

Richland County, Wisconsin Civil Rights Compliance Plan

**For the period of
January 1st, 2018 - December 31st, 2021**



Planning assistance provided by the Southwestern Wisconsin Regional Planning Commission.

Summary

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in programs and activities that receive Federal financial assistance. This Civil Rights Compliance plan details how Richland County, WI and its subrecipients will comply with Federal Civil Rights Laws during the 2018 – 2021 compliance period.

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

The Plan is reviewed and updated on an annual basis throughout the compliance period by the Civil Rights Coordinator. The Civil Rights Compliance plan is available to any state agency or member of the public. The plan can be requested from the County Civil Rights Coordinator or on its website at www.co.richland.wi.us.

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)

Richland County, WI (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:

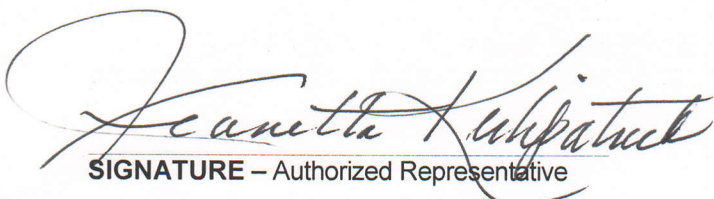
Name Victor Vlasak	Title County Clerk
Telephone Number 608-647-6134	Email Address victor.vlasak@co.richland.wi.us

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

Name Victor Vlasak	Title County Clerk
Telephone Number 608-647-6134	Email Address victor.vlasak@co.richland.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

2/20/18
Date

Printed name: Jeanetta Kirkpatrick

Title: Richland County Board Chair

RECIPIENT CONTACT INFORMATION

Name of Recipient Richland County		
Street Address 181 W Seminary Street		
City Richland Center	State WI	Zip Code 53581

Name of Individual Designated as Contact for Civil Rights Compliance Questions Victor Vlasak	
Address PO BOX 310, Richland Center, WI 53581	
Telephone Number 608-647-2197	Email Address victor.vlasak@co.richland.wi.us

Name of Individual Designated to Assist with LEP Individuals and Individuals with Disabilities Victor Vlasak	
Address PO BOX 310, Richland Center, WI 53581	
Telephone Number 608-647-2197	Email Address victor.vlasak@co.richland.wi.us

Name of Authorized Representative Jeanetta Kirkpatrick	
Address 13846 County Rd I, Viola, WI 54664	
Telephone Number 608-627-1159	Email Address jeanetta.kirkpatrick@co.richland.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).

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.

	Yes	No	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		1. State/County Contract	\$1,096,266.00
	X		2. Regional Aging & Disability Resource Center Contract	\$414,019.00
			3. Act 102 Funding Assistance Program	\$5,599.24
			4. Medicaid (Residents at Pine Valley Nursing Home)	\$2,770,058
			5. Family Care	\$1,234,178
Our agency/entity has a direct contract, direct grant funding agreement, or purchase order (PO) with DCF to receive federal funding	DCF		1. State/County Contract	\$463,457.00
	X		2. Administration of Child Care Program Contract	\$47,654.00
			3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive federal funding	DWD		1. Child Support	158,952.00
	X		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: Dane County Capital Consortium	X		1. Dane County Capital Consortium	\$287,444.00
			2.	
Our agency/entity has a sub-contract with another entity that receives federal funding from order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD. Name of entity or entities:			1.	
			2.	
			3.	

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):

HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:

- ☒ BadgerCare Plus
- ☒ Birth to 3
- ☐ Children's Long Term Support Waiver
- ☐ Children's Community Options Program
- ☒ Family Care
- ☐ Family Planning Only
- ☒ IRIS
- ☐ Katie Beckett
- ☐ Medicaid for the Elderly, Blind, or Disabled
- ☐ Medicaid Purchase Plan
- ☐ PACE
- ☐ SeniorCare
- ☐ Temporary Assistance for Needy Families (TANF)
- ☒ Well Women Medicaid
- ☒ Other: Specify: Adult Protective Services, Aging and Disability Resource Center, Autism Services, Ambulance Services, AODA-Comprehensive Community Services, Children and Youth with Special Health Care Needs, Developmental Disability, Emergency Medical Services and injury Prevention, Environmental Health, Family Support, Immunizations, Injury Prevention, Intoxicated Drive Program, Maternal and Child Health, Medicaid Fee for Services Provider, Mental Health – Comprehensive Community Services, Nutrition and Physical Activity, Public Health Preparedness, Public Health Emergency Preparedness, Resource Center Development, Services for Children with Disabilities, CMS, Inclusa (formerly Family Care.)

