

CIVIL RIGHTS COMPLIANCE PLAN

Recipient Contact Information and Signature Page - APPENDIX A

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

Funding Relationship to DHS, DCF or DWD - APPENDIX B

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

Funded Programs Checklist - APPENDIX C

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

Data Collection

Service Delivery		
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="checkbox"/> Yes	<input type="checkbox"/> No
Number of potentially eligible or likely to be affected or encountered	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of LEP individuals encountered by phone vs. walk-in	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Language spoken and/or dialect of LEP participants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of eligible LEP participants by separate programs and the frequency of encounters	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Interpretation needs and preferred language of LEP participants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of sign language interpretation requests received from deaf and hard of hearing participants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other accommodation requests and needs from participants with disabilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:		

Instructions for Completion of Data Collection Table

Each recipient shall keep customer data records to enable the State Agencies to determine the recipient's or subrecipient's compliance with equal opportunity in service delivery. Recipients must collect racial, ethnic, gender, LEP, and disability data to illustrate the extent to which members of protected groups are beneficiaries of or participants in each Federally funded program. Recipients and subrecipients are not required to submit the data information to DHS, DCF or DWD, unless requested. The data collection requirement is needed to complete the Customer Service Population Analysis (CSPA) and LEP Customer Data Analysis (CDA) forms.

The data must be collected, retained and reported for each Federally funded program or activity for which the recipient or subrecipient receives pass-through funds from a State Agency. The data should be kept as part of the CRC Plan and will be reviewed when a desk audit is performed or an onsite monitoring visit is conducted.

For recipients that extend Federal financial assistance to another subrecipient, the subrecipient shall collect, retain and submit such data to the recipient that issued the contract.

Recipients and subrecipients must develop and maintain a data collection system to capture and report data in the following categories:

Race and ethnicity of participants

Changes in data collection requirements have resulted in a separation of data about ethnicity (i.e., Hispanic/Latino or not Hispanic/Latino) from data on race. In some cases, this will make comparisons difficult because older data collection systems included Hispanic/Latino as a racial group. Recipients and subrecipients must have a system to report the race and ethnicity of their participants.

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

- Hispanic/Latino
- Not Hispanic/Latino

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

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

Other information that must be collected:

- Sex/Gender
- Persons with Disabilities in need of accommodations
- Primary Language
- Preferred Language

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

- The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient's service area.
- The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold.
- The number of language interpretation services that were offered and, separately, provided to LEP individuals, how the interpretation services were provided, and the language group for the service.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodation requests received and services provided to applicants and participants with disabilities.
- The primary language spoken by and language preferred to be used by staff with the applicant, customer, patient, or participant.

Customer Service Population Analysis

Instructions for Completing Customer Service Population Analysis

The purpose of the CSPA is to determine if recipient is serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1

- Recipients should complete a separate CSPA data chart for each program checked on the Funded Programs Checklist.
- Define the geographic service area for the program/activity.
- Define the data source(s) used to determine the eligible population likely to be served and the eligible population served and the time period for the data.

Note: If the eligible populations are the same for multiple programs, recipients can list multiple programs on the program/activity line.

Step 2

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

Step 3

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

Step 4

- Calculate the difference between the percent of the population (by category) eligible to be encountered and the percent of the population (by category) actually served in your service area for each line on the table.
- The percentage of each category is calculated based on the total number of eligible population and the population actually served, respectively, as entered in the first line of the table.
- The difference between the percent eligible for each category less the percentage served for each category is listed in the last row of the table. (Calculate the percentage difference, not the number difference).

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	DCF / Wisconsin Works (W2): Workforce Resource Inc. (WRI)
Service Area:	https://dcf.wisconsin.gov/files/regionaloperations/pdf/w2-map.pdf

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (=%Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	12,018	100%	837	100%	N/A
Breakdown by Race					
White	10,318	85.85%	645	77.06%	8.79
Black or African American	150	1.25%	65	7.77%	-6.52
American Indian or Alaska Native	864	7.19%	31	3.70%	3.49
Asian	384	3.20%	14	1.67%	1.53
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%	0
Other	53	0.44%	46	5.50%	-5.06
More Than One Race	249	2.07%	36	4.30%	-2.23
Subtotal, Non-White	1,700	14.15%	192	22.94%	-8.79
Hispanic/Latino (Regardless of Race)	517	4.30%	25	2.99%	1.31
Breakdown by Sex					
Female	7,668	63.80%	744	88.89%	-25.09
Male	4,350	36.20%	93	11.11%	25.09
Disabilities	9,334	77.67%	151	18.04%	59.63

