.0055%	.0151
More Than One Race	507	.0147%	1	.0011%	.0020
Subtotal, Non-White	1,220	.0353%	10	.0109%	.0082
Hispanic/Latino (Regardless of Race)	1,622	.0469%	1	.0011%	.0006
<b>Breakdown by Sex</b>					
Female	17,489	.5%	610	.6674 %	.0349
Male	17,090	.5%	304	.3315%	.0178
Disabilities	4,127	.1193%	914	100%	.2215

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	Internal data

### Customer Service Population Data Analysis

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

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

Native Hawaiian/other Pacific

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

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

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

Unknown may have not been represented in census information due to county move

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

no

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

Marketing and education

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

No denials

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

## Customer Service Population Analysis (CSPA) Data Chart

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

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage- Point Difference (= % Served - % Potentially Eligible)
Total Population	34,579	100.00%	1793	100.00%	.05%
<b>Breakdown by Race</b>					
White	33,359	.0529%	1765	98%	.05%
Black or African American	164	.0047%	5	.35%	.03%
American Indian or Alaska Native	78	.0023%	2	.01%	.03%
Asian	138	0%	0	0%	0
Native Hawaiian or Pacific Islander	1	0%	0	.0%	00
Other	332	.0096%	6	.045%	.02%
More Than One Race	507	.0147%	0	0%	0
Subtotal, Non-White	1,220	.0353%	13	.0073%	.0107%
Hispanic/Latino (Regardless of Race)	1,622	.0481%	15	1%	.01%
<b>Breakdown by Sex</b>					
Female	17,489	.50%	1068	60%	.06%
Male	17,090	.50%	725	40%	.04%
Disabilities	4,127	.1193%	321	100%	.08%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
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Data Source(s) for Population Served:	Internal records
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### Customer Service Population Data Analysis

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

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

n/a

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

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

n/a

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

marketing

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

no

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

Marketing

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

No denials

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Senior Farmer's Market Nutrition Program
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<b>Data Source(s) for LEP Potentially Eligible Population:</b>	Civil Rights Compliance (CRC) Census Data Dashboard
<b>Data Source(s) for Number LEP Served:</b>	

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☐ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.



## LEP Customer Data Analysis

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

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

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

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

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Older American Act ADRC Grant
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <div style="text-align: center;"> <input checked="" type="checkbox"/> All income levels           <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span> </div>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify: 2-Native American 1-unknown 1-Asian 3-missing 3-Hawaiian or other pacific	3	.10%	7	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☐ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

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

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

What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup>

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

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Medicaid for the Elderly, Blind, or Disabled
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	10	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

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

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS	No	1.	
	Yes		2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF	No	1. Child Support	167,493
	Yes		2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS.  Name of County or Consortium: _____	Yes	No	1.	
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.  Name of the entity/entities: _____	Yes	No	1.	
			2.	
			3.	

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

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.



## DATA COLLECTION

<b>Service Delivery</b> Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	<input checked="" type="radio"/> Yes	No
Number of potentially eligible or likely to be affected or encountered	<input checked="" type="radio"/> Yes	No
Number of LEP individuals encountered by phone vs. walk-in	<input checked="" type="radio"/> Yes	No
Language spoken and/or dialect of LEP participants	<input checked="" type="radio"/> Yes	No
Number of eligible LEP participants by separate programs and the frequency of encounters	<input checked="" type="radio"/> Yes	No
Interpretation needs and preferred language of LEP participants	<input checked="" type="radio"/> Yes	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	<input checked="" type="radio"/> Yes	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	<input checked="" type="radio"/> Yes	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	<input checked="" type="radio"/> Yes	No
Other accommodation requests and needs from participants with disabilities	<input checked="" type="radio"/> Yes	No

**If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:**

## Customer Service Population Data Analysis

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

*These categories may be over-represented in the program's customer population.<sup>1</sup>*

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

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

What factors may be contributing to any under-/over-representation?<sup>2</sup>

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

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

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

<sup>1</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>2</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> Yes	No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="radio"/> Yes	No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> </ul> Posters are available from the USDA.	<input checked="" type="radio"/> Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> Yes	No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	<input checked="" type="radio"/> Yes	No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	Yes	No	<input checked="" type="radio"/> N/A
If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:			

### Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>Indicate date EOC received CRC Training <u>March 2022</u></li> <li>Indicate date LEPC received CRC Training <u>March 2022</u></li> </ul>	<input checked="" type="radio"/> Yes	No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes	No	

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

### Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	<input checked="" type="radio"/> Yes	No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	<input checked="" type="radio"/> Yes	No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="radio"/> Yes	No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="radio"/> Yes	No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	<input checked="" type="radio"/> Yes	No
5. 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="radio"/> Yes	No
6. 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="radio"/> Yes	No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="radio"/> Yes	No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="radio"/> Yes	No
C) Other: Specify		