USDA (FNS) programs:

- ☒ FoodShare/SNAP
- ☒ Food Stamp Employment and Training (FSET)
- ☐ Temporary Emergency Food Assistance Program (TEFAP)
- ☐ Women Infants and Children (WIC)
- ☐ Commodity Supplemental Food Program
- ☒ WIC Farmer's Market Nutrition Program
- ☒ Senior Farmer's Market Nutrition Program
- ☐ Other: Specify:

Please list your specific federal grant/funding source if not listed above.

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

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.

County-Wide 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	<input checked="" type="radio"/> No
Number of potentially eligible or likely to be affected or encountered		Yes	<input checked="" type="radio"/> No
Number of LEP individuals encountered by phone vs. walk-in		Yes	<input checked="" type="radio"/> No
Language spoken and/or dialect of LEP participants		Yes	<input checked="" type="radio"/> No
Number of eligible LEP participants by separate programs and the frequency of encounters		Yes	<input checked="" type="radio"/> No
Interpretation needs and preferred language of LEP participants		Yes	<input checked="" type="radio"/> No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service		Yes	<input checked="" type="radio"/> No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement		Yes	<input checked="" type="radio"/> No
Number of sign language interpretation requests received from deaf and hard of hearing participants		Yes	<input checked="" type="radio"/> No
Other accommodation requests and needs from participants with disabilities		<input checked="" type="radio"/> Yes	No
<p>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:</p> <p>Within Richland County, Federally funded programs are administered by program directors, who are responsible for gathering the required data. To date, this data is and has been gathered at the program level. The data has not been transmitted to the Civil Rights Compliance Officer and the LEP/ADA coordinator. The above table and following recommendations reflect that federally required data is being collected but there is no existing coordination between the Civil Rights Compliance Officer and the programs receiving federal funding.</p>			
Actions to address data collection:	Responsibility:	Timeline:	Documents Required:
Request that each department utilizing federal funds gather and submit the required data to the County Civil Rights Compliance Officer.	County Civil Rights Compliance Officer	Annually, beginning in 2018. Request "annual report" from each department at the end of the year.	<i>Annual Report to Civil Rights Compliance Officer.</i>
Update Civil Rights Compliance Plan with population data, including number of potentially eligible for each program.	County Civil Rights Compliance Officer	Annually and in coordination with US Census studies.	<i>Richland Co. Civil Rights Compliance Plan</i>
Maintain Excel Dataset that keeps track of annual report numbers.	County Civil Rights Compliance Officer	Annually	<i>Richland Co. Civil Rights Compliance Plan</i>

Maintain a file of LEP Participants, their interpretation needs, preferred language, and number of times interpretation requests were made.	County Civil Rights Compliance Officer	Update Annually	
Maintain a file of vital documents for LEP Groups	County Civil Rights Compliance Officer	Update Annually	<i>Vital Documents</i>

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 and Limited English Proficiency Data Analysis by Program

Program or Activity:	Badger Care/ Medicaid - County HHS
Service Area:	Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	4,405	100%	N/A
Breakdown by Race					
White	16,983	96.3%	3,852	87.4%	8.9%
Black or African American	139	0.8%	74	1.7%	-0.9%
American Indian or Alaska Native	61	0.3%	9	0.2%	0.1%
Asian	82	0.5%	22	0.4%	0.1%
Native Hawaiian or Pacific Islander	6	0%	4	0%	0%
More Than One Race	181	1%	58	1.3%	-0.3%
Subtotal, Non-White	659	3.7%	167	3.8%	-0.1%
Hispanic/Latino (Regardless of Race)	382	2.2%	163	3.7%	-1.5%
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%	627	14.2%	-0.8%

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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.

N/A

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).

N/A

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:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Badger Care/ Medicaid
Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Service Area:

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service	(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 Comment Oral
	(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 less	If fewer than 50 persons in language groups, eligible pop
Spanish	17,642	321	1.8%	62	Yes	Yes
Hmong				1	Yes	Yes
Chinese				1	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC
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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Foodshare / SNAP - County HHS
Service Area:	Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
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Breakdown by Race					
White	16,983	96.3%	2,910	87.5%	8.8%
Black or African American	139	0.8%	60	1.8%	-1.0%
American Indian or Alaska Native	61	0.3%	7	0.2%	0.1%
Asian	82	0.5%	19	0.5%	0
Native Hawaiian or Pacific Islander	6	0%	6	0%	0
More Than One Race	181	1%	55	1.6%	-0.6%
Subtotal, Non-White	659	3.7%	147	4.4%	-0.7%
Hispanic/Latino (Regardless of Race)	382	2.2%	131	3.9%	1.7%
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%	577	17.3%	-3.9 %

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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.

N/A

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).