Data Source:	<p><u>Eligible Population Likely to be Served or Encountered in Service Area:</u> Total Eligible Population, Race, Ethnicity, Gender: U.S. Census Bureau, 2012-2016 American Community Survey (ACS) 5-Year Estimates, B17010(A-I): Poverty Status in the Past 12 Months of Families by Family Type by Presence of Related Children under 18 Years by Age of Related Children Disabilities: U.S. Census Bureau, 2012-2016 American Community Survey (ACS) 5-Year Estimates, B23024: Poverty Status in the Past 12 Months by Disability Status by Employment Status for the Population 20 to 64 Years W2 Participation Information Report #5/W2T Report for Disabilities</p>
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

Often females are the custodial parent so WRI serves more females than males.
Regions 7 and 8 do not have a large population of Black/African Americans. Cannot identify the reason for the number in 2017.
Data collection reports by the State of WI DCF do not match data elements identified above.
The “Other” field is the total of clients that did not identify their Race.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories 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).

WRI continues to provide Academies, programs in the Job Center and partner programs to encourage participation. These programs are advertised throughout the region. WRI partners with regional/local agencies serving a similar customer base to encourage referrals and co-enrollments.

It may be that denials of service (includes 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 year you looked at to complete the CSPA table:

The W2 program is based on eligibility so either you are eligible or you are not. WRI cannot make someone eligible. Appointments are made within 5 working days of the intake so the process is timely to assure client's needs are met.

This Customer Service Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Kestle

PRINT NAME of Authorized Representative

Debra Kestle

SIGNATURE of Authorized Representative

9-5-18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	DCF / TANF Funded Services – Children First: Workforce Resource Inc. (WRI)
Service Area:	

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population		100%	0	100%	N/A
Breakdown by Race					
White			0		
Black or African American			0		
American Indian or Alaska Native			0		
Asian			0		
Native Hawaiian or Pacific Islander			0		
More Than One Race			0		
Subtotal, Non-White			0		
Hispanic/Latino (Regardless of Race)			0		
Breakdown by Sex					
Female			0		
Male			0		
Disabilities			0		

Data Source:	Did not serve anyone in 2017.
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

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Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories 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).

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It may be that denials of service (includes 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 year you looked at to complete the CSPA table:

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This Customer Service Data Analysis was prepared by:

Kathy Telford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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PRINT NAME of Authorized Representative

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SIGNATURE of Authorized Representative

9.5.18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	DCF / Refugee Assistance and Services: Workforce Resource Inc. (WRI)
Service Area:	Barron County, Barron, Wisconsin – Opportunity Center

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (=%Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	186	100%	42	100%	N/A
Breakdown by Race					
White					
Black or African American	186	100%	42	100%	0
American Indian or Alaska Native					
Asian					
Native Hawaiian or Pacific Islander					
More Than One Race					
Subtotal, Non-White					
Hispanic/Latino (Regardless of Race)					
Breakdown by Sex					
Female			19	45.24%	
Male			23	54.76%	
Disabilities			2	4.76%	

Data Source:	Program Year September 1, 2016 – August 31, 2017 File Reviews
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

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Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories 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).

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It may be that denials of service (includes 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 year you looked at to complete the CSPA table:

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This Customer Service Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leslie

PRINT NAME of Authorized Representative

Debra Leslie

SIGNATURE of Authorized Representative

9.5.18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	DCF / Independent Living: Workforce Resource Inc. (WRI)
Service Area:	Independent Living Region #7

Category	Eligible Population likely to be Served or Encountered in Service Area/WI		Population Served in Most Recent Calendar or Program Year		Percentage Difference (=%Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	* 76 **395	100%	30	100%	N/A
Breakdown by Race					
White	238	61%	23	76.67%	
Black or African American	26	6.58%	2	6.67%	
American Indian or Alaska Native	121	30.63%	5	16.67%	
Asian	1	.25%			
Native Hawaiian or Pacific Islander	1	.25%			
More Than One Race	7	1.77%			
Subtotal, Non-White	156	65.55%	7	23.33	
Hispanic/Latino (Regardless of Race)	8	2%	0	0	
Breakdown by Sex					
Female			15	50%	
Male			15	50%	
Disabilities			7	23.33%	

Data Source:	Based on DCF Out of Home Care Report 2016 * 76 eligible for services is based on grant eligibility criteria – age ** 395 are all OHC youth regardless of age.
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

Referrals are made by DCF to WRI to work with youth. Youth decide if they need or want services. WRI's goal is to serve 50 youth in 2018, 15 will transition out due to aging out, all 15 will be successfully engaged. 18 will disengage from services.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories 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).