8. Our entity uses the following methods for oral interpretation:			
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)		Yes	<input checked="" type="radio"/> No
<ul style="list-style-type: none"> <li>• Spanish</li> <li>• Hmong</li> <li>• Arabic</li> <li>• French</li> <li>• Chinese</li> <li>• German</li> <li>• Pennsylvania Dutch</li> <li>• Albanian</li> <li>• Other languages: (Specify)</li> </ul>		<ul style="list-style-type: none"> <li>• Korean</li> <li>• Laotian</li> <li>• Polish</li> <li>• Russian</li> <li>• Vietnamese</li> <li>• Bosnian/Serbian/Croatian</li> <li>• Hindi</li> <li>• Tagalog</li> </ul>	
C) Use a language line for languages not often used in the service area.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.		<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.		Yes	<input checked="" type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.		Yes	<input checked="" type="radio"/> No
H) Other: Specify			
9. List methods used to communicate important benefit information to customers. Check all that apply:			
<input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Web Sites <input checked="" type="checkbox"/> Posters <input type="checkbox"/> Mail Messages <input type="checkbox"/> Voice 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, describe your plan for addressing this requirement, including target dates for completion, below:

We use state interpreting and translation services, in addition to contracting with an interpreter.

## Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT		
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	<p><input checked="" type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	<p><input checked="" type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	<p><input checked="" type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	<p><input checked="" type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in <b>Appendix G</b>)</p>	<p><input checked="" type="radio"/> Yes</p>	<p><input type="radio"/> No</p>



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

### Discrimination Complaint/Grievance Procedures

<p>2. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b>, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:</p> <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	(Yes)	No
<p>3. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</p>	(Yes)	No
<p>4. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	(Yes)	No
<p>5. All participants in complaint investigations are advised of and protected from retaliation.</p>	(Yes)	No

## Child Support

6. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
7. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
8. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
9. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
10. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
11. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

## Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> Yes	No	

## Child Support

3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	Yes	No	N/A

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

## Customer Service Population Analysis (CSPA) Data Chart

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

Category <sup>1</sup>	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	34,579	100.00%	3850	100.00%	0.00
<b>Breakdown by Race</b>					
White	33,359	96.47%	2644	68.68%	-27.79%
Black or African American	164	0.47%	53	1.38%	0.91%
American Indian or Alaska Native	78	0.23%	33	.86%	0.63%
Asian	138	0.40%	12	.31%	-0.09%
Native Hawaiian or Pacific Islander	1	0.00%	1	.03%	0.03%
Other/No Data	332	0.96%	820	21.30%	20.34%
More Than One Race	507	1.47%	40	1.04%	-0.43%
Subtotal, Non-White	1,220	3.53%	959	31.32%	27.79%
Hispanic/Latino (Regardless of Race)	1,622	4.69%	247	6.42%	1.73%
<b>Breakdown by Sex</b>					
Female	17,489	50.58%	1777	46.16%	-4.42%
Male	17,090	49.42%	2073	53.84%	4.42%
Disabilities	4,127	11.93%	145	3.77%	-8.16%

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

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau
Data Source(s) for Population Served:	KAGN Report

### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p><i>These categories may be over-represented in the program's customer population.<sup>4</sup></i></p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p><i>These populations may be under-represented in the program's customer population.</i></p>
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p>
<p>Data may need to be entered yet or participants may not need child support services.</p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p>
<p>No</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (Note: Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)</p>
<p>Website, communication with participants and materials posted in lobby</p>
<p>It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower-than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:</p>
<p>N/A</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

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

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

<b>Local Agency/Recipient Name:</b>	Clark County
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Child Support
<b>Geographic Service Area:</b>	Clark County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <span style="margin-left: 100px;"><input type="checkbox"/> Income below poverty level</span>

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> ) 34,579	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups <sup>1</sup>	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	922	2.67%	85	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	20	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	3	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	3,075	8.89%	0	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	26	.08%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	11	.03%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	35	.10%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

<sup>2</sup> Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard
Data Source(s) for Number LEP Served:	Control D Report: KARQ LEPR Participants with LEP Indicator

### Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
No
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
Data may not be entered or participants may not need child support services.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
N/A
Please discuss the nature of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:
N/A

<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.



## APPENDIX A-3: FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DHS or DCF to identify the Federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled "Other: specify."

**Check the type of program or funding applicable to your entity.**

### **Use this checklist for Department of Health Services (DHS)**

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

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

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

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

**Note:** The checklist is not an exhaustive list of programs funded through the DHS or DCF with HHS and USDA-FNS. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.

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## **APPENDIX C: NONDISCRIMINATION NOTIFICATION**

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

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

#### **Clark County:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

**Christina Jensen, LEP Coordinator**  
517 Court Street, Neillsville, WI 54456  
715.743.5150/TTY 715.743.3157  
[Christina.jensen@co.clark.wi.us](mailto:Christina.jensen@co.clark.wi.us)

#### **FILING A GRIEVANCE**

If you believe that **Clark County** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint, please contact **Jennifer Brock, Personnel Manager** at:

**Jennifer Brock, Personnel Manager**  
517 Court Street, Neillsville, WI 54456  
715.743.5298/TTY 715.743.3157  
[Jennifer.brock@co.clark.wi.us](mailto:Jennifer.brock@co.clark.wi.us)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019 (Voice), 800-537-7697 (TTY)  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
<https://www.hhs.gov/civil-rights>

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## **2. USDA Nondiscrimination Statement for SNAP and FDPIR**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