N/A

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:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Foodshare/ SNAP – County HHS
Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Service Area:

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Permanent Oral
	(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 less	If fewer than 50 persons in language groups, eligible pop
Spanish	17,642	321	1.8%	62	Yes	Yes
Hmong				1	Yes	Yes
Chinese				1	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWPRC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Childcare Eligibility (SHARES) - County HHS
Service Area:	Applicants for SHARES must meet financial and non-financial eligibility requirements.

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (=%Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	17,642	100%	63	100%	N/A
Breakdown by Race					
White	16,983	96.3%	63	100%	0
Black or African American	139	0.8%	0	-	-
American Indian or Alaska Native	61	0.3%	0	-	-
Asian	82	0.5%	0	-	-
Native Hawaiian or Pacific Islander	6	0%	0	-	-
More Than One Race	181	1%	0	-	-
Subtotal, Non-White	659	3.7%	0	0	-
Hispanic/Latino (Regardless of Race)	382	2.2%	9	14.3%	-12.1%
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%	0	-	-

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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.

The results indicated that a greater percentage of the participants in the program are Hispanic than the percent of the total population eligible. It appears that the overall participation of the program being small contributes to the issue.

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).

A greater education of the requirements of this program for Richland County residents and HHS Staff.

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 record of a Denial of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Childcare Eligibility/ (SHARES)- County HHS

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service	(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
	(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
Spanish	17,642	321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Wisconsin Home Energy Assistance Program WHEAP
Service Area:	Applicants for WHEAP must meet financial and non-financial eligibility requirements.

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	810	100%	N/A
Breakdown by Race					
White	16,983	96.3%	800	98.7%	-2.4%
Black or African American	139	0.8%	10	1.2%	-0.4%
American Indian or Alaska Native	61	0.3%	0	-	-
Asian	82	0.5%	0	-	-
Native Hawaiian or Pacific Islander	6	0%	0	-	-
More Than One Race	181	1%	0	-	-
Subtotal, Non-White	659	3.7%	10	1.2%	2.5%
Hispanic/Latino (Regardless of Race)	382	2.2%	12	1.4%	0.8%
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%	0	-	-

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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:

There is no record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Wisconsin Home Energy Assistance Program WHEAP
Richland County. Applicants must meet financial income/as set limits
change annually and are based on the Federal Poverty Level) and non-
financial.

Service Area:

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service	(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
	(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 less	If fewer than 50 persons in language groups, eligible pop
Spanish	17,642	321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Aging and Disability Resource Center - Call Report
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	2449	100%	N/A
Breakdown by Race					
White	16,983	96.3%	2412	98.5%	-2.2%
Black or African American	139	0.8%	12	0.5%	0.3%
American Indian or Alaska Native	61	0.3%	4	0.1%	0.2%
Asian	82	0.5%	8	0.3%	0.2%
Native Hawaiian or Pacific Islander	6	0%	-	-	-
More Than One Race	181	1%	-	-	-
Subtotal, Non-White	659	3.7%	37	1.5%	2.2%
Hispanic/Latino (Regardless of Race)	382	2.2%	13	0.5%	1.7%
Breakdown by Sex					
Female	8730	49.5%	1323	54%	-4.5%
Male	8912	50.5%	1126	46%	4.5%
Disabilities	2338	13.4%	338	13.8%	-0.4%

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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:

There is no record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Aging and Disability Resource Center – Call Report

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

	(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	(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 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
Spanish	17,642	321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Aging and Disability Resource Center - Transportation
Service Area:	Richland County

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (=%Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	17,642	100%	2973	100%	N/A
Breakdown by Race					
White	16,983	96.3%		99.2%	-2.9%
Black or African American	139	0.8%		0.2%	0.6%
American Indian or Alaska Native	61	0.3%		-	
Asian	82	0.5%		0.06%	0.45%
Native Hawaiian or Pacific Islander	6	0%	-	-	
More Than One Race	181	1%	-	-	
Subtotal, Non-White	659	3.7%		0.8%	2.9%
Hispanic/Latino (Regardless of Race)	382	2.2%		0.3%	1.9%
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%		22.8%	-9.4%

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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:

There is no record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Aging and Disability Resource Center Transportation

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPA) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Aging and Disability Resource Center - Disability Benefit
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	71	100%	N/A
Breakdown by Race					
White	16,983	96.3%	66	93%	3.3%
Black or African American	139	0.8%	0	0%	0.8%
American Indian or Alaska Native	61	0.3%	0	0%	0.3%
Asian	82	0.5%	0	0%	0.5%
Native Hawaiian or Pacific Islander	6	0%	0	0%	0%
More Than One Race	181	1%	0	0%	1%
Subtotal, Non-White	659	3.7%	0	0%	3.7%
Hispanic/Latino (Regardless of Race)	382	2.2%	1	1.4%	0.8%
Breakdown by Sex					
Female	8730	49.5%	38	53.5%	-4.0%
Male	8912	50.5%	33	46.5%	4.0%
Disabilities	2338	13.4%	71	100%	-86.6%

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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.

