

State of Wisconsin



Chippewa County Civil Rights Compliance

January 1, 2022 to December 31, 2025

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165 (12/2021)

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

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

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

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



SIGNATURE – Authorized Representative

Date: 12-22-21

Printed name: Randy Scholz

Title: County Administrator

Instructions for completing Letter of Assurance

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

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

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

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

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

RECIPIENT CONTACT INFORMATION

Name of Recipient Chippewa County		Date this Form was Completed 12/22/2021	
Street Address 711 N Bridge Street			
City Chippewa Falls		State WI	Zip Code 54729
Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions Toni Hohlfelder, Human Resources Director			
Address 711 N Bridge Street, Chippewa Falls, WI 54729			
Phone Number 715-726-7970		Email Address thohlfelder@co.chippewa.wi.us	
Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities Toni Hohlfelder, Human Resources Director			
Address 711 N Bridge Street, Chippewa Falls, WI 54729			
Phone Number 715-726-7970		Email Address thohlfelder@co.chippewa.wi.us	
Name and title of Recipient-Authorized Representative Making Assurances Randy Scholz, County Administrator			
Address 711 N Bridge Street, Chippewa Falls, WI 54729			
Phone Number 715-726-7981		Email Address rscholz@co.chippewa.wi.us12	

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

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

			Contract or Program Name	Funding Amount (\$)
DHS				
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Human Services	2,772,579
			2. Public Health	1,057,764
			3. ADRC	704,136
DCF				
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Child Welfare	2,247,239
			2. Child Support	435,084
			3. Child Care	142,735
DHS / DCF				
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS. Name of County or Consortium: Great Rivers Income Maintenance Consortium	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Income Maint Consortium	748,629
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities: Older Americans Act Programs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Older Americans Programs	353,391
			2.	
			3.	

Instructions for completing Funding Relationship to DHS or DCF

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

FUNDED PROGRAMS CHECKLIST

Completing this section will allow DHS or DCF to identify the Federally funded programs and activities that you administer.
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: Aging and Disability Resource Center

Comprehensive Community Services

Substance Abuse and Mental Health Services

Children & Youth with Special Needs

Drug Free Communities

Diabetes Prevention

Overdose Fatality Review

Targeted Case Management

Newborn Hearing

Breastfeeding Peer Counseling

Prenatal Care Coordination

Childhood Lead

Immunization

Maternal and Child Health (MCH)

Prevention

Forward Health Outreach

Dual Protection

Wisconsin Wins (Tobacco)

Preparedness

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:

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

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

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

Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in Appendix C	<u>Yes</u>	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in Appendix D .	<u>Yes</u>	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<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>	No	N/A
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>	No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: FNS Nondiscrimination Statement and in Appendix C .	Yes	No	<u>N/A</u>
If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below: N/A			

Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> Indicate date EOC received CRC Training: <u>11-18-2019 and 12/17/2021</u> Indicate date LEPC received CRC Training: <u>11-18-2019 and 12/17/2021</u> 	<u>Yes</u>	No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<u>Yes</u>	No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<u>Yes</u>	No	
c) Preparing equal opportunity and language access plans and reports.	<u>Yes</u>	No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<u>Yes</u>	No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<u>Yes</u>	No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<u>Yes</u>	No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<u>Yes</u>	No	N/A
i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<u>Yes</u>	No	

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

N/A

Meaningful Access to Programs and Services

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

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

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

Questions 3, 4, 9B, 9F and 9G – Chippewa County uses state interpreting and translation services for all interpretation.

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 an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

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

Discrimination Complaint/Grievance Procedures

1. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in Appendix E , or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:	<input checked="" type="radio"/> Yes	No
<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 • 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 		
2. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.	<input checked="" type="radio"/> Yes	No
3. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.	<input checked="" type="radio"/> Yes	No
4. All participants in complaint investigations are advised of and protected from retaliation.	<input checked="" type="radio"/> Yes	No
5. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
6. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
7. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
8. 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
9. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
10. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
12. Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	No

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

N/A

Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	Yes	No	
2. Do new staff receive training on federal CRC requirements?	Yes	No	
3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	Yes	No	N/A

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

N/A

APPENDIX C: NONDISCRIMINATION NOTIFICATION

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

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

Chippewa County – Child Support Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Chippewa County – Child Support Department does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chippewa County – Child Support Department

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

If you need these services, contact the Child Support Department for assistance and if you still need assistance after discussing with a Child Support employee, then contact Chippewa County's LEP Coordinator: Toni Hohlfelder at 715-726-7970 or tohohlfelder@co.chippewa.wi.us.

If you believe that Chippewa County - Child Support Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970 or thohlfelder@co.chippewa.wi.us.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Toni Hohlfelder, Human Resources Director, is available to help you.

