

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E (R. 11/2017)

Health Services
F-00165

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

Green Lake County (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services, the Department of Children and Families, and/or the Department of Workforce Development (the "State Agencies") and that it is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period of January 1, 2018, to December 31, 2021, or as long as Federal financial assistance is extended to Recipient, whichever is shorter, and that the State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

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.

Recipient identifies the following person as the contact to assist in complying with Civil Rights Compliance Requirements:

Name Jason Jerome	Title HHS Director
Telephone Number 920-294-4070	Email Address jjerome@co.green-lake.wi.us

Recipient identifies the following person to assist in complying with all applicable limited English proficiency requirements (may be the same person):

Name Jason Jerome	Title HHS Director
Telephone Number 920-294-4070	Email Address jjerome@co.green-lake.wi.us

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.


SIGNATURE – Authorized Representative

December 18, 2017
Date

Printed name: CATHERINE J. SCHMIT

Title: COUNTY ADMINISTRATOR

CIVIL RIGHTS COMPLIANCE PLAN

Children and Families
DCF-F-155-E (R. 11/2017)

Health Services
F-00164

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

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)	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:		

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:	ADRC
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	14,269	100%	3,508	100%	N/A
Breakdown by Race					
White	12,144	85.1%	3,403	97%	
Black or African American	71	.5%	0	0	
American Indian or Alaska Native	43	.3%	0	0	
Asian	14	.1%	0	0	
Native Hawaiian or Pacific Islander	0	0	0	0	
More Than One Race	1,997	14%			
Subtotal, Non-White	2,125	14.9%			
Hispanic/Latino (Regardless of Race)	556	3.9%	105	3%	
Breakdown by Sex					
Female	7,277	51%	1,929	55%	
Male	6,992	49%	1,579	45%	
Disabilities	969	9%	973	28%	+19

Data Source:	2010 US Census, Wisconsin Department of Health Services, SAMS Reports
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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.

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).

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:

Betty Bradley, Aging/ADRC Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Adult Protective Services
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	5,523	100%	49	100%	N/A
Breakdown by Race					
White	5,437	98.4%	49	100%	
Black or African American	27	.5%	0	0	
American Indian or Alaska Native	16	.3%	0	0	
Asian	5	.1%	0	0	
Native Hawaiian or Pacific Islander	0	0	0	0	
More Than One Race	38	.7%	0	0	
Subtotal, Non-White	86	16%			
Hispanic/Latino (Regardless of Race)	215	3.9%	0	0	
Breakdown by Sex					
Female	3,037	55%	32	65%	+10%
Male	2,486	45%	17	35%	-10%
Disabilities	969	17%	7	14%	-3%

Data Source:	2010 US Census, Wisconsin Department of Health Services, Agency Reports
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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.

Services are provided to all reported Adult Protective Services Cases. Numbers reflect actual reports.

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).

This is not a program individuals choose to enroll in. It is a service that addresses all actual reported cases.

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:

No one is denied service.

This Customer Service Data Analysis was prepared by:

Betty Bradley, Aging/ADRC Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Aging Older Americans Act Services 60+
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	4,954	100%	661	100%	N/A
Breakdown by Race					
White	4,887	98.6%	654	99.9%	
Black or African American	24	.5%	1	.01%	
American Indian or Alaska Native	14	.3%	0	0	
Asian	5	.1%	1	.1%	
Native Hawaiian or Pacific Islander	0	0	0	0	
More Than One Race	24	.5%			
Subtotal, Non-White	67	1.4%			
Hispanic/Latino (Regardless of Race)	193	3.9%	20	3%	
Breakdown by Sex					
Female	2,710	55%	370	56%	
Male	2,247	45%	291	44%	
Disabilities	446	9%	66	10%	

Data Source:	2010 US Census, Wisconsin Department of Health Services, SAMS Reports
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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.

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).

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:

Betty Bradley, Aging/ADRC Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	BadgerCare
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	15,399	100%	2,351	100%	N/A
Breakdown by Race					
White	15,091	98%	2,233	95%	-1.7%
Black or African American	77	.5%	12	.5%	
American Indian or Alaska Native	46	.3%	5	.2%	
Asian	77	.5%	12	.5%	
Native Hawaiian or Pacific Islander	0	0			
More Than One Race	108	.7%			
Subtotal, Non-White	308	2%			
Hispanic/Latino (Regardless of Race)	601	3.9%	89	3.8%	
Breakdown by Sex					
Female	7,715	50.1%	1,241	52.8%	+2.7%
Male	7,684	49.9%	1,110	47.2%	-2.7%
Disabilities					

Data Source:	US Census, Wisconsin Department of Health Services
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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.

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).

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:

Shelby Jensen, Economic Support/Child Support Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Birth to 3
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	615	100%	40	100%	N/A
Breakdown by Race					
White	603	98%	38	95%	3%
Black or African American	6	1%	1	2.5%	-1.5%
American Indian or Alaska Native	0	0	0	0	0
Asian	3	.5%	0	0	.5%
Native Hawaiian or Pacific Islander	3	.5%	1	2.5%	-2%
More Than One Race	0	0	0	0	0
Subtotal, Non-White	12	2%	2	5.0%	-3%
Hispanic/Latino (Regardless of Race)	45	7.3%	1	2.5%	4.8%
Breakdown by Sex					
Female	318	52%	19	47.5%	4.5%
Male	297	48%	21	52.5%	-4.5%
*Disabilities	6	1	26	65%	-64

Data Source:	Vital Records – 2017 Birth Records and Green Lake County Monthly Data Tracking Logs
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* Many children have delays that make them eligible for Birth to 3, however, they are not considered disabled.

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.

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).