### **FILING A GRIEVANCE**

If you believe that **Clark County** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or filing of a prior civil rights complaint, please contact **Jennifer Brock, Personnel Manager**

**Jennifer Brock, Personnel Manager**  
**517 Court Street, Neillsville, WI 54456**  
**715.743.5298/TTY 715.743.3157**  
**[Jennifer.brock@co.clark.wi.us](mailto:Jennifer.brock@co.clark.wi.us)**

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Co-authored by: Departments of Health Services and Children and Families

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## FILING A GRIEVANCE

If you believe that **Clark County** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, disability, age, or filing of a prior civil rights complaint, please contact **Jennifer Brock, Personnel Manager** at:

**Jennifer Brock, Personnel Manager**  
**517 Court Street, Neillsville, WI 54456**  
**715.743.5298/TTY 715.743.3157**  
**Jennifer.brock@co.clark.wi.us**

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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## **APPENDIX D: LEP POLICY STATEMENT AND ACKNOWLEDGEMENT/REFUSAL OF INTERPRETER SERVICES**

### **LIMITED ENGLISH PROFICIENCY POLICY STATEMENT**

The County of Clark is committed to providing equal opportunity in all programs, services and activities to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. Those individuals are referred to as limited English proficient, or "LEP." Meaningful access to Federally funded programs and activities is required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Meaningful access to LEP individuals is provided in two ways: Oral interpretation and written translation. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons, to access through commercially-available telephonic interpretation services. Written translation can range from translation of an entire document to translation of a short description of the document.

The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

If an LEP person requests to use a family member, friend or other adult as an interpreter, the entity makes the LEP person aware that the entity will provide a qualified interpreter at no cost to the LEP person. The entity respects the LEP person's choice of interpreters. If the LEP person chooses a family member, friend, or other adult to interpret instead of one provided by the entity, the entity makes a record of that decision. If the entity believes the interpreter selected by the LEP person is not competent or appropriate, the entity supplements with its own qualified interpreter. Minors should not act as interpreters unless there is an emergency situation and another interpreter is not immediately available.

The entity records the number and date of instances in which interpretation was offered, what service was offered (e.g., staff, in-person contracted, telephone, etc.), whether it was accepted or whether the LEP individual selected their own interpreter, and in what language group the service was needed.

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

The entity requires its subrecipients to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations, and guidelines, the LEP Coordinator is:

Name: Christina Jensen Phone: 715.743.5150

LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available upon request.

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## Acknowledgement and Refusal of Free Interpretation Services

(Recipient/Subrecipient): Clark County has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private;
- Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

(Recipient/Subrecipient) Clark County has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter Signature

\_\_\_\_\_  
Date

If interpreted by phone, interpreter name and #: \_\_\_\_\_

Explanation of Document (for providers and staff):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX E: MODEL SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM

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

Name - Equal Opportunity Coordinator Jennifer Brock, Personnel Manager	Phone (Voice) 715.743.5298	Phone (TDD) 715.743.3157
Name of Complainant	Phone - -	
Address (number, street, city, state, zip code)		

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe is was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Name of the Agency/Organization/Entity against whom the complaint is filed.

Name of the Federal program you were discriminated in by the agency/organization (e.g., BadgerCare, FoodShare, Child Protective Services, etc.)

Describe the action or treatment that you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached, if you need to add pages.

Description of the relief or remedy you want:

**SIGNATURE** - Complainant or Complainant Representative

Date Signed (mm/dd/yyyy)



The information below is to be completed by the person at the entity who receives your complaint and investigates it.

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

Agency

Actions and Individual(s) to be investigated:

Findings (Must be completed within 90 days):

Action Taken:

Further Action Required? ☐ Yes ☐ No If yes, what action is recommended?

## SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION

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

PROGRAM	STATE AGENCY
Wisconsin (WI) Works (W-2), , Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Protective Services Programs, Emergency Assistance, Families and Economic Security, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, Refugee Assistance and Services, Youth Justice services and other programs administered by the WI Department of Children and Families., Refugee Cash and Medical Assistance)	<b>WI Department of Children and Families</b> 201 W. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 TTY: 800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare, TEFAP, SeniorCare, Family Care, Public Health Services, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services.	<b>WI Department of Health Services</b> Civil Rights Compliance Office 1 W. Wilson, Room 651 P.O. Box 7850 Madison, WI 53707-7850 608-266-1258 (Voice); 608-267-1434 (Fax) 711 or 1-800-947-3529 (TTY) Email: DHSCRC@dhs.wisconsin.gov

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

PROGRAM	FEDERAL AGENCY
HHS program or activity	<b>Office for Civil Rights</b> <b>U.S. Department of Health and Human Services</b> 200 Independence Avenue, SW Room 509F, HHH Building Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a> (On-line complaint portal)
UDSA-FNS program or activity	<b>U.S. Department of Agriculture, Director, Office of Adjudication</b> 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (866) 632-9992 800-877-8339 (Federal Relay Services) 866-377-8642 (Relay voice users) 800-845-6136 (Spanish) <a href="mailto:Cr-info@ascr.usda.gov">Cr-info@ascr.usda.gov</a>