Continue to recruit on Reservations, targeting American Indian Youth

It may be that denials of service (includes 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 year you looked at to complete the CSPA table:

This Customer Service Data Analysis was prepared by:

Kathy Telford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leshe

PRINT NAME of Authorized Representative

Debra Leshe

SIGNATURE of Authorized Representative

9-5-18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	DWD / WIOA: Workforce Resource Inc. (WRI)
Service Area:	Region #8

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (=%Elig. - %Served)
Total Eligible Population	51,919	100%	1033	100%	N/A
Breakdown by Race					
White	47,167	90.84%	905	87.60%	3.24%
Black or African American	672	1.29%	53	5.13%	-3.84%
American Indian or Alaska Native	851	1.63%	21	2.03%	-0.4%
Asian	1,257	2.42%	45	4.35%	-1.93%
Native Hawaiian or Pacific Islander	0	0%	2	.19%	-0.19%
More Than One Race	1,972	3.79%	22	2.12%	1.67%
Subtotal, Non-White	4,752	9.15%	143	13.84%	-4.69%
Hispanic/Latino (Regardless of Race)	2,198	4.23%	31	3.00%	1.23%
Breakdown by Sex					
Female	28,078	54.08%	654	63.31%	-9.23%
Male	23,841	45.91%	379	36.68%	9.23%
Disabilities	6,726	12.95%	212	20.52%	-7.57%

Data Source:	Served: Webi Report WIA T1 Demographics 16-17 PY Eligible: American Fact Finder 2012-2016 Based on Poverty Status, Age 18-64, Sex, Disability, Ethnicity and Race. Cannot find specific data for specific eligibility criteria. Using general poverty data.
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

Eligible Population Data does not match WIOA eligibility data making analysis difficult.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories 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).

WRI continues to recruit from community organizations and partners to meet enrollment goals.

It may be that denials of service (includes 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 year you looked at to complete the CSPA table:

This Customer Service Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leslie

PRINT NAME of Authorized Representative

Debra Leslie

SIGNATURE of Authorized Representative

9.5.18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	DHS / FSET: Workforce Resource Inc. (WRI)
Service Area:	Region 7 & 8

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (=%Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	31214	100%	1376	100%	N/A
White	28007	89.73%	1154	84.86%	4.87%
Black or African American	243	.77%	63	4.57%	-3.8%
American Indian or Alaska Native	1426	4.56%	27	1.96%	2.6%
Asian	708	2.26%	22	1.59%	.67%
Native Hawaiian or Pacific Islander	30	.09%	0	0	.09%
More Than One Race	416	1.33%	28	2.03%	-0.7%
Subtotal, Non-White	2823	9.04%	140	10.17%	-1.13%
Hispanic/Latino (Regardless of Race)	737	2.36%	29	2.10%	.26%
Female	No Data	No Data	759	55.15%	
Male	No Data	No Data	617	44.84%	
Disabilities	14812	47.45%	186	13.51%	33.94%

Data Source:	Based on Census Data 2016 Fact Finder Data FoodShare Participants State of WI Webi Data
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

This is a volunteer program. Although we recruit for the program, we cannot require participation.

What actions can be tried to improve program participation and encourage enrollment to categories 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).

WRI continues to recruit through partners, community entities, etc.

It may be that denials of service (includes 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 year you looked at to complete the CSPA table:

WRI does not do eligibility. When customers are referred they are eligible. However, FSET is a voluntary program so customers can decide if they want to participate or not.

This Customer Service Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leslie

PRINT NAME of Authorized Representative

Debra Leslie

SIGNATURE of Authorized Representative

9-5-18

Date Signed

Limited English Proficiency (LEP) Customer Data Analysis

Instructions for LEP Customer Data Analysis

The purpose of the LEP analysis is for recipients to plan for the translation of vital documents to meet the “safe harbor.” The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served, and the steps being taken to improve language access to services and programs.