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 Munsey, Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Child Abuse & Neglect – Prevention; Child Welfare Case Management
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	4,828	100%	125	100%	N/A
Breakdown by Race					
White	4,753	98.4%	123	98%	.4%
Black or African American	23	.5%	1	1%	.5%
American Indian or Alaska Native	14	.3%	1	1%	.7%
Asian	5	.1%	0	0	.1%
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	33	.7%	0	0	0
Subtotal, Non-White	75	1.6%	2	0	0
Hispanic/Latino (Regardless of Race)	186	3.9%	5	.04%	3.05%
Breakdown by Sex					
Female	2,317	48%	60	48%	0
Male	2,511	52%	65	52%	0
Disabilities	0	0	0	0	0

Data Source:	2010 US Census, Wisconsin Department of Health Services, eWISACWIS
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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.

Do not believe this to be the case; randomization through the eWISACWIS system was methodology used.

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).

Agency staff may want to cold call potential recipients. Protocol is currently – 3 phone calls, 2 letters and 1 home visit (over 3 week period)..

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:

Potential participants chose to be in the program. Voluntary in nature.

This Customer Service Data Analysis was prepared by:

Susan Sleezer, Children & Family Services Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Child Protective Services – Child Abuse & Neglect
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	4,828	100%	265	100%	N/A
Breakdown by Race					
White	4,753	98.4%	262	98%	.4%
Black or African American	23	.5%	1	.8%	.3%
American Indian or Alaska Native	14	.3%	1	.5%	.2%
Asian	5	.1%	1	.5%	.5%
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	33	.7%	0	0	0
Subtotal, Non-White	75	1.6%	3	2%	1.4%
Hispanic/Latino (Regardless of Race)	186	3.9%	10	.03%	3.8%
Breakdown by Sex					
Female	2,317	48%	127	48%	0
Male	2,511	52%	138	52%	0
Disabilities	0	0	0	0	0

Data Source:	2010 US Census, Wisconsin Department of Health Services, eWISACWIS
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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 an involuntary program..

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).

This is an involuntary program..

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:

Potential participants chose to be in the program. Voluntary in nature.

This Customer Service Data Analysis was prepared by:

Susan Sleezer, Children & Family Services Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Child Support
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	1,983	100%	1,107	100%	N/A
Breakdown by Race					
White	1,943	98%	1,059	95.7%	-1%
Black or African American	10	.5%	20	1.8%	+1.3%
American Indian or Alaska Native	6	.3%			
Asian	10	.5%	6	.5%	
Native Hawaiian or Pacific Islander	0	0			
More Than One Race	14	.7%			
Subtotal, Non-White	40	2%			
Hispanic/Latino (Regardless of Race)	77	3.9%	22	2%	-1.9%
Breakdown by Sex					
Female	993	50.1%	555	50.1%	
Male	990	49.9%	552	49.9%	
Disabilities					

Data Source:	US Census, Wisconsin Department of Health Services
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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.

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).

Over 95% of your caseload is required to follow-through with the Child Support program. The other 5% are notified of possible services and may volunteer.

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:

Shelby Jensen, Economic Support/Child Support Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Children's Community Options Program
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	4,331	100%	16	100%	N/A
Breakdown by Race					
White	4,218	97.4%	16	100%	-3%
Black or African American	61	1.4%	0	0	0
American Indian or Alaska Native	15	.3%	0	0	.3%
Asian	37	.9%	0	0	.9%
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	0	0	0	0	0
Subtotal, Non-White	113	2.6%	0	0	2.6%
Hispanic/Latino (Regardless of Race)	173	4%	0	0	4%
Breakdown by Sex					
Female	2,122	49%	7	43.75%	5.25%
Male	2,209	51%	9	56.25%	-5.25%
Disabilities	52	1.2%	16	100%	-98.8

Data Source:	2010 US Census, Wisconsin Department of Health Services, and Green Lake County Monthly tracking logs.
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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.

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).

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 Munsey, Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Community Support Program; AODA Comprehensive Community Services; Mental Health Comprehensive Community Services
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	19,051	100%	50	100%	N/A
Breakdown by Race					
White	18,576	96.9%	45	90%	7.3%
Black or African American	119	.7%	1	2%	-1.4%
American Indian or Alaska Native	109	.7%	1	2%	-1.4%
Asian	110	.7%	1	2%	-1.4%
Native Hawaiian or Pacific Islander	13	.1%	0	0	.1%
More Than One Race	124	.8%	0	0	.7%
Subtotal, Non-White	475	3%	3	6%	-3.5%
Hispanic/Latino (Regardless of Race)	743	3.9%	2	4%	-.1%
Breakdown by Sex					
Female	9,542	50.1%	21	42%	6.1%
Male	9,509	49%	29	58%	-8.1%
Disabilities					

Data Source:	2010 US Census, Wisconsin Department of Health Services
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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.

The CCS (Comprehensive Community Services) programs are voluntary programs, and these results are indicative of those who have sought treatment 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).

Results indicate women are under-represented in these programs, although women are being served. Continued outreach for referrals and support pertinent to reported barriers to treatment (childcare, transportation, etc.) help to support women's inclusion.

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:

Based on review of program denials, women are not disproportionately denied services, rather service denials are based on functional eligibility determination.