## APPENDIX F: KEY TO ACCESSIBILITY SYMBOLS

### BLIND OR HAVE LOW VISION



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

### SYMBOL FOR ACCESSIBILITY



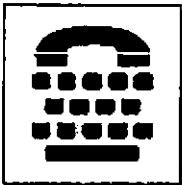
**SYMBOL FOR ACCESSIBILITY**, known as the wheelchair symbol, should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users. Remember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

### AUDIO DESCRIPTION



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

### TELEPHONE TYPEWRITER (TTY)



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

### VOLUME CONTROL TELEPHONE



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

### ASSISTIVE LISTENING SYSTEMS



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

## SIGN LANGUAGE INTERPRETATION



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

## ACCESSIBLE PRINT (18 pt. or Larger)



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

## THE INFORMATION SYMBOL



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

## CLOSED CAPTIONING (CC)



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

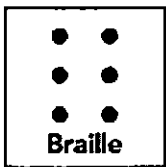
press a button for captioning.

## OPENED CAPTIONING (OC)



**OPENED CAPTIONING (OC)** symbol indicates that captions, which translate dialogue and other sounds in print, are always displayed on the videotape, movie or television program. Open Captioning is preferred by many including deaf and hard-of-hearing individuals, and people whose second language is English. In addition, it is helpful in teaching children how to read and in keeping sound levels to a minimum in museums and restaurants.

## BRAILLE SYMBOL



**BRAILLE SYMBOL** indicates that printed material is available in Braille, including exhibition labeling, publications and signage.

## APPENDIX G: FEDERAL CIVIL RIGHTS AUTHORITIES\*

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
<b>DHS and DCF Programs and Activities (HHS Federal Financial Assistance)</b>			
Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116)	45 C.F.R. Part 92	sex, race, color, national origin, disability, and age	BadgerCare Plus and Medicaid programs; other healthcare programs and activities.
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	45 C.F.R. Part 80	race, color, national origin	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	45 C.F.R. Part 84	disability	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.)	28 C.F.R. Part 35	disability	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	45 C.F.R. Part 86	sex	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	45 C.F.R. Part 91	age	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b		race, color, national origin	Foster Care

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
<b>DHS Programs and Activities (USDA-FNS Federal Financial Assistance)</b>			
Section 11 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2020)	7 C.F.R. Parts 15, 15a, 15b, 15c, and Part 16	race, sex, religious creed, national origin, or political affiliation	FoodShare (SNAP)
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	7 C.F.R. Part 15	race, color, national origin	FoodShare (SNAP); WIC; CNP, TANF, FMNP, SFMNP
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	7 C.F.R. Part 15c	age	FoodShare (SNAP); WIC; FSET; FMNP, SFMNP
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	7 C.F.R. Part 15b	disability	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.)	28 C.F.R. Part 35	disability	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	7 C.F.R. Part 15a	sex	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title II of the ADA Amendments Act of 2008 (42 U.S.C. § 12101 et seq.)	28 C.F.R. Part 35	disability	WIC; FSET; TANF; FMNP; SFMNP
Emergency Food Assistance Act of 1983 (7 U.S.C. § 7501 et seq.)	7 C.F.R. § 251.10	race, color, national origin, sex, age, disability	TEFAP
Other FNS nondiscrimination requirements	FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Food and Nutrition Services, USDA (Guidance)	race, sex, religious creed, national origin, or political affiliation	FoodShare (SNAP); WIC; FSET; TANF; FMNP; SFMNP; TEFAP

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
<b>OTHER FEDERAL PROVISIONS</b>			
Community Services Assurance Provisions of the Hill-Burton Act			Health Facilities receiving Hill-Burton Funds
Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, as amended (Federal Block Grants)		race, color, national origin, sex (Community Services Block Grants); race, color, national origin, age, disability, sex, religion (remaining block grants)	Community Services Block Grant; Social Services Block Grant; Maternal and Child Health Block Grant; Projects for Assistance in Transition from Homelessness Block Grant; Community Mental Health Services Block Grant; Substance Abuse Prevention and Treatment Block Grant
Family Violence Prevention Services Act, 42 U.S.C. § 10406.		race, color, national origin, age, disability, sex, religion	
Section 408 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. § 608		age, disability, race, color, national origin	Temporary Assistance for Needy Families Block Grant

\*This list is current as of November 2017. Please note, there may be other applicable civil rights provisions that have been omitted and the provisions may be subject to amendment, repeal or replacement. Additionally, each Federal agency may issue interpretative guidance on civil rights compliance, such as providing meaningful access to LEP individuals, which should be consulted. *See e.g.*, 68 Fed. Reg. 47311 (Aug. 8, 2003) (HHS LEP Guidance); 79 Fed. Reg. 70771 (Nov. 28, 2014) (FNS LEP Guidance); 68 Fed. Reg. 32290 (May 29, 2003) (DOL LEP Guidance).