The nature of the program is to serve members of the public with disabilities.

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).

Increase outreach to Hispanic and non-white communities.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:
Service Area:

Aging and Disability Resource Center – Disability Benefit

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPA) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese				1	Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Elder Benefit Specialist Program
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	317	100%	N/A
Breakdown by Race					
White	16,983	96.3%	311	98.1%	-1.8%
Black or African American	139	0.8%	1	0.3%	0.5%
American Indian or Alaska Native	61	0.3%	2	0.6%	-0.3%
Asian	82	0.5%	0	0%	0.5%
Native Hawaiian or Pacific Islander	6	0%	1	0%	0%
More Than One Race	181	1%	0	0%	1%
Subtotal, Non-White	659	3.7%	5	1.6%	2.1%
Hispanic/Latino (Regardless of Race)	382	2.2%	2	0.6%	1.6%
Breakdown by Sex					
Female	8730	49.5%	188	59.3%	-9.8%
Male	8912	50.5%	129	40.7%	9.8%
Disabilities	2338	13.4%	NA	NA	NA

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2017 Program 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.

N/A

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).

N/A

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Elder Benefit Specialist Program

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPA) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Child Protective Services/Child Welfare, Juvenile Justice, Kinship Care Payments, Promoting Safe and Stable Families, Post-Reunification Services
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	75	100%	N/A
Breakdown by Race					
White	16,983	96.3%			
Black or African American	139	0.8%			
American Indian or Alaska Native	61	0.3%			
Asian	82	0.5%			
Native Hawaiian or Pacific Islander	6	0%			
More Than One Race	181	1%			
Subtotal, Non-White	659	3.7%			
Hispanic/Latino (Regardless of Race)	382	2.2%			
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%	NA	NA	NA

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2017 Program 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.

N/A

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).

Efforts should be made to track data for all of the programs identified above.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Service Area:

Child Protection Services, Child Welfare, Juvenile Justice, Kinship Care Payments, Promoting Safe and Stable Families, Post reunification services, Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation &
	(from CSPA) Number (a)	Number (b)	Percent (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 receive written
Spanish	17,642	321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Maternal Child Health, Emergency Preparedness, Immunizations
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	600+	100%	N/A
Breakdown by Race					
White	16,983	96.3%			
Black or African American	139	0.8%			
American Indian or Alaska Native	61	0.3%			
Asian	82	0.5%			
Native Hawaiian or Pacific Islander	6	0%			
More Than One Race	181	1%			
Subtotal, Non-White	659	3.7%			
Hispanic/Latino (Regardless of Race)	382	2.2%			
Breakdown by Sex					
Female	8730	49.5%			
Male	8912	50.5%			
Disabilities	2338	13.4%	NA	NA	NA

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2017 Program 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.

N/A

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).

Efforts should be made to track data for all of the programs identified above.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Service Area:

Maternal Child Health, Emergency Preparedness, Immunizations
Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPA) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Elderly Services
Service Area:	Richland County , Services reviewed include Home Delivered Meals, Congregate Meals, Transportation, Nutrition Education Sessions, Information and Assistance, Health Promotion

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	1470	100%	N/A
Breakdown by Race					
White	16,983	96.3%	972	66.1%	30.2%
Black or African American	139	0.8%	8	0.5%	0.3%
American Indian or Alaska Native	61	0.3%	0	0%	0.3%
Asian	82	0.5%	0	0%	0.5%
Native Hawaiian or Pacific Islander	6	0%	0	0%	0%
More Than One Race	181	1%	0	0%	1%
Subtotal, Non-White	659	3.7%	8	0.5%	3.2%
Hispanic/Latino (Regardless of Race)	382	2.2%	Unknown	Unknown	Unknown
Breakdown by Sex					
Female	8730	49.5%	883	60%	-10.5%
Male	8912	50.5%	Unknown	Unknown	Unknown
Disabilities	2338	13.4%	NA	NA	NA

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2017 Program 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.

N/A

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).

Efforts should be made to track data for all of the programs identified above.
Efforts should be made to encourage, educate, and enhance Hispanic use of programs.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Elderly Services

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

	(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		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Pine Valley Assisted Living and Nursing Home
Service Area:	Richland County , Services reviewed include Home Delivered Meals, Congregate Meals, Transportation, Nutrition Education Sessions, Information and Assistance, Health Promotion

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	73	100%	N/A
Breakdown by Race					
White	16,983	96.3%	73	100%	-3.7%
Black or African American	139	0.8%	0	0.5%	0.5%
American Indian or Alaska Native	61	0.3%	0	0%	0.3%
Asian	82	0.5%	0	0%	0.5%
Native Hawaiian or Pacific Islander	6	0%	0	0%	0%
More Than One Race	181	1%	0	0%	1%
Subtotal, Non-White	659	3.7%	0	0%	3.7%
Hispanic/Latino (Regardless of Race)	382	2.2%	0	0%	2.2%
Breakdown by Sex					
Female	8730	49.5%	47	64%	-14.5%
Male	8912	50.5%	26	36%	14.5%
Disabilities	2338	13.4%	NA	NA	NA

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2016 Program 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.