This Customer Service Data Analysis was prepared by:

Nichol Grathen, Behavioral Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Developmental Disabilities Services
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	19,051	100%	1,056	100%	N/A
Breakdown by Race					
White	18,428	96.7%	51	4.8%	91.9%
Black or African American	88	.5%	2	.2%	.26%
American Indian or Alaska Native	52	.3%	0	.26%	.01%
Asian	86	.4%	0	0	.45%
Native Hawaiian or Pacific Islander	10	.1%	0	0	.05%
More Than One Race	387	2%	0	0	2%
Subtotal, Non-White	623	3.3%	2	.2%	3.07%
Hispanic/Latino (Regardless of Race)	743	3.9%	1	.09%	3.81%
Breakdown by Sex					
Female	9,542	50%	19	1.8%	48.2%
Male	9,509	50%	34	3.2%	46.8%
Disabilities	1,056	5.5%	53	5%	.5%

Data Source:	2010 US Census, Wisconsin Department of Health Services, Fox River Industries Admission 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.

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).

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:

Ed Schuh, Fox River Industries Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Elderly, Blind, Disabled and Long Term care
Service Area:	Medical Assistance – Green Lake County

	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	
Category					
Total Eligible Population	3,652	100%	686	100%	N/A
Breakdown by Race					
White	3,579	98%	668	97.3%	+.6%
Black or African American	18	.5%	2	.02%	-.48%
American Indian or Alaska Native	11	.3%			
Asian	18	.5%	2	.02%	-.48%
Native Hawaiian or Pacific Islander	0	0			
More Than One Race	26	.7%			
Subtotal, Non-White	73	2%			
Hispanic/Latino (Regardless of Race)	142	3.9%	14	2%	-1.9%
Breakdown by Sex					
Female	1,830	50.1%	344	50.1%	
Male	1,822	49.9%	342	49.9%	
Disabilities					

Data Source:	US Census, Wisconsin Department of Health Services
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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.

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).

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:

Shelby Jensen, Economic Support/Child Support Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Food Share Program
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	19,051	100%	1,959	100%	N/A
Breakdown by Race					
White	18,671	98%	1,896	96.8%	+1.1%
Black or African American	95	.5%	10	.5%	
American Indian or Alaska Native	57	.3%	4	.2%	
Asian	95	.5%	10	.5%	
Native Hawaiian or Pacific Islander	0	0			
More Than One Race	133	.7%			
Subtotal, Non-White	381	2%			
Hispanic/Latino (Regardless of Race)	743	3.9%	39	2%	
Breakdown by Sex					
Female	9,545	50.1%	981	50.1%	
Male	9,506	49.9%	976		
Disabilities					

Data Source:	US Census, Wisconsin Department of Health Services
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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.

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).

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:

Shelby Jensen, Economic Support/Child Support Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Foster Care Payments; Child Placing Agencies – Foster Care
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Category	Number	Percentage	Number	
Total Eligible Population	4,828	100%	32	100%	N/A
Breakdown by Race					
White	4,753	98.4%	32	100%	0
Black or African American	23	.5%	0	0	0
American Indian or Alaska Native	14	.3%	0	0	0
Asian	5	.1%	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	33	.7%	0	0	0
Subtotal, Non-White	75	1.6%	0	0	0
Hispanic/Latino (Regardless of Race)	186	3.9%	2	.6 [^]	+1.9%
Breakdown by Sex					
Female	2,317	48%	16	50%	2%
Male	2,511	52%	16	50%	2%
Disabilities	0	0	0	0	0

Data Source:	2010 US Census, Wisconsin Department of Health Services, eWISACWIS
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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.

Participants are court-ordered out-of-home placements.

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).

Participants are court-ordered into placement.

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:

N/A

This Customer Service Data Analysis was prepared by:

Susan Sleezer, Children & Family Services Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Immunizations
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	19,051	100%	1,164	100%	N/A
Breakdown by Race					
White	18,428	96.7%	853	73.3%	23.4%
Black or African American	88	.5%	63	5.4%	-4.94%
American Indian or Alaska Native	52	.3%	23	2%	-1.73%
Asian	86	.4%	56	4.8%	-4.35%
Native Hawaiian or Pacific Islander	10	.1%	6	.5%	-.47%
More Than One Race	387	2%	163	14%	-12%
Subtotal, Non-White	623	3.3%	311	27%	-23.73%
Hispanic/Latino (Regardless of Race)	743	3.9%	421	36%	-32.1%
Breakdown by Sex					
Female	9,542	50%	589	51%	+1%
Male	9,509	50%	575	49%	-1%
Disabilities	1,056	5.5%	5	.43%	5.07%

Data Source:	2010 US Census, Wisconsin Department of Health Services, WIR and staff monthly contact sheets
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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.

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).

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 Munsey, Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Intoxicated Driver (IDP)
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	19,051	100%	85	100%	N/A
Breakdown by Race					
White	18,576	96.9%	82	96.5%	.8%
Black or African American	119	.7%	2	2.3%	-1.7%
American Indian or Alaska Native	109	.7%	0	0	.6%
Asian	110	.7%	1	1.2%	-.6%
Native Hawaiian or Pacific Islander	13	.1%	0	0	.1%
More Than One Race	124	.8%	0	0	.7%
Subtotal, Non-White	475	3%	3	3.5%	-1.0%
Hispanic/Latino (Regardless of Race)	743	3.9%	6	7.1%	-3.2%
Breakdown by Sex					
Female	9,542	50.1%	23	27.1%	23%
Male	9,509	49.9%	62	72.9%	-23%
Disabilities					

Data Source:	2010 US Census, Wisconsin Department of Health Services
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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.

Service differences exist in over-representation of Hispanic population (-3.2%) and under-representation of females. Referrals for service are based on court-ordered assessments for those charged with OWI's (Operating while under the Influence) and represent the total OWI convictions in the county.

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).

Program involvement is based on court-ordered participation. All individuals convicted on OWI charge receive outreach encouraging them to schedule in the program and contact the program regarding barriers that may arise (childcare, health concerns, employment issues, 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:

No individual convicted of an OWI is denied participation in the IDP program..