Your agency is required to provide meaningful access to all LEP customers, including on a walk-in, electronic, or telephone basis, which usually means providing an oral interpreter at no cost to the LEP customer. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to your programs and services.

Note: Oral language interpretation and translation of vital documents must be provided at no cost to the customer.

Step 1

- Recipients should complete a separate LEP Customer Data Analysis chart for each program checked on the Funded Programs Checklist.
- Define the geographic service area for the program/activity.
- **If the eligible populations are the same for multiple programs**, recipients can list multiple programs on the program/activity line.

Step 2

- Start with the total number of eligible persons likely to be served or encountered in the service area by your program from the Customer Services Population Analysis (CSPA) data table. This is the total number of potential clients for your program.
- Enter that number into Column (a) of the LEP data analysis.

Step 3

- Using the American Community Survey (ACS) data from the US Census Bureau, determine the count of LEP persons in the service area for the identified language groups. Other data sources could be consulted, including but not limited to local school district and community-based organization data, to validate the size of individual LEP groups not recorded or surveyed by the ACS.
- Depending on the size of the service area, you may need to estimate or extrapolate the count of LEP persons for the service area. For programs that have income or other eligibility criteria, you will need to further estimate the count of LEP persons in the service area that are eligible to participate in your program. Not every LEP person identified in the ACS data is eligible to participate in your program.
- Enter those numbers into Column (b) of the LEP data analysis, the number of **“Eligible LEP Populations Likely to be Affected or Encountered in Service Area.”** This means the total number of LEP individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served.

Step 4

- Divide the number of eligible LEP individuals in the language groups in Column (b) by the total eligible population in Column (a) to determine the percent of the eligible population that may need language assistance. Determine the percentage for each language group.
- Enter the percentages in Column (c) to show the **“Percent of Eligible LEP Population Served or Likely to be Encountered in Service Area.”**

Step 5

- Using data from your records, indicate the actual number of LEP individuals served for each language group. (Note: Recipients funded by WIOA must also record the preferred language the LEP customer uses to communicate). Enter the number of persons served in Column (d).
- Recipients should record the language needs of clients as a data element in the client record database used by the program.
- The **“LEP population served in the service area”** is data that is useful in analyzing services provided to LEP populations.

Step 6

- Use the number in Column (b) and the percentage computed in Column (c) to determine if any of the LEP language groups served by the recipient meet the threshold for written translation of vital documents. If the LEP language group count is 1,000 or more persons, or the percentage is 5% or greater of the total eligible population, then written translation of vital documents is required for that language group.
- Circle “Yes” or “No” in the Safe Harbor written translation column to indicate that the agency will provide written translation of vital documents for that language group.
- If the percentage in Column (c) is 5% or greater that would otherwise trigger the translation of vital documents requirements, but the number of LEP persons in Column (b) is **less than 50**, the agency is not required to provide written translation of vital documents. However, LEP groups must receive written notice of their right to receive competent oral language interpretation and translation of vital documents.
- LEP individuals in all language groups must be provided meaningful access to information even if the 1,000 person or 5% triggers are not reached.

Note: Language assistance for oral interpretation and written translation must be provided to applicants and clients of programs at no cost to the individuals.

The State Agencies have provided the “Your Right to an Interpreter” poster which contains statements in 55 languages advising persons of their right to oral interpretation and translation of vital documents. The poster is designed to allow individuals to point to their preferred language so agencies can arrange for an interpreter competent in that language.

LEP Customer Data Analysis Chart

Program or Activity:		DCF / Wisconsin Works (W2): Workforce Resource Inc. (WRI)				
Service Area:		Northwest Area				
Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	(from CSP A) Number (a) 12,018	Number (b) 1192	Percent (c) (c) = ((b)/(a) X 100) 9.91%	Served (d) 0	Column (c) is 5% or more? <u>Yes</u> No	If fewer than 50 persons in language groups, eligible pop receives written notice? Yes No
Hmong/Laoituan/Other		888	7.38%	2	<u>Yes</u> No	Yes No
Chinese				0	Yes <u>No</u>	Yes No
*German/Germanic				3	Yes No	Yes No
Arabic					Yes <u>No</u>	Yes No
Korean					Yes No	Yes No
Russian/Polish/Slavic					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatia					Yes No	Yes No
Laotian					Yes No	Yes No
Pennsylvanian Dutch					Yes No	Yes No
Hindi					Yes No	Yes No
Albanian					Yes No	Yes No
Tagalog					Yes No	Yes No
Other: Specify Somali		350	2.91%	6	Yes <u>No</u>	Yes No

American Fact Finder 2017 Data: Poverty and Language Spoke at Home

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, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. 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, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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:

Notes: WRI did not serve any customers under Children First in 2016-2017.