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# **Civil Rights Compliance Interpreter Resource Guide**

Local Hearing Impaired Interpreters.....	1
CC Sheriff's Dept. Confirmed Spanish Interpreters.....	2
Wisconsin Court System Certified Interpreters.....	4



# INTERPRETERS

## Interpreters for the Hearing Impaired, Only:

√Debbie Shevy	715-255-3542 (Owen, WI) NOT TAKING NEW CLIENTS	\$35/hr
<b><u>Neillsville</u></b>		
√Carol Glaze	715-743-4134 NOT CURRENTLY AVAILABLE	\$25-30/hr + mileage
√Emily Kernz	715-743-2802	\$25/hr
√Rose Marie LaBarbera	715-797-1388	\$40/hr + mileage @ .58¢
<b><u>Abbotsford/Colby</u></b>		
√Selenia Espino	920-397-0755 (available after 4pm during school year)	\$30/hr + mileage
√Francisca Menjivar	715-223-9040	\$35/hr + .50¢ per mile
<b><u>Augusta</u></b>		
√Judy Dorf	715-533-6692 (available after 4pm during school year) (available full time from June 1 – Sept 5) (Will also work in Abbotsford/Colby, Marshfield, Neillsville, and Thorp)	\$35/hr + mileage @ .55¢
<b><u>Curtiss</u></b>		
√Rosanne Rankel	715-316-2136 (Will also work in Abbotsford/Colby)	\$30/hr + mileage @ .50¢
<b><u>Granton</u></b>		
√Ginger Kauth	715-630-4357 (available on weekends and after 4:30pm weekdays)	\$30/hr
√Edward Soto	715-238-8082 (after 6pm) / 715-429-0364 (7am – 6pm)	\$40 + mileage
<b><u>Greenwood</u></b>		
√Yolanda Arch	715-267-7668 / or cell 715-937-3335	\$20/hr
<b><u>Thorp</u></b>		
√Ramiro Fuentes	715-669-3756	\$30/hr + mileage @ .35¢
<b><u>Marshfield</u></b>		
√Tonya Martinez	715-897-1364 she is not certified	no charge for service

**Clark County Sheriff's Office  
Spanish Interpreters and Sign Language**

<b>Name</b>	<b>Contact Numbers</b>	<b>Charge Per Hour &amp; Mileage Charge</b>
<b>Abbotsford Area</b>		
Maria Delcarmen Ochoa Olvera 508 East Spruce Street Abbotsford, WI 54405	715-613-6659-NO BACKGROUND DONE	\$30
Irma M Acosta (AS OF 11/17/19) BEFORE Irma Vazquez Maritza 505 W. Hemlock Street Abbotsford, WI 54405	715-316-1248 715-613-2168	\$40
Heather M. Reyes 218 N. 2 <sup>nd</sup> Street Abbotsford, WI 54405	715-223-9716	\$60 \$10 flat fee travel anywhere besides police station
Alejandro Urbina Jr. 406 N. 1 <sup>st</sup> Street Abbotsford, WI 54405	715-316-1524	\$45
<b>Augusta Area</b>		
Judy Dorf 712 N. Stone Street Augusta, WI 54722	715-286-2063 Only does sign language.	\$35 Plus mileage
<b>Curtiss Area</b>		
Rosanne Rankel W1110 Colby Factory Road Colby, WI 54421	223-4923	\$30 (also speaks Portuguese)
<b>Granton Area</b>		
Eduardo Soto N5704 Romadka Ave. Granton, WI 54436	429-0364 (cell from 7 AM – 6 PM) 238-8082 (home after 6 PM)	\$40
<b>Greenwood Area</b>		
James Arch W7016 Chickadee Road Greenwood, WI 54437	715-559-7122 (7 AM – 5 PM) 267-7668 (after 5 PM)	\$60 (+45¢ per mile)
Paula Williams 403 N. Reese Street Greenwood, WI 54437	267-6190 Only does sign language.	\$30
<b>Neillsville Area</b>		
Emily M. Kernz W5627 State Hwy 73 Neillsville, WI 54456	715-797-0006 (6 PM til Midnight)	\$25
Rose Marie LaBarbera 400 W. Division Street Neillsville, WI 54456	743-6367 (9 AM – 5 PM) 715-797-1388	\$40 (minimum one hour (+.58¢ per mile)

Tammy Mendoza W4001 Ash Road Neillsville, WI 54456	715-937-8152	\$25 (includes mileage)
<b>Thorp Area</b>		
Ramiro P. Fuentes W18422 Pinewood Drive Thorp, WI 54771	669-3756 (home)	\$30 (+35¢ per mile)

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## Wisconsin Court Certified Interpreters

Contact the Clark County Circuit Court at:  
715-743-5172 or 715-743-5181  
for Interpreter contact information