This Customer Service Data Analysis was prepared by:

Nichol Grathen, Behavioral Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Kinship Care Payments
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	9,828	100%	13	100%	N/A
Breakdown by Race					
White	4,753	99.4%	10	77%	21%
Black or African American	23	.5%	3	23%	22.5%
American Indian or Alaska Native	14	.3%	0	0	0
Asian	5	.1%	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	33	.7%	0	0	0
Subtotal, Non-White	75	1.6%	3	30%	28.4%
Hispanic/Latino (Regardless of Race)	186	3.9%	3	23%	19.1%
Breakdown by Sex					
Female	2,317	48%	5	38%	10%
Male	2,511	52%	8	62%	10%
Disabilities	0	0	0	0	0

Data Source:	2010 US Census, Wisconsin Department of Health Services, eWISACWIS
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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.

Green Lake County DHHS serves as many children as our allocation will permit.

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).

Voluntary participation by families.

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:

N/A

This Customer Service Data Analysis was prepared by:

Susan Sleezer, Children & Family Services Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Lead
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Category	Number	Percentage	Number	
Total Eligible Population	4,147	100%	54	100%	N/A
Breakdown by Race					
White	3,980	96%	52	96.3%	-.3%
Black or African American	73	1.8%	2	3.7%	-1.9%
American Indian or Alaska Native	10	.2%	0	0	.2%
Asian	38	.9%	0	0	.9%
Native Hawaiian or Pacific Islander	5	.1%	0	0	.1%
More Than One Race	41	1.0%	0	0	1.0%
Subtotal, Non-White	167	4%	2	3.7%	.3%
Hispanic/Latino (Regardless of Race)	295	7%	4	7.4%	-.4%
Breakdown by Sex					
Female	1,992	48%	45	83%	-35%
Male	2,155	52%	9	17%	35%
Disabilities	422	10%	0	0	10%

Data Source:	2010 US Census, Wisconsin Department of Health Services, Monthly Stat sheets
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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.

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).

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 Munsey, Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Maternal Child Health
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	9,654	100%	1,967	100%	N/A
Breakdown by Race					
White	9,488	98%	1,798	91%	7%
Black or African American	24	.3%	89	4.5%	-4.25%
American Indian or Alaska Native	38	.4%	6	.3%	.1%
Asian	58	.7%	56	2.8%	-2.2%
Native Hawaiian or Pacific Islander	5	.1%	8	.4%	-.35%
More Than One Race	41	.5%	10	.5%	-.1%
Subtotal, Non-White	166	2%	169	8.6%	-6.9%
Hispanic/Latino (Regardless of Race)	673	6.9%	243	12.4%	-5.5%
Breakdown by Sex					
Female	4,666	48.3%	1,352	69%	-20.7%
Male	4,988	51.7%	599	31%	20.7%
Disabilities	202	2.1%	2	.1%	2%

Data Source:	2010 US Census, Wisconsin Department of Health Services, Maternal Child Health Monthly tracking logs for Green Lake County Public Health.
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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.

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).

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 Munsey, Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Promoting Safe & Stable Families
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	4,828	100%	120	100%	N/A
Breakdown by Race					
White	4,753	98.4%	118	98.3%	.1%
Black or African American	23	.5%	.6	.5%	0
American Indian or Alaska Native	14	.3%	.4	.3%	0
Asian	5	.1%	.1	.08%	.02%
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	33	.7%	.9	.75%	0
Subtotal, Non-White	75	1.6%	2	1.7%	.1%
Hispanic/Latino (Regardless of Race)	186	3.9%	5	.03%	3.87%
Breakdown by Sex					
Female	2,317	48%	57	48%	0
Male	2,511	52%	63	52%	0
Disabilities	0	0	0	0	0

Data Source:	2010 US Census, Wisconsin Department of Health Services, eWISACWIS
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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.

Percentages served are decided by the Federal funds that support the program.

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).

This program must self in the areas of: family support, family preservation and family reunification. The agency serves proportionately due to the guidelines.

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:

N/A

This Customer Service Data Analysis was prepared by:

Susan Sleezer, Children & Family Services Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Public Health Preparedness
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	19,051	100%	281	100%	N/A
Breakdown by Race					
White	18,428	97%	281	100%	-3%
Black or African American	88	.5%	0	0	.5%
American Indian or Alaska Native	52	.3%	0	0	.3%
Asian	86	.4%	0	0	.5%
Native Hawaiian or Pacific Islander	5	.1%	0	0	.03%
More Than One Race	392	2%	0	0	2%
Subtotal, Non-White	623	3%	0	0	3.3%
Hispanic/Latino (Regardless of Race)	743	3.9%	5	1.8%	2.1%
Breakdown by Sex					
Female	9,542	50%	153	54.4%	-4.4%
Male	9,509	50%	128	45.6%	4.4%
Disabilities	3,019	15.8%	0	0	15.8%

Data Source:	2010 US Census, Wisconsin Department of Health Services, Green Lake County Public Health monthly tracking logs
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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.

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).

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 Munsey, Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	SAP-SIS Prevention
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	19,051	100%	19,051	100%	N/A
Breakdown by Race					
White	18,576	96.9%	18,542	97.3%	0
Black or African American	119	.7%	119	.6%	0
American Indian or Alaska Native	109	.7%	109	.6%	0
Asian	110	.7%	110	.6%	0
Native Hawaiian or Pacific Islander	13	.1%	13	.1%	0
More Than One Race	124	.8%	124	.7%	0
Subtotal, Non-White	475	3%	475	.025%	0
Hispanic/Latino (Regardless of Race)	743	3.9%	743	3.9%	0
Breakdown by Sex					
Female	9,542	50.1%	9,542	50.1%	0
Male	9,509	49.9%	9,509	49.9%	0
Disabilities					

Data Source:	2010 US Census, Wisconsin Department of Health Services
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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.