WRI did not utilize data provided by the State. Utilizing Census data, WRI did its own analysis.

This LEP Customer Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leslie
PRINT NAME of Authorized Representative

Debra Leslie
SIGNATURE of Authorized Representative

9.5.18
Date Signed

LEP Customer Data Analysis Chart

Program or Activity:		DCF / Refugee Services: Workforce Resource Inc. (WRI)				
Service Area:		Barron County, Barron Wisconsin – Opportunity Center				
	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups	(from CSP A) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish				Yes No	Yes No	Yes No
Hmong/Laoitian/Other				Yes No	Yes No	Yes No
Chinese				Yes No	Yes No	Yes No
German/Germanic				Yes No	Yes No	Yes No
Arabic				Yes No	Yes No	Yes No
Korean				Yes No	Yes No	Yes No
Russian/Polish/Slavic				Yes No	Yes No	Yes No
Vietnamese				Yes No	Yes No	Yes No
French/Patois/Creole				Yes No	Yes No	Yes No
Bosnian/Serbian/Croatia				Yes No	Yes No	Yes No
Laoitian				Yes No	Yes No	Yes No
Pennsylvanian Dutch				Yes No	Yes No	Yes No
Hindi				Yes No	Yes No	Yes No
Albanian				Yes No	Yes No	Yes No
Tagalog				Yes No	Yes No	Yes No
Other: Specify Somali	186	186	100%	42	Yes No	Yes No
					Yes	Yes

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, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. 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, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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:

This LEP Customer Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leslie

PRINT NAME of Authorized Representative

Debra Leslie

SIGNATURE of Authorized Representative

9-5-16

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:		DCF / TANF Funded Services-Children First: Workforce Resource Inc. (WRI)					
Service Area:		Northwest Area					
Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents	
Spanish			Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?	
Hmong/Laoian/Other			0	Yes	No	Yes	
Chinese			0	Yes	No	Yes	
German/Germanic			0	Yes	No	Yes	
Arabic			0	Yes	No	Yes	
Korean			0	Yes	No	Yes	
Russian/Polish/Slavic			0	Yes	No	Yes	
Vietnamese			0	Yes	No	Yes	
French/Patois/Creole			0	Yes	No	Yes	
Bosnian/Serbian/Croatia				Yes	No	Yes	
Laotian				Yes	No	Yes	
Pennsylvanian Dutch				Yes	No	Yes	
Hindi				Yes	No	Yes	
Albanian				Yes	No	Yes	
Tagalog				Yes	No	Yes	
Other: Specify _____				Yes	No	Yes	

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, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. 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, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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:

No One served in 2017

This LEP Customer Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra L. Lese

PRINT NAME of Authorized Representative

Debra L. Lese

SIGNATURE of Authorized Representative

9-5-18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:		DCF / Independent Living: Workforce Resource Inc. (WRI)					
Service Area:		Independent Living Region 7					
Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents	
	(from CSPa) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?	
Spanish	8	1.69	0	Yes	<u>No</u>	Yes No	
Hmong/Laoitan/Other	1	0	0	Yes	<u>No</u>	Yes No	
Chinese				Yes	No	Yes No	
German/Germanic				Yes	No	Yes No	
Arabic				Yes	No	Yes No	
Korean				Yes	No	Yes No	
Russian/Polish/Slavic				Yes	No	Yes No	
Vietnamese				Yes	No	Yes No	
French/Patois/Creole				Yes	No	Yes No	
Bosnian/Serbian/Croatia				Yes	No	Yes No	
Laotian				Yes	No	Yes No	
Pennsylvanian Dutch				Yes	No	Yes No	
Hindi				Yes	No	Yes No	
Albanian				Yes	No	Yes No	
Tagalog				Yes	No	Yes No	
Other: Specify				Yes	No	Yes No	