Results are not exceptional. Recipient is providing services to all potentially eligible participants.

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).

Efforts should be made to track data for all of the programs identified above. Efforts should be made to encourage, educate, and enhance Hispanic use of programs. Efforts should be made to coordinate with Richland County.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, SWWRPC

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

Pine Valley Assisted Living and Nursing Home

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPA) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	EMS Training
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	20	100%	N/A
Breakdown by Race					
White	16,983	96.3%	20	100%	-1.7%
Black or African American	139	0.8%	0	0%	0.8%
American Indian or Alaska Native	61	0.3%	0	0%	0.3%
Asian	82	0.5%	0	0%	0.5%
Native Hawaiian or Pacific Islander	6	0%	0	0%	0%
More Than One Race	181	1%	0	0%	1%
Subtotal, Non-White	659	3.7%	0	0%	3.7%
Hispanic/Latino (Regardless of Race)	382	2.2%	Unknown	Unknown	Unknown
Breakdown by Sex					
Female	8730	49.5%	12	60%	-10.5%
Male	8912	50.5%	8	40%	10.5%
Disabilities	2338	13.4%	NA	NA	NA

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. 2017 Program 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.

N/A

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).

Efforts should be made to track data for all of the programs identified above.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:

EMS Training

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

	(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		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify _____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☒ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

Program or Activity:	Child Support
Service Area:	Richland County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	17,642	100%	2577	100%	N/A
Breakdown by Race					
White	16,983	96.3%	2073	80.4%	15.9%
Black or African American	139	0.8%	31	1.2%	-0.4%
American Indian or Alaska Native	61	0.3%	10	.39%	-.09%
Asian	82	0.5%	2	.08%	.42%
Native Hawaiian or Pacific Islander	6	0%	NA	NA	
More Than One Race	181	1%	9	.35%	.65%
No – Data			406	15.75%	
Subtotal, Non-White	659	3.7%	52	2%	1.7%
Hispanic/Latino (Regardless of Race)	382	2.2%	46	1.79%	.41%
Breakdown by Sex					
Female	8730	49.5%	1255	48.7%	.8%
Male	8912	50.5%	Unknown	Unknown	
Disabilities	2338	13.4%	140	5.4%	8%

Data Source:	US Census Bureau; American Fact Finder; American Community Survey; 2016 ACS 5-year population estimate. State of Wisconsin DWD Report KAGN
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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 program believes that the numbers are consistent with the overall county population. The large amount of “no-data” presents issues with fully identifying populations participating in 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).

Greater efforts should be made to track demographic data of participants and coordination with The LEP and County Civil Rights Compliance Officer.

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 record of Denials of Service for this program.

This Customer Service Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative
Signed

Date

LEP Customer Data Analysis Chart

Program or Activity:

Child Support

Service Area:

Richland County. Applicants must meet financial income/as set limits change annually and are based on the Federal Poverty Level) and non-financial.

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPA) Number (a)	Number (b)	Percent (c) = ((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		321	1.8%	Unknown	Yes	Yes
Hmong				Unknown	Yes	Yes
Chinese				Unknown	Yes	Yes
German/Germanic					Yes	Yes
Arabic					Yes	Yes
Korean					Yes	Yes
Russian					Yes	Yes
Vietnamese					Yes	Yes
French/Patois/Creole					Yes	Yes
Bosnian/Serbian/Croatian					Yes	Yes
Polish					Yes	Yes
Laotian					Yes	Yes
Pennsylvanian Dutch					Yes	Yes
Hindi					Yes	Yes
Albanian					Yes	Yes
Tagalog					Yes	Yes
Other: Specify_____					Yes	Yes

Services to LEP Language Groups

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

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

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

N/A

This LEP Customer Data Analysis was prepared by:

Matthew Honer, SWWRPC

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

Victor Vlasak, County Clerk

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative
Signed

Date

Nondiscrimination Notification

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

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

Within Richland County, Federally funded programs are administered by program directors. Upon discussion with all program directors, it is apparent that non-discrimination notices are being done at the programmatic level. While these items are being done, they are not being administered or overseen by the Equal Opportunity Coordinator or on a county-wide basis. Additionally, the individual programs are not confirming with the Equal Opportunity Coordinator that the following information is being posted. The above table and following recommendations reflect that federally required nondiscrimination notifications are being used but there is no existing coordination between the Civil Rights Compliance Officer and the programs receiving federal funding.