There is no difference. The prevention program offers resources to all community members.

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).

The prevention program continues to support training on evidenced-based models to enhance how resources can be disseminated to the community.

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:

There is no denial of service for prevention resources/materials.

This Customer Service Data Analysis was prepared by:

Nichol Grathen, Behavioral Health Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	TEPHAP
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	2,050	100%	449	100%	N/A
Breakdown by Race					
White	2,018	98.4%	427	96%	
Black or African American	10	.5%	2	.5%	
American Indian or Alaska Native	6	.3%	0	0	
Asian	2	.1%	0	0	
Native Hawaiian or Pacific Islander	0	0	0	0	
More Than One Race	14	.7%			
Subtotal, Non-White	32	1.6%			
Hispanic/Latino (Regardless of Race)	50	3.9%	17	3.9%	
Breakdown by Sex					
Female	1,046	51%	233	52%	
Male	1,004	49%	216	48%	
Disabilities	184	9%	45	10%	

Data Source:	2010 US Census, Wisconsin Department of Health Services, Agency 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.

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).

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:

Betty Bradley, Aging/ADRC Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Wisconsin Shares – Child Care Subsidy
Service Area:	Green Lake County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	380	100%	45	100%	N/A
Breakdown by Race					
White	372	98%	41	91%	-5.7%
Black or African American	2	.5%	1	.2%	-.3%
American Indian or Alaska Native	1	.3%			
Asian	2	.5%			
Native Hawaiian or Pacific Islander	0	0			
More Than One Race	3	.7%			
Subtotal, Non-White	8	2%			
Hispanic/Latino (Regardless of Race)	15	3.9%	3	.6%	-3.3
Breakdown by Sex					
Female	190	50.1%	30	66%	+15.9
Male	190	49.9%	15	33%	-16.9
Disabilities					

Data Source:	US Census, Wisconsin Department of Health Services
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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.

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).

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:

Shelby Jensen, Economic Support/Child Support Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Youth Aids; Youth Justice; Community Intervention
Service Area:	Green Lake County

	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	
Category					
Total Eligible Population	4,828	100%	38	100%	N/A
Breakdown by Race					
White	4,753	98.4%	32	84%	14.4%
Black or African American	23	.5%	4	10%	9.5%
American Indian or Alaska Native	14	.3%	2	5%	4.7%
Asian	5	.1%	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
More Than One Race	33	.9%	0	0	.9%
Subtotal, Non-White	75	1.6%	6	15%	13.4%
Hispanic/Latino (Regardless of Race)	186	3.9%	4	10%	6.1%
Breakdown by Sex					
Female	2,317	48%	12	32%	16%
Male	2,511	52%	26	68%	16%
Disabilities	0	0	6	15%	0

Data Source:	2010 US Census, Wisconsin Department of Health Services, eWISACWIS
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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.

Population Served is via referral from local law enforcement and/or schools.

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).

Dependent upon juvenile crime or status offenses in the community..

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:

N/A

This Customer Service Data Analysis was prepared by:

Susan Sleezer, Children & Family Services Unit Manager

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

Jason Jerome, Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

2/28/18

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:	ADRC
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	556	21	3.7	105	Yes No	Yes No
Hmong	14	1	7.1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Adult Protective Services
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	215	8	3.9	0	Yes No	Yes No
Hmong	5	.05	1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Aging Older American Act Services 60+
Service Area:	Green Lake County

	(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)	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	193	7	3.6	20	Yes No	Yes No
Hmong	5	.05	1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Badger Care
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	601	23	3.8	89	Yes <u>No</u>	Yes <u>No</u>
Hmong	77	4	5.1	12	<u>Yes</u> No	Yes <u>No</u>
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Birth to 3
Service Area:	Green Lake County

	(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)	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	45	3	6.6	1	Yes No	Yes No
Hmong	3	.15	5	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Child Abuse and Neglect – Prevention; Child Welfare Case Management
Service Area:	Green Lake County

	(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)	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	186	7	3.7	5	Yes No	Yes No
Hmong	5	.05	1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Child Protection Services Child Abuse and Neglect
Service Area:	Green Lake County

	(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)	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	186	7	3.7	10	Yes No	Yes No
Hmong	5	.05	1	1	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Child Support
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	77	3	3.8	22	Yes No	Yes No
Hmong	10	.05	.05	6	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Children's Community Options
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	173	7	4	0	Yes No	Yes No
Hmong	37	3	8.1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	CSP, AODA, CCS, MH
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	743	29	3.9	2	Yes <u>No</u>	Yes <u>No</u>
Hmong	95	4	4.2	1	Yes <u>No</u>	Yes <u>No</u>
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Developmental Disability Services
Service Area:	Green Lake County

	(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)	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	743	27	3.6	1	Yes No	Yes No
Hmong	75	3	4	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Elderly, Blind, Disabled and Long Term Care
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	142	5.5	3.8	14	Yes No	Yes No
Hmong	16	.08	.5	2	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Food Share Program
Service Area:	Green Lake County

	(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)	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	743	29	3.9	39	Yes No	Yes No
Hmong	45	4	4.2	10	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Foster Care Payments, Child Placing Agencies, Foster Care
Service Area:	Green Lake County

	(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)	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	186	7	3.7	2	Yes No	Yes No
Hmong	5	.005	.1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Intoxicated Driver Program (IDP)
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	743	29	3.9	6	Yes <u>No</u>	Yes <u>No</u>
Hmong	86	3.4	4	1	Yes <u>No</u>	Yes <u>No</u>
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Immunizations
Service Area:	Green Lake County