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, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. 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, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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:

This LEP Customer Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Dobiaslesu
PRINT NAME of Authorized Representative

Dobiaslesu
SIGNATURE of Authorized Representative

9-5-16
Date Signed

LEP Customer Data Analysis Chart

Program or Activity:		DHS / FSET: Workforce Resource Inc. (WRI)				
Service Area:		Region 7 and 8				
	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups	(from CSPA) Number (a) 31214	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		1192	3.81%	3	Yes No	Yes No
Hmong/Laoitian/Other		888	2.84%	3	Yes No	Yes No
Chinese					Yes No	Yes No
German/Germanic				1	Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian/Polish/Slavic					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatia					Yes No	Yes No
Laotian					Yes No	Yes No
Pennsylvanian Dutch					Yes No	Yes No
Hindi					Yes No	Yes No
Albanian					Yes No	Yes No
Tagalog					Yes No	Yes No
Other: Specify Somali		350	1.12%	8	Yes No	Yes No

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, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. 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, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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:

This LEP Customer Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Debra Leslie

PRINT NAME of Authorized Representative

Debra Leslie

SIGNATURE of Authorized Representative

9-5-19

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:		DWD/ WIOA: Workforce Resource Inc. (WRI)				
Service Area:		WDA #8				
	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups	(from CSP A) Number (a) 51,919	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish	2198	2198	4.23%	31	Yes No	Yes No
Hmong/Laotian/Other					Yes No	Yes No
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian/Polish/Slavic					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatia					Yes No	Yes No
Laotian	1257	1257	2.42%	45	Yes No	Yes No
Pennsylvanian Dutch					Yes No	Yes No
Hindi					Yes No	Yes No
Albanian					Yes No	Yes No
Tagalog					Yes No	Yes No
Other: Somali	186	186	.35%	0	Yes No	Yes No

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, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. 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, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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:

This LEP Customer Data Analysis was prepared by:

Kathy Talford

PRINT NAME of Preparer

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Dobra Leslie

PRINT NAME of Authorized Representative

Dobra Leslie

SIGNATURE of Authorized Representative

9-5-18

Date Signed

Nondiscrimination Notification

1. Our entity uses the required HHS, USDA-FNS, and/or DOL Nondiscrimination Statements and Notices, provided in Appendix D .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Our entity uses the DHS, DCF, DWD model for LEP Policy Statement that is provided in Appendix E .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. We disseminate the LEP policy in the following ways: Staff provide customers and participants at the Front Desk, during Career Planning Meetings, Per request of customers. Policy is available in the front desk and on the W drive.		
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B Entities administering WIC programs must post the "Justice For All" poster 475C. Posters are available from <u>the USDA</u> .	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes or N/A	<input type="checkbox"/> No
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 Appendix D .	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
6. We receive WIOA funding from DOL through DWD and post the appropriate DOL "Equal Opportunity Is the Law" poster and send the DWD-WIOA Babel Notice with all communications containing vital information (found in Appendix E). These include websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Equal Opportunity Is the Law poster can be found here: https://dwd.wisconsin.gov/det/civil_rights/resources.htm .	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No

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"> • Indicate date EOC received CRC Training <u>1-2016</u> • Indicate date LEPC received CRC Training <u>1-2016</u> 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Our EOC and LEPC have the following responsibilities:		
a) Handling service delivery and language access complaints.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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="checkbox"/> Yes	<input type="checkbox"/> No
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
(h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
(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="checkbox"/> Yes or N/A	<input type="checkbox"/> 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. NOTE: Recipients must 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. <u>The "I Speak" poster can be printed directly from the website by clicking on this link.</u> <u>The "Your Right to an Interpreter" poster can be printed directly from the website by clicking on this link.</u> For pre-literate populations or language groups, an audio format version of this information may be	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C) Other: Specify		




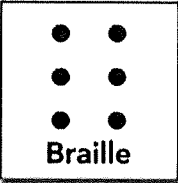
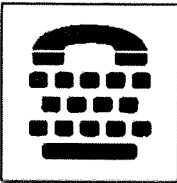