Actions to address nondiscrimination notification:	Responsibility:	Timeline:	Documents Required:
Request that each department utilizing federal funds gather and submit the required data to the County Civil Rights Compliance Officer.	County Civil Rights Compliance Officer	Annually, beginning in 2018. Request “annual report” from each department at the end of the year.	<i>Annual Report to Civil Rights Compliance Officer.</i>
Provide to each program/department the required Nondiscrimination Statements and Notices	County Civil Rights Compliance Officer	Annually, beginning in 2018	<i>Vital Documents: Nondiscrimination Statements and Notices.</i>
Ensure that programs/departments are posting nondiscrimination statements and notices and including policy within their operating procedures manual.	County Civil Rights Compliance Officer	Annually, beginning in 2018	<i>Vital Documents: Nondiscrimination Statements and Notices.</i>
Update all appropriate documents, websites, pamphlets, and brochures with appropriate nondiscrimination Statements	County Civil Rights Compliance Officer	2018- 2021	<i>Vital Documents</i>
Maintain a file of LEP Participants, their interpretation needs, preferred language, and number of times interpretation requests were made.	County Civil Rights Compliance Officer	Update Annually	<i>LEEP Database</i>
Maintain a file of vital documents for LEP Groups	County Civil Rights Compliance Officer	Update Annually	<i>Vital Documents</i>

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 _____ • Indicate date LEPC received CRC Training _____ 	Yes	<input checked="" 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	No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	Yes	<input checked="" type="radio"/> No
c) Preparing equal opportunity and language access plans and reports.	Yes	<input checked="" 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.	Yes	<input checked="" type="radio"/> No
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	Yes	<input checked="" 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.	Yes	<input checked="" type="radio"/> No
(h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	Yes or N/A	<input checked="" 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.	Yes or N/A	<input checked="" type="radio"/> No

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

As mentioned in other parts of the Plan. Richland County currently operates with program directors being responsible for Civil Rights, Limited English Proficiency, ADA, and Equal Opportunity policies and federal requirements. In order to comply with the requested requirements, the current EOC and LEPC will begin working at a county-wide basis to address Civil Rights Compliance.

Actions to address the function of the Equal Opportunity and LEP Coordinator:	Responsibility:	Timeline:	Documents Required:
Undertake civil rights training	County Civil Rights Compliance Officer, EOC, and LEPC	Annually, beginning in 2018.	
Identify position requirements of Equal Opportunity and LEP Coordinator and revise current position description to reflect.	County Civil Rights Compliance Officer, EOC, and LEPC	2018	

Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English. NOTE: Recipients must prominently display an “I Speak” poster and a “Your Right to an Interpreter” poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients. 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.	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) <table border="0" style="width: 100%;"> <tr> <td>• Spanish</td> <td>• Korean</td> </tr> <tr> <td>• Hmong</td> <td>• Laotian</td> </tr> <tr> <td>• Arabic</td> <td>• Polish</td> </tr> <tr> <td>• French</td> <td>• Russian</td> </tr> <tr> <td>• Chinese</td> <td>• Vietnamese</td> </tr> <tr> <td>• German</td> <td>• Bosnian/Serbian/Croatian</td> </tr> <tr> <td>• Pennsylvanian Dutch</td> <td>• Hindi</td> </tr> <tr> <td>• Albanian</td> <td>• Tagalog</td> </tr> <tr> <td colspan="2">• Other languages: (Specify)</td> </tr> </table>	• Spanish	• Korean	• Hmong	• Laotian	• Arabic	• Polish	• French	• Russian	• Chinese	• Vietnamese	• German	• Bosnian/Serbian/Croatian	• Pennsylvanian Dutch	• Hindi	• Albanian	• Tagalog	• Other languages: (Specify)		Yes	<input checked="" type="radio"/> No
• Spanish	• Korean																			
• Hmong	• Laotian																			
• Arabic	• Polish																			
• French	• Russian																			
• Chinese	• Vietnamese																			
• German	• Bosnian/Serbian/Croatian																			
• Pennsylvanian Dutch	• Hindi																			
• Albanian	• Tagalog																			
• Other languages: (Specify)																				
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 checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No																		
I) Other: Specify																				
9. List methods used to communicate important benefit information to customers. Check all that apply: <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Video</td> <td><input type="checkbox"/> Television</td> </tr> <tr> <td><input checked="" type="checkbox"/> Web Sites</td> <td><input checked="" type="checkbox"/> Radio</td> </tr> <tr> <td><input checked="" type="checkbox"/> Posters</td> <td><input checked="" type="checkbox"/> Community Newspaper</td> </tr> <tr> <td><input type="checkbox"/> Voice Mail Messages</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other: Social Media</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interactive Voice Response (IVR)</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Video	<input type="checkbox"/> Television	<input checked="" type="checkbox"/> Web Sites	<input checked="" type="checkbox"/> Radio	<input checked="" type="checkbox"/> Posters	<input checked="" type="checkbox"/> Community Newspaper	<input type="checkbox"/> Voice Mail Messages		<input checked="" type="checkbox"/> Other: Social Media		<input type="checkbox"/> Interactive Voice Response (IVR)									
<input checked="" type="checkbox"/> Video	<input type="checkbox"/> Television																			
<input checked="" type="checkbox"/> Web Sites	<input checked="" type="checkbox"/> Radio																			
<input checked="" type="checkbox"/> Posters	<input checked="" type="checkbox"/> Community Newspaper																			
<input type="checkbox"/> Voice Mail Messages																				
<input checked="" type="checkbox"/> Other: Social Media																				
<input type="checkbox"/> Interactive Voice Response (IVR)																				