	(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)	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	743	29	3.9	421	Yes No	Yes No
Hmong	86	3.4	4	56	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Kinship Care Payments
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	186	7	3.7	3	Yes <u>No</u>	Yes <u>No</u>
Hmong	5	.005	.1	0	Yes <u>No</u>	Yes <u>No</u>
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Lead
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	295	27	9.1	4	Yes No	Yes No
Hmong	38	3.4	8.9	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Maternal Child Health
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	673	46	6.8	243	Yes	No	Yes No
Hmong	58	4	6.8	56	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					Yes	No	Yes No
Vietnamese					Yes	No	Yes No
French/Patois/Creole					Yes	No	Yes No
Bosnian/Serbian/Croatian					Yes	No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Promoting Safe and Stable Families
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	186	7	3.7	5	Yes No	Yes No
Hmong	5	.005	.1	1	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Public Health Preparedness
Service Area:	Green Lake County

	(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)	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	743	28	3.9	5	Yes No	Yes No
Hmong	86	3.4	4	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	SAP-SIS Prevention
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	743	29	3.9	743	Yes No	Yes No
Hmong	95	6.6	6.9	95	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	TEPHAP
Service Area:	Green Lake County

	(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)	Number (b)	Percent (c) $(c) = ((b)/(a) \times 100)$	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	50	1.9	3.8	17	Yes No	Yes No
Hmong	2	.002	.1	0	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					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Wisconsin Shares – Child Care Subsidy
Service Area:	Green Lake County

	(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)	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	15	.58	3.8	3	Yes <u>No</u>	Yes <u>No</u>
Hmong	2	.01	.5	0	Yes <u>No</u>	Yes <u>No</u>
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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

LEP Customer Data Analysis Chart

Program or Activity:	Youth Aids, Youth Justice, Community Intervention
Service Area:	Green Lake County

	(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)	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	186	7	3.7	4	Yes <u>No</u>	Yes <u>No</u>
Hmong	5	.005	.1	0	Yes <u>No</u>	Yes <u>No</u>
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					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 circle 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:

Jason Jerome

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

Jason Jerome

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

6/13/18

Date Signed

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>March 22, 2018</u> • Indicate date LEPC received CRC Training _____ 	<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 type="radio"/> Yes <input checked="" type="radio"/> or N/A	<input type="radio"/> 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="radio"/> Yes <input type="radio"/> or N/A	<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:		
<p>1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.</p> <p>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. The "I Speak" poster can be printed directly from the website by clicking on this link. The "Your Right to an Interpreter" poster can be printed directly from the website by clicking on this link. For pre-literate populations or language groups, an audio format version of this information may be provided.</p>	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"> • <input checked="" type="checkbox"/> Spanish • <input type="checkbox"/> Hmong • <input type="checkbox"/> Arabic • <input type="checkbox"/> French • <input type="checkbox"/> Chinese • <input type="checkbox"/> German • <input type="checkbox"/> Pennsylvania Dutch • <input type="checkbox"/> Albanian • <input type="checkbox"/> Other languages: (Specify) <ul style="list-style-type: none"> • <input type="checkbox"/> Korean • <input type="checkbox"/> Laotian • <input type="checkbox"/> Polish • <input type="checkbox"/> Russian • <input type="checkbox"/> Vietnamese • <input type="checkbox"/> Bosnian/Serbian/Croatian • <input type="checkbox"/> Hindi • <input type="checkbox"/> Tagalog 		
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
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="radio"/> Yes	<input type="radio"/> 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="radio"/> Yes	<input checked="" type="radio"/> 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="radio"/> Yes	<input checked="" type="radio"/> No
I) Other: Specify		
9. List methods used to communicate important benefit information to customers. Check all that apply:		
<input type="checkbox"/> Video <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Web Sites <input checked="" type="checkbox"/> Posters <input type="checkbox"/> Voice Mail Messages <input type="checkbox"/> Interactive Voice Response (IVR) <input type="checkbox"/> Television <ul style="list-style-type: none"> <input type="checkbox"/> Radio <input checked="" type="checkbox"/> Community Newspaper <input type="checkbox"/> Other: Specify 		

If you responded "No" to a question above, describe your plan for addressing these requirements, 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?	<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"> • 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="radio"/> Yes	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="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"> • 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 	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 Appendix G)</p>	Yes	No

		
 Braille		
Large Print		
AD)))	OC	CC

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 	Yes	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>	Yes	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>	Yes	No
<p>All participants in complaint investigations are advised of and protected from retaliation.</p>	Yes	No
<p>Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.</p>	Yes	No
<p>Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.</p>	Yes	No
<p>Corrective action is taken when evidence of discrimination has been found.</p>	Yes	No
<p>Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.</p>	Yes	No

Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes <input type="radio"/> No	No
Complainants are made aware of their option to seek review, as appropriate:		
○ DHS Civil Rights Compliance Office	<input checked="" type="radio"/> Yes <input type="radio"/> No N/A	No
○ DCF Civil Rights Unit	<input checked="" type="radio"/> Yes <input type="radio"/> No N/A	No
○ DWD Civil Rights Unit	<input checked="" type="radio"/> Yes <input type="radio"/> No N/A	No
○ Appropriate Federal Office for Civil Rights (depending on the source of Federal funds)		
• U.S. DHHS, Region V OCR, Chicago	<input checked="" type="radio"/> Yes <input type="radio"/> No N/A	No
• USDA, Office of Adjudication, Washington D.C.	<input checked="" type="radio"/> Yes <input type="radio"/> No N/A	No
• U.S. DOL, Civil Rights Center, Washington D.C.	<input checked="" type="radio"/> Yes <input type="radio"/> No N/A	No
Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes <input type="radio"/> No	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 <input type="radio"/> No	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.	Yes or N/A	No
2) New staff receive training on CRC policies.	Yes or N/A	No
3) Staff refresher training on CRC and updates are provided once every three years. Note: WIOA recipient staff must receive CRC training annually.	Yes or N/A	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 	Yes or N/A	No
2) New employee managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	Yes or N/A	No
3) New staff will receive training on the policies, along with instructions on the laws and regulations, concerning equal opportunity in service delivery.	Yes or N/A	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.	Yes or N/A	No