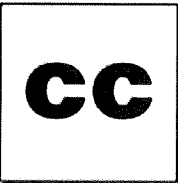
8. Our entity uses the following methods for oral interpretation:		
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Spanish • Hmong • Arabic • French • Chinese • German • Pennsylvanian Dutch • Albanian • Other languages: (Specify) 		
C) Use a language line for languages not often used in the service area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
F) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
G) 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="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H) 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="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I) Other: Specify		
9. List methods used to communicate important benefit information to customers. Check all that apply:		
<input type="checkbox"/> <input checked="" type="checkbox"/> Video <input type="checkbox"/> <input type="checkbox"/> Television		
<input type="checkbox"/> <input checked="" type="checkbox"/> Web Sites <input type="checkbox"/> <input type="checkbox"/> Radio		
<input type="checkbox"/> <input checked="" type="checkbox"/> Posters <input type="checkbox"/> <input type="checkbox"/> Community Newspaper		
<input type="checkbox"/> <input type="checkbox"/> Voice Mail Messages <input type="checkbox"/> <input type="checkbox"/> Other:		
<input type="checkbox"/> Specify <input type="checkbox"/> Interactive Voice Response (IVR)		

If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below: WRI does not have a virtual queuing call center system. Calls are answered in person by staff member.

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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all your programs or activities accessible to individuals with disabilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> • A list of interested persons consulted. • A brief description of the areas examined and any problems identified, and a description of any modifications made. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has your entity designated at least one person to coordinate its efforts to comply with Section 504 and the ADA as the Equal Opportunity Coordinator?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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"> • For deaf or hard of hearing: <ul style="list-style-type: none"> ○ Sign language, oral, and cued speech interpreters (provided by the entity) ○ Video remote interpreting services ○ Open and closed captioning of videos ○ Real time captioning • For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> ○ Braille ○ Large print/magnification software ○ Audio recordings ○ Accessible electronic formats that can be read by screen reading software ○ Screen reading software available for applicants and members of the benefits program ○ Optical readers 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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 Appendix G)</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		
 Braille		
Large Print		
		

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

Discrimination Complaint/Grievance Procedures

<p>Our entity uses the model Discrimination Complaint Forms and Process, which is provided in Appendix F, 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/DOL, as appropriate:</p> <ul style="list-style-type: none"> • DCF Complaint http://dcf.wisconsin.gov/civil_rights/complaint-procedures • DHS Complaint http://dhs.wisconsin.gov/civilrights/index.htm • DWD Complaint https://dwd.wisconsin.gov/det/civil_rights/complaints.htm • US HHS Region V Office of Civil Rights, Chicago Complaint http://www.hhs.gov/ocr/office/file/index.html • USDA, Office of Civil Rights, Washington D.C. https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf • US DOL, Civil Rights Center https://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Our entity implements the following procedures:</p>		
<p>The 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), is publicly posted in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>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>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>All participants in complaint investigations are advised of and protected from retaliation.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Corrective action is taken when evidence of discrimination has been found.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Complainants are made aware of their option to seek review, as appropriate:		
○ DHS Civil Rights Compliance Office	<input type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
○ DCF Civil Rights Unit	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
○ DWD Civil Rights Unit	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
○ Appropriate Federal Office for Civil Rights (depending on the source of Federal funds)		
• U.S. DHHS, Region V OCR, Chicago	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
• USDA, Office of Adjudication, Washington D.C.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
• U.S. DOL, Civil Rights Center, Washington D.C.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No

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

Training Requirements

a. The following CRC training requirements apply to Federally funded recipients other than from USDA-FNS :		
1) New employees and managers are informed of the CRC policies as part of their orientation program.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
2) New staff receive training on CRC policies.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
3) Staff refresher training on CRC and updates are provided once every three years. Note: WIOA recipient staff must receive CRC training annually.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
b. The following requirements apply to USDA-FNS funded recipients (e.g., FoodShare, WIC and TEFAP):		
1) Our agency provides annual CRC training to the following staff: <ul style="list-style-type: none"> • Agency Head • Administrators • Mid-level Managers • Frontline staff 	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
2) New employee managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
3) New staff will receive training on the policies, along with instructions on the laws and regulations, concerning equal opportunity in service delivery.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No
4) Our agency has developed or is planning to develop annual CRC training in compliance with FNS Instructions 113-1 for subrecipients and their supervisors, managers, administrators, and frontline staff.	<input checked="" type="checkbox"/> Yes or N/A	<input type="checkbox"/> No

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