Name	City	Level	Language
<u>Mr. Bhaskar Singh [Z]</u>	Lake Havasu City, AZ	Authorized Plus	Hindi
<u>Ms. Ololade Ariremako [Z]</u>	St. Paul, MN	Authorized	Yoruba
<u>Mr. Mihai Bledea [Z]</u>	Vernon Hills, IL	Authorized	Romanian
<u>Mr. Abdiasis Hirsi [Z]</u>	Apple Valley, MN	Authorized	Somali
<u>Puspa Luitel [Z]</u>	Mason	Authorized	Nepali
<u>Maly Phommavong</u>	Elk Grove, CA	Authorized	Laotian
<u>Maly Phommavong</u>	Elk Grove, CA	Authorized	Thai
<u>Mrs. Alecsandrina Variny [Z]</u>	Lake Villa, IL	Authorized	Romanian
<u>Dr. Sanja Vodanovic-Jankovic [Z]</u>	Franklin	Authorized	Serbian-Croatian
<u>Mr Nicholas Zacherl [Z]</u>	Brisbane, CA	Authorized	German
<u>Mr. Alberto Aguilar [Z]</u>	Milwaukee	Certified	Spanish
<u>Mrs. Susan Angove</u>	Minneapolis, MN	Certified	Spanish
<u>Mr. Saul Arteaga [Z]</u>	Delavan	Certified	Spanish
<u>Mr. Enrique Barbosa [Z]</u>	River Hills	Certified	Spanish
<u>Ms. Elizabeth Barrera [Z]</u>	Juneau	Certified	Spanish
<u>Brenda Bartholomew [Z]</u>	Sussex	Certified	Spanish
<u>Mrs. Reme Bashi [Z]</u>	Racine	Certified	Spanish
<u>Mrs. Teresa Berger [Z]</u>	Wausau	Certified	Spanish

<u>Name</u>	<u>City</u>	<u>Level</u>	<u>Language</u>
<u>Mrs. Vicki Bermudez [Z]</u>	South Milwaukee	Certified	Spanish
<u>Mrs. Katherine Block</u>	Wauwatosa	Certified	American Sign Language
<u>Ms. Mala Boyce</u>	Genoa City	Certified	American Sign Language
<u>Ms. Jennifer Briggs</u>	Royal Palm Beach, FL	Certified	American Sign Language - Deaf
<u>Tera Cater Vorpahl</u>	Random Lake	Certified	American Sign Language
<u>Mr Boming Chen</u>	West Lafayette	Certified	Chinese, Cantonese
<u>Mr Boming Chen</u>	West Lafayette	Certified	Chinese, Mandarin
<u>Mr. Samuel Shen Chong</u>	Alhambra, CA	Certified	Chinese, Mandarin
<u>Mr. Michael Christner [Z]</u>	Wausau	Certified	Spanish
<u>Sarah Chwaszczewski [Z]</u>	Bonduel	Certified	Spanish
<u>Mrs. Mercedes Cecilia Corbet [Z]</u>	Scanda, MN	Certified	Spanish
<u>Ms. Quincy Craft Faber</u>	Minneapolis, MN	Certified	American Sign Language
<u>Atty. Sylvie Dahnert</u>	Jefferson	Certified	Spanish
<u>Ms. Julieta-Cecilia Davila</u>	Elmhurst, IL	Certified	Spanish
<u>Mr Andrew Derbentsev-Crawford</u>	Bloomington, MN	Certified	Russian
<u>Mr. Amine El Fajri</u>	Salt Lake City, UT	Certified	Arabic - Standard
<u>Abdi Elmi</u>	Minneapolis, MN	Certified	Somali
<u>Mr. LaRon Esau [Z]</u>	Chicago, IL	Certified	Spanish
<u>Natalia Fajardo</u>	Milwaukee	Certified	Spanish
<u>Ms. Fayme Filipiak [Z]</u>	Madison	Certified	Spanish

<b>Name</b>	<b>City</b>	<b>Level</b>	<b>Language</b>
<u>Ms. Amy Fryman</u>	Greenfield	Certified	American Sign Language
<u>Ms. Tamara Fuerst</u>	Waunakee	Certified	American Sign Language - Deaf
<u>Ms. Joanna Garber</u>	Genoa City	Certified	Polish
<u>Ms. Ruth Garcia [Z]</u>	Evanston, IL	Certified	Spanish
<u>Mrs. Quynh Gibney [Z]</u>	Temecula, CA	Certified	Vietnamese
<u>Victor Gonzalez [Z]</u>	Edgerton	Certified	Spanish
<u>Mr. Bruce Goodman</u>	Milwaukee	Certified	Spanish
<u>Debra Gorra Barash {Z}</u>	Bayside	Certified	American Sign Language
<u>Christina Green [Z]</u>	River Hills	Certified	Spanish
<u>Sue Gudenkauf [Z]</u>	Madison	Certified	American Sign Language
<u>Mr. Juan Diego Guzman Beltran</u>	Green Bay	Certified	Spanish
<u>Mr. Jake Hartmann</u>	Milwaukee	Certified	American Sign Language - Deaf
<u>Mrs. Martha Hernandez [Z]</u>	Sheboygan	Certified	Spanish
<u>Ms. Rania Hijazeen [Z]</u>	Novi	Certified	Arabic - Standard
<u>Mr. Scott Homler</u>	Minneapolis, MN	Certified	French
<u>Ms. Maggie (Miao) Hong [Z]</u>	Lindenhurst, IL	Certified	Chinese, Mandarin
<u>Katarzyna Jankowski</u>	Villa Park, IL	Certified	Polish
<u>Ms. Barbara Johnson-Pulscher</u>	Vadnais Heights, MN	Certified	American Sign Language
<u>Jacqueline Jugenheimer</u>	Madison	Certified	German
<u>Stephanie Kerkvliet</u>	Clermont, FL	Certified	American Sign Language