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

RECIPIENT CONTACT INFORMATION

Name of Recipient
Green Lake County

Street Address
571 County Road A

Green Lake

WI

54941

City

State

Zip Code

Name of Individual Designated as contact for Civil Rights Compliance questions:
Jason Jerome

Address
571 County Road A Green Lake WI. 54941

Date Signed
12-18/17

Telephone Number
(920)294 -4070

Email Address
jjerome@co.green-lake.wi.us

Name of individual designated to assist with LEP individuals and individuals with disabilities:
Jason Jerome

Address
571 County Road A Green Lake WI. 54941

Date Signed
12/18/17

Telephone Number
(920)294 -4070

Email Address
jjerome@co.green-lake.wi.us

Name of Authorized Representative
Catherine J Schmit

Address
571 County Road A Green Lake WI. 54941

Date Signed
12/18/17

Telephone Number
(920)294 -4147

Email Address
cschmit@co.green-lake.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 B: FUNDING RELATIONSHIP TO DHS / DCF / DWD

- 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.

SEE ATTACHED SHEET

			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 Yes	No	1.	
			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	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	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? _____	Yes	No	1.	
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF/DWD. Name of the entity/entities:	Yes	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.

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. AODA Block Grant	\$32,340
			2. CLTS Waiver	\$44,946
			3. Birth to Three	\$34,941
			4. Community Mental Health	\$35,029
			5. CST	\$60,000
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. Child Care Certification	\$2,445
			2. Child And Families BCA	\$259,587
			3. Safe & Stable Families	\$33,310
			4. Kinship Care Assessment/Ben	\$44,102
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.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding 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? _____ Marquette County _____	<input checked="" type="radio"/> Yes	No	1. IM	\$286,991
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		

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.

Funded Programs Checklist

- Completing this Section will allow DHS, DCF or DWD 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):

<p>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</p> <ul style="list-style-type: none"><input 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 type="checkbox"/> Family Care<input type="checkbox"/> Family Planning Only<input type="checkbox"/> IRIS<input type="checkbox"/> Katie Beckett<input type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled<input type="checkbox"/> Medicaid Purchase Plan<input type="checkbox"/> PACE<input type="checkbox"/> SeniorCare<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)<input type="checkbox"/> Well Women Medicaid<input checked="" type="checkbox"/> Other:<ul style="list-style-type: none">• AODA Block Grant• Community Mental Health• CST <p>Please list your specific Federal grant/funding source if not listed above.</p>	<p>USDA (FNS) programs:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> FoodShare/SNAP<input checked="" type="checkbox"/> Food Stamp Employment and Training (FSET)<input checked="" type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP)<input type="checkbox"/> Women Infants and Children (WIC)<input type="checkbox"/> Commodity Supplemental Food Program<input type="checkbox"/> WIC Farmer's Market Nutrition Program<input type="checkbox"/> Senior Farmer's Market Nutrition Program<input type="checkbox"/> Other: Specify
---	---

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 type="checkbox"/> Promoting Safe and Stable Families Refugee Assistance and Services
<input type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Other 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 checked="" type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input checked="" 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 checked="" type="checkbox"/> Child Placing Agencies - Foster Care	<input type="checkbox"/> Other: Specify
<input checked="" type="checkbox"/> Child Residential Care Centers & Group Homes	
<input checked="" type="checkbox"/> Child Support	
<input checked="" type="checkbox"/> Child Welfare Case Management Services	
<input checked="" type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input checked="" type="checkbox"/> Programs Foster Care Payments	
<input type="checkbox"/> Home Visiting Services Independent Living	
<input type="checkbox"/> Indian Child Welfare	
<input checked="" type="checkbox"/> Kinship Care Payments	

USE this checklist for Department Workforce Development (DWD)

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

Workforce Investment and Opportunity Act

Other: Specify

Note: The checklist is not an exhaustive list of programs funded through the DHS, DCF or DWD with HHS, USDA-FNS and DOL. 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.

NONDISCRIMINATION NOTIFICATION

1. HHS NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS:

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement in U.S. Health & Human Services Funded Programs and Activities.

Green Lake County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Green Lake County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Green Lake 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 **Jason Jerome, Civil Rights Coordinator**

If you believe that Green Lake County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Jason Jerome, Director/Civil Rights Coordinator, 571 County Road A, Green Lake WI 54941-0588, [(920)294-4070; [Fax (920)294-4139], jjerome@co.green-lake.wi.us** . You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Jason Jerome, Director/Civil Rights Coordinator** is available to help you.

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 Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

2. HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION COMMUNICATIONS THAT ARE SMALL-SIZE:

Green Lake County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

3. USDA NONDISCRIMINATION STATEMENT (SNAP/FOODSHARE AND FDPIR ONLY):

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, audiotope, American Sign Language, etc.), 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.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

4. USDA NONDISCRIMINATION STATEMENT (FNS NUTRITION ASSISTANCE PROGRAMS OTHER THAN SNAP/FOODSHARE 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, 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, audiotope, American Sign Language, etc.), 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.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

5. US DOL Sample Babel Notice:

Recipients must include a “Babel notice,” indicating in appropriate languages that language assistance is available, in all communications of vital information, such as hard copy letters or decisions or those communications posted on websites.”