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










Richland County is providing meaningful access to programs and services at the program level but without accountability or coordination from the county LEPC, EOC and Civil Rights Compliance Officer. For example, each department relies on their own community relationships for translation services rather than the LEPC coordinating access to translation services. The following actions should be taken to ensure that programs are being held accountable and community resources are being distributed.

Actions to address meaningful access to programs and services:	Responsibility:	Timeline:	Documents Required:
Work with Departments to ensure meaningful access to programs and services is being done	County Civil Rights Compliance Officer, EOC, and LEPC	Annually	<i>Annual Report to Civil Rights Compliance Officer</i>
Keep records of community members and resources that provide translation services and cultural training.	County Civil Rights Compliance Officer, EOC, and LEPC	Beginning in 2018	<i>LEEP Database</i>
Prepare list of vital documents at the county level and ensure that each program maintains a list of vital documents.	County Civil Rights Compliance Officer, EOC, and LEPC	2018	<i>Vital Documents</i>
Work with the Department of Health and Human Services to utilize inbound call center for LEP.	County Civil Rights Compliance Officer, EOC, and LEPC	2018	<i>Vital Documents</i>
Establish guidelines for communicating benefit information with potential customers	County Civil Rights Compliance Officer, EOC, and LEPC	2019	<i>Vital Documents</i>

Self-Evaluation of Accessibility to Programs and Services

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

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> • 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	<input checked="" type="radio"/> No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	<input checked="" type="radio"/> Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	<input checked="" type="radio"/> Yes	No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	<input checked="" type="radio"/> Yes	No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in Appendix G)</p>	<input checked="" type="radio"/> Yes	No

		
 Braille		
 Large Print		
 AD	 OC	 CC

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

Richland County is evaluating their provision of meaningful access to programs and services at the program level but without accountability or coordination from the county LEPC, EOC and Civil Rights Compliance Officer. It is suggested that the County take a proactive leadership role in evaluating the department’s ability to provide meaningful access. Most departments have not had complaints regarding accessibility to programs or services, and thus do not have a transition plan or a list of interest persons consulted and descriptions.

Actions to address the self-evaluation of accessibility to programs and services:	Responsibility:	Timeline:	Documents Required:
Provide programs and departments with a complaint procedure process to be used at the county level.	County Civil Rights Compliance Officer, EOC, and LEPC	2019	<i>Vital Documents: Complaint Procedure Process.</i>
Maintain a file regarding ADA accessibility that identifies each County Building and outstanding accessibility issues.	County Civil Rights Compliance Officer, EOC, and LEPC	2018	<i>ADA Accessibility File</i>
Provide the above shorthand chart to each County Department.	County Civil Rights Compliance Officer, EOC, and LEPC	2018	<i>Annual Report to Civil Rights Compliance Officer.</i>

Discrimination Complaint/ Grievance Procedures

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

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

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

Richland County is providing discrimination complaint/ grievance services at the program level but without accountability or coordination from the county LEPC, EOC and Civil Rights Compliance Officer. It is suggested that the County take a proactive leadership role in evaluating and monitoring complaint and grievance services. Most departments have not had complaints regarding accessibility to programs or services, and thus are not familiar with the requirements.

Actions to address grievance and complaint procedures:	Responsibility:	Timeline:	Documents Required:
Develop a formal complaint procedures and form. Provide to all departments	County Civil Rights Compliance Officer, EOC, and LEPC	Beginning in 2018	<i>Vital Documents: Complaint Procedure Process.</i>
Implement a database to track all formal complaints.	County Civil Rights Compliance Officer, EOC, and LEPC	Beginning in 2018	<i>Complaint Database</i>

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	<input checked="" type="radio"/> No
2) New staff receive training on CRC policies.	Yes or N/A	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> No

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

Richland County departments are undertaking training on CRC, LEEP, and ADA, often done through the requirements of other programs. As with other requirements reviewed in this plan, the county LEPC, EOC and Civil Rights Compliance Officer does not coordinate or track training in the departments or if requirements are being met. It is suggested that the County take a proactive leadership role in coordinating and tracking the department’s employee training history.