Name	City	Level	Language
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<u>Ms. Maria Kielma</u>	Oak Creek	Certified	American Sign Language
<u>Alejandra Klaric</u>	Shorewood Hills	Certified	Spanish
<u>Mr. Mikolaj Korzistka [Z]</u>	Prospect Heights, IL	Certified	Polish
<u>Mariana Kralewski</u>	Oakdale, MN	Certified	Spanish
<u>Mr. Chris Kunej</u>	Salt Lake City, UT	Certified	Serbian-Croatian
<u>Mr. Chris Kunej</u>	Salt Lake City, UT	Certified	Bosnian
<u>Mr. Chris Kunej</u>	Salt Lake City, UT	Certified	BSC
<u>Mr. Chris Kunej</u>	Salt Lake City, UT	Certified	Croatian
<u>Mr. Chris Kunej</u>	Salt Lake City, UT	Certified	Serbian
<u>James Larson [Z]</u>	Madison	Certified	Spanish
<u>Ping Lau</u>	Seattle, WA	Certified	Chinese, Mandarin
<u>Ping Lau</u>	Seattle, WA	Certified	Chinese, Cantonese
<u>Tou Sue Lee</u>		Certified	Hmong
<u>Mr. David Letkiewicz</u>	Germantown	Certified	American Sign Language - Deaf
<u>Mr. Daniel Lopez</u>	Menomonee Falls	Certified	Spanish
<u>Ms. Paula Loubier [Z]</u>	Milwaukee	Certified	French
<u>Mr. Michael Maffucci</u>	Oconomowoc	Certified	American Sign Language - Deaf
<u>Mr. Ismael Maldonado Garcia</u>	Franksville	Certified	Spanish
<u>Mrs. Dawn Maldonado Perez [Z]</u>	Milwaukee	Certified	Spanish
<u>Maria (Maribel) Marin</u>	Oakdale, MN	Certified	Spanish

Name	City	Level	Language
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<u>Monica Marin [Z]</u>	Woodbury, MN	Certified	Spanish
<u>Mr. Eduardo Leo Martin [Z]</u>	Kenosha	Certified	Spanish
<u>Dr. Jaime Mayer [Z]</u>	Hudson	Certified	Spanish
<u>Patricia McCutcheon</u>	St. Paul, MN	Certified	American Sign Language
<u>Ms. Yulia Mielke [Z]</u>	Sussex	Certified	Russian
<u>Ms. Sara Miller</u>	Greenfield	Certified	American Sign Language
<u>Mrs. Lorena Mongin</u>	Horbart	Certified	Spanish
<u>Ms. Liesl Monroy [Z]</u>	Madison	Certified	Spanish
<u>Lana Nguyen</u>	Prior Lake, MN	Certified	Vietnamese
<u>Sally Nichols*</u>	Eagan, MN	Certified	Spanish
<u>Dr. Tatiana Okunskaya [Z]</u>	Addison, IL	Certified	Russian
<u>Mrs. Isabelle Olesen</u>	Batavia, IL	Certified	French
<u>Mrs. Viviana Ortelli</u>	St. Luis Park, MN	Certified	Spanish
<u>Dr. Nattalia Paterson</u>	Evanston, IL	Certified	Portuguese
<u>Mr. Orlando Penate</u>	Gurnee, IL	Certified	Spanish
<u>Ms. Sandy Peplinski</u>	Jackson	Certified	American Sign Language
<u>Ms. Michelle Pinzl [Z]</u>	La Crosse	Certified	Spanish
<u>Mr. Tomasz Poplawski</u>	Chicago, IL	Certified	Polish
<u>June Prusak</u>	Willowbrook, IL	Certified	American Sign Language - Deaf
<u>Ms. Susan Rascon* [Z]</u>	Clintonville	Certified	Spanish



<u>Name</u>	<u>City</u>	<u>Level</u>	<u>Language</u>
<u>Mr. Yuri Rashkin [Z]</u>	Beloit	Certified	Russian
<u>Mr Eric Rohland [Z]</u>	Madison	Certified	Spanish
<u>Dawn Ruthe</u>	Sun Prairie	Certified	American Sign Language
<u>Mr. Patrick Ryan [Z]</u>	Waukesha	Certified	Spanish
<u>Mr. Jaroslaw (Jerry) Sagan</u>	Chicago, IL	Certified	Polish
<u>Ms. Kelley Salas [Z]</u>	Shorewood	Certified	Spanish
<u>Mrs. Laura Salcido Blancas [Z]</u>	West Bend	Certified	Spanish
<u>Mrs. Karyn Simmons</u>	Pocatello, ID	Certified	Spanish
<u>Steve Smart</u>	Greenfield	Certified	American Sign Language
<u>Ms. Xiomara Smith [Z]</u>	Phoenix, AZ	Certified	Spanish
<u>Mr. Enrique Soria</u>	Coloma	Certified	Spanish
<u>Tamesia Sosa</u>	Madison	Certified	Spanish
<u>Ms. Sarah St. John [Z]</u>	Beloit	Certified	Spanish
<u>Shawna Stevenoski [Z]</u>	Janesville	Certified	Spanish
<u>Mr. Fred Svensson [Z]</u>	Madison	Certified	Spanish
<u>Mr. Darius Torres</u>	Eau Claire	Certified	Spanish
<u>Mr. David Van Den Brandt [Z]</u>	Madison	Certified	Spanish
<u>Mr. John Ny Vang</u>	Forest Lake, MN	Certified	Hmong
<u>Mr. John Vaughn [Z]</u>	Appleton	Certified	Spanish
<u>Ms. Judy Veramendi [Z]</u>	Evanston, IL	Certified	Spanish