A Babel notice is a short notice included in a document or electronic medium (e.g., website, “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.

The US DOL [Civil Rights Center](#) developed this sample notice to assist recipients comply with this Babel notice requirement. It is being provided in 10 of the most common non-English languages spoken in the United States. Recipients will need to translate the notice into other languages to meet the needs of their local community. Also note that the Babel notice does not replace the obligations for recipients to provide individualized language services.

DOL BABEL NOTICE:

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (xxx) xxx-xxxx for assistance in the translation and understanding of the information in this document.

Spanish ¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (xxx) xxx-xxxx para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional 重要須知！本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電 (xxx) xxxxxxxx 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (xxx) xxx-xxxx để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (xxx) xxx-xxxx upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (xxx) xxx-xxxx pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (xxx) xxx-xxxx pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número (xxx) xxx-xxxx para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic (xxx) xxx-xxxx المعلومات فهم بـمكان الأهمية من. فـواندك أو/و مسـؤولياتك حقوقك حول مهمة معلومات على المسـتند هذا يحتوي! مهم xxx-xxxx في ترجمة مساعدة على للحصول الرقم على اتصل. تكلفة أي تحملك دون المفضلة بلغتك المعلومات وسنوفر، المسـتند هذا في الواردة xxx-xxxx وفهمها المسـتند هذا في الواردة المعلومات.

Russian ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (xxx) xxx-xxxx для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean 중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (xxx) xxx-xxxx로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

6. WIOA Title I Equal Opportunity Notice/Statement/Poster:

WIOA Title I notice must contain the following specific wording:

"Equal Opportunity Is the Law"

It is against the law for [Name of covered entity], a recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

- providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.
- **[Name of Covered Entity]** as a recipient of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Local Level

Green Lake County's] Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

State Level

David Durán

Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

Federal Level

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with **Green Lake County** you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If **Green Lake County** does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If **Green Lake County** does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

SAMPLE LEP POLICY STATEMENT AND ACKNOWLEDGEMENT/REFUSAL OF INTERPRETER SERVICES

LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

Green Lake County 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: Jason Jerome, Director/LEP Coordinator _____ Phone: 920-294-4070.

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.

Acknowledgement and Refusal of Free Interpretation Services

Green Lake 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.

Green Lake 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):

SERVICE DELIVERY DISCRIMINATION COMPLAINT

Children and Families
DCF-F-156-E (R. 11/2017)

Health Services
F-00166 (11/2017)

Workforce Development
DETS-16707-E (R. 11/2017)

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator	Phone (Voice) - -	Phone (TDD) - -
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/DWD) 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)
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The information below is to be completed by the person at the entity who receives your complaint and investigates it.

Informal Complaint

Date Received	Received By	Title
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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
<p>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)</p>	<p>WI Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 TTY: 800-864-4585</p>
<p>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.</p>	<p>WI Department of Health Services 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</p>
<p>Workforce Investment and Opportunity Act, and other programs administered by the Wisconsin Department of Workforce Development.</p>	<p>WI Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: 608-266-6889 Fax 608-261-8506; 711 or 1-(800)-947-3529 (TTY) David2.Duran@dwd.wisconsin.gov</p>

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

PROGRAM	FEDERAL AGENCY
HHS program or activity	<p>Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf (On-line complaint portal)</p>
UDSA-FNS program or activity	<p>U.S. Department of Agriculture, Director, Office of Adjudication 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) Cr-info@ascr.usda.gov</p>
DOL program or activity	<p>Civil Rights Center U.S. Department of Labor ATTENTION: Office of External Enforcement U.S. Department of Labor 200 Constitution Avenue, NW Room N-4123 Washington, DC 20210 (202) 693-6505, ATTN: Office of External Enforcement (Fax) CRCEXternalComplaints@dol.gov</p>

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 of the most valuable commodities 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)



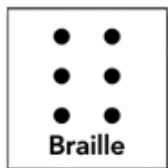
CLOSED CAPTIONING (CC) symbol indicates a choice for whether or not to display captions for a television program or videotape. TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry 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.

FEDERAL CIVIL RIGHTS AUTHORITIES*

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
DHS and DCF Programs and Activities (HHS Federal Financial Assistance)			
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
DHS Programs and Activities (USDA-FNS Federal Financial Assistance)			
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
DWD Programs and Activities (DOL Federal Financial Assistance)			
Section 188 of the Workforce Innovation and Opportunity Act (WIOA), 29 U.S.C. § 3248	29 C.F.R. Part 38	Race, color, religion, sex, national origin, age, disability, political affiliation or belief	Programs administered by DWD Division of Employment and Training
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	29 C.F.R. Part 31	race, color, national origin	Programs administered by DWD Division of Employment and Training
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	29 C.F.R. Part 32	disability	Programs administered by DWD Division of Employment and Training
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	29 C.F.R. Part 36	sex	Programs administered by DWD Division of Employment and Training
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	29 C.F.R. Part 35	age	Programs administered by DWD Division of Employment and Training
Section 167 of the Job Training Partnership Act of 1982	29 C.F.R. Part 34	race, color, religion, sex, national origin, age, disability, political affiliation or belief	Programs administered by DWD Division of Employment and Training
OTHER FEDERAL PROVISIONS			
Community Services Assurance Provisions of the Hill-Burton Act			Health Facilities receiving Hill-Burton Funds

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
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	Block Grants for Temporary Assistance for Needy Families

*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).