Actions to evaluate training:	Responsibility:	Timeline:	Documents Required:
Provide annual training to all department heads.	County Civil Rights Compliance Officer, EOC, and LEPC	3 years	
Provide updated policies to all departments.	County Civil Rights Compliance Officer, EOC, and LEPC	1 year	<i>Vital Documents: Updated Policies.</i>
Coordinate with departments to train department heads and staff.	County Civil Rights Compliance Officer, EOC, and LEPC	Ongoing	
Coordinate with the Civil Rights Compliance Officer to inform them of completed trainings	County Department Heads.	1 year	<i>Annual Report to Civil Rights Compliance Officer.</i>

Goals, Actions, and Documents Required

Actions identified within the plan intend to address issues identified. The intentions of the actions were to assist the Civil Rights Compliance, Limited English Proficiency Coordinator, and Equal Opportunity Coordinator with providing the necessary information to recipients of public services and those who administer or oversee those services. Each of these actions could be classified into one of four goals that the county should strive to achieve prior to updating the plan in 2021. Those four goals achieve Federal Civil Rights Requirements through efficient collaboration between the Civil Rights Compliance Officer and the County departments receiving Federal funds. The four goals implement the following policies and procedures:

- The Civil Rights Compliance Officer, Limited English Proficiency Coordinator, Equal Opportunity Coordinator, and the Department Directors will undertake Civil Rights, ADA, and Equal Opportunity **training**.
- The Civil Rights Compliance Officer should develop a **database** that records the federally required data requested in this plan for each Department in the County.
- The Civil Rights Compliance Officer will develop an **Annual Report**, which County departments will complete and return to the Civil Rights Compliance Officer. This report will inform the maintained databases and Civil Rights Compliance Plan.
- The Civil Rights Compliance Officer, with assistance from the Departments and informed by this plan, will develop a file of **Vital Documents** that will include the necessary documents required to comply with federal civil rights laws, as well as policies and procedures for Departments to collaborate with the Civil Rights Compliance Officer.

Training

The Civil Rights Compliance Officer, Limited English Proficiency Coordinator, Equal Opportunity Coordinator, and the Department Directors will undertake Civil Rights, ADA, and Equal Opportunity training over the next three years. The Civil Rights Compliance Officer shall be the first to undertake specific Civil Rights Compliance Training. Additionally, the CRC Officer will review training received by Departments receiving federal funds. This will be done by Departments utilizing the *Annual Report to the Civil Rights Compliance Officer*. The CRC Officer will determine if Department heads require additional training. The CRC officer will regularly attend training, specifically prior to updating the CRC Plan.

Databases

In order to successfully review Civil Rights Compliance it is necessary that data is collected and maintained on a regular basis. In a review of the Civil Rights Compliance Office and County Departments receiving federal funds, it was noted that only the County's Health and Human Services had ready access to participant data. County Departments were able to provide the required Data for the Civil Rights Compliance plan in most cases, but were not actively recording specific data for this use.

Federal Civil Rights Laws require the collection of data from all departments receiving federal funds. The CRC officer will collect data through from the County Departments through the *Annual Report to the Civil Rights Compliance Officer*. The Civil Rights Compliance Officer will collect and record demographic, LEP, and participant data from each County Department receiving federal funds. This data will be used to evaluate Civil Rights Compliance and completed the 2021 Civil Rights Compliance Plan.

Vital Documents and Meaningful Access

In order to provide meaningful access and to not discriminate on the basis of race, color, national origin, age, disability, or sex, several documents are required to communicate with residents of Richland County and participants in programs receiving federal funds. These documents include documents vital to participating in programs such as applications, policies, and grievance procedures. These documents should be provided in all languages regularly encountered. Additionally, a shorthand chart should be provided to Department's point of contact office in order to communicate with individual with disabilities.

Efforts should be made by the CRC Officer to coordinate translation services through the Civil Rights Compliance Office for LEP individuals. Additionally, the CRC officer should provide training to each department on how to utilize and access auxiliary aids.

Annual Report

To collect data, report training, and distribute Vital Documents the Civil Rights Officer should distribute the *Annual Report to the Civil Rights Compliance Officer* to all County Departments, not just those known to receive federal funds. The report will ask each department to report on federal funding. For those departments receiving federal funding, they will be asked to report demographic and LEP data collected on program applicants and participants, any grievances or complaints received, a self-assessment of providing meaningful access, and any vital documents required by the department. The document should not take more than an hour to complete and should be completed and returned to the Civil Rights Compliance Officer by the end of February following the year being reported.