<u>Name</u>	<u>City</u>	<u>Level</u>	<u>Language</u>
<u>Ms. Alexandra Wirth* [Z]</u>	Wauwatosa	Certified	Spanish
<u>Ms. Kazoua Yang</u>	White Bear Township, MN	Certified	Hmong
<u>Mr. Tou Yang</u>	St. Paul, MN	Certified	Hmong
<u>Mr Nicholas Zacherl [Z]</u>	Brisbane, CA	Certified	Spanish
<u>Mr Nicholas Zacherl [Z]</u>	Brisbane, CA	Certified	French
<u>Mrs. Liping Zhao</u>	Palatine, IL	Certified	Chinese, Mandarin
<u>Mrs. Dima Alghazzy</u>	Elm Grove	Provisional	Arabic - Standard
<u>Ms. Scottie Allen</u>	Milwaukee	Provisional	American Sign Language
<u>Ms. Melanie Blechl</u>	Neenah	Provisional	American Sign Language
<u>Ms. Jenny Buechner</u>	Madison	Provisional	American Sign Language - Deaf
<u>Lori Connors</u>	Schofield	Provisional	American Sign Language
<u>Karen Dishno</u>	DeForest	Provisional	American Sign Language - Deaf
<u>Ms. Ellen Dressler</u>	Kaukauna	Provisional	American Sign Language
<u>Ms. Sarah Grabko</u>	Weston	Provisional	American Sign Language
<u>Mrs. Nicole Keeler</u>	Oak Creek	Provisional	American Sign Language
<u>Ms. Liubov Kostyukova</u>	Madison	Provisional	Russian
<u>Mr. Jay Krieger</u>	Carmel, IN	Provisional	American Sign Language - Deaf
<u>Ms. Tammy Marnocha</u>	Menasha	Provisional	American Sign Language
<u>Mrs. Jana Mauldin</u>	Brooklyn	Provisional	American Sign Language
<u>Mrs. Denise Miller</u>	Menominee	Provisional	American Sign Language

Name	City	Level	Language
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<u>Mr. Timothy Mumm</u>	Whitewater	Provisional	American Sign Language
<u>Mrs. Kim Ramsay</u>	Roscoe, IL	Provisional	American Sign Language
<u>Mrs. Patricia Sebranek</u>	Green Bay	Provisional	American Sign Language
<u>Ms. Amy Simonsen</u>	Racine	Provisional	American Sign Language
<u>Mr. Bhaskar Singh [Z]</u>	Lake Havasu City, AZ	Provisional	Portuguese
<u>Ms. Leia Sparks [Z]</u>	Milwaukee	Provisional	American Sign Language
<u>Mrs. Jennifer Sullivan</u>	Clinton	Provisional	American Sign Language
<u>April Thompson</u>	Marathon	Provisional	American Sign Language
<u>Ms. Michelle Tubutis</u>	Bonduel	Provisional	American Sign Language
<u>Mrs. Carrie Uhlig</u>	Green Bay	Provisional	American Sign Language
<u>Mr. Justin Vollmar</u>	Janesville	Provisional	American Sign Language - Deaf
<u>Ms. Patti Wanta</u>	New Glarus	Provisional	American Sign Language
<u>Ann Wohlmuth</u>	Chicago, IL	Provisional	American Sign Language
<u>Ms. Pahoua Britney Xiong [Z]</u>	Eagle	Provisional	Hmong
<u>Mr. Henry Yandrasits</u>	Milwaukee	Provisional	American Sign Language
<u>Mr. Shamcy Alghazzy [Z]</u>	Elm Grove	Provisional-B	Arabic - Standard
<u>Ms. Holly Chen [Z]</u>	Madison	Provisional-B	Chinese, Mandarin
<u>Ms. Nawar Elhassan</u>	Madison	Provisional-B	Arabic - Standard
<u>Nancy Gamil [Z]</u>	Des Plaines, IL	Provisional-B	Arabic - Standard
<u>Mrs. Sabine Gueye</u>	Menomonee Falls	Provisional-B	French

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**Name****City****Level****Language**

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Mr. Islam Hindi

Milwaukee

Provisional-B

Arabic - Standard

Mr. Ayman Khatib [Z]

Milwaukee

Provisional-B

Arabic - Standard

Mr. Zongcheng Moua [Z]

Milwaukee

Provisional-B

Hmong

Mr. Khalid Murrar

Franklin

Provisional-B

Arabic - Standard

Ms Basma Najjar [Z]

Redondo Beach

Provisional-B

Arabic - Standard

Ying Patchin

Verona

Provisional-B

Chinese, Mandarin

Atty. Koua Vang

Sun Prairie

Provisional-B

Hmong

Mr. Lee Yang

Sun Prairie

Provisional-B

Hmong