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

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

ATTENTION: If you speak a language other than English, language assistance services free of charge are available to you. (TTY: 711 or 1-800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (TTY: 711 or 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(TTY: 711 or 1-800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (TTY: 711 or 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY: 711 or 1-800-947-3529). 번으로 전화해 주십시오.

مقر (برقم لصتا . ناجملا لك رفاوتة يوغللا قدعاسملا تامدخ نإف، غللا ركذا ثدحتت كنت اذإ: طو حله مكبلاو مصلا ف تاه: . (TTY: 711 or 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (TTY: 711 or 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (TTY: 711 or 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call (TTY: 711 or 1-800-947-3529).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY: 711 or 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (TTY: 711 or 1-800-947-3529).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (TTY: 711 or 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa (TTY: 711 or 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (TTY: 711 or 1-800-947-3529). पर कॉल करें।

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

Chippewa County – Child Support Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

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

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

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

If you believe that Chippewa County has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or filing of a prior civil rights complaint, please contact Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970 or thohlfelder@co.chippewa.wi.us.

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

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

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Washington, D.C. 20250-9410;
6. fax: (202) 690-7442; or
7. email: program.intake@usda.gov

5. DOL Babel Notice:

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (TTY: 711 or 1-800-947-3529) for assistance in the translation and understanding of the information in this document.

Spanish ¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (TTY: 711 or 1-800-947-3529) para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional 重要須知！本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電(TTY: 711 or 1-800-947-3529) 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (TTY: 711 or 1-800-947-3529) để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (TTY: 711 or 1-800-947-3529) upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (TTY: 711 or 1-800-947-3529) pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (TTY: 711 or 1-800-947-3529) pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número(TTY: 711 or 1-800-947-3529) para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic مهم! يحتوي هذا المستند على معلومات مهمة حول حقوق ومسؤولياتك و/أو فوائدها. من الأهمية بمكان هذه المعلومات الواردة في هذا المستند، وسنوفر المعلومات لك بغالب المفضلة دون كلفة لأي تفلكت. اتصل على الرقم (TTY: 711 or 1-800-947-3529) للحصول على مساعدة في فهم المعلومات الواردة في هذا المستند وفهمها.

Russian ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по

телефону (TTY: 711 or 1-800-947-3529) для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean 중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (TTY: 711 or 1-800-947-3529) 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

WIOA Title I Equal Opportunity Notice/Statement/Poster:

"Equal Opportunity Is the Law"

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

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

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

What to Do If You Believe You Have Experienced Discrimination

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

Local Level

The Chippewa County – Child Support Department Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

State Level

David Durán - Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

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

Federal Level

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

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

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

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

APPENDIX C: NONDISCRIMINATION NOTIFICATION

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

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

Chippewa County – Department of Human Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Chippewa County – Department of Human Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chippewa County – Department of Human Services

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

If you need these services, contact the Department of Human Services for assistance and if you still need assistance after discussing with a DHS employee, then contact Chippewa County's LEP Coordinator: Toni Hohlfelder at 715-726-7970 or thohlfelder@co.chippewa.wi.us.

If you believe that Chippewa County – Department of Human Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970 or thohlfelder@co.chippewa.wi.us.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Toni Hohlfelder, Human Resources Director, is available to help you.

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

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

ATTENTION: If you speak a language other than English, language assistance services free of charge are available to you. (TTY: 711 or 1-800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (TTY: 711 or 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(TTY: 711 or 1-800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (TTY: 711 or 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY: 711 or 1-800-947-3529). 번으로 전화해 주십시오.

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ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (TTY: 711 or 1-800-947-3529).

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1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
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IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (TTY: 711 or 1-800-947-3529) for assistance in the translation and understanding of the information in this document.

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WIOA Title I Equal Opportunity Notice/Statement/Poster:

"Equal Opportunity Is the Law"

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

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

What to Do If You Believe You Have Experienced Discrimination

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

Local Level

The Chippewa County – Department of Human Services Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

State Level

David Durán - Equal Opportunity Officer
Wisconsin Department of Workforce Development
201 East Washington Avenue, Room E100,
P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

Federal Level

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

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

If the Chippewa County – Department of Human Services does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the Chippewa County – Department of Human Services does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

APPENDIX C: NONDISCRIMINATION NOTIFICATION

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

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

Chippewa County – Public Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Chippewa County – Public Health Department does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chippewa County – Public Health Department

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

If you need these services, contact the Chippewa County Public Health Department for assistance and if you still need assistance after discussing with a Public Health employee, then contact Chippewa County's LEP Coordinator: Toni Hohlfelder at 715-726-7970 or tohohlfelder@co.chippewa.wi.us.

If you believe that Chippewa County – Public Health Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970 or tohohlfelder@co.chippewa.wi.us.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Toni Hohlfelder, Human Resources Director, is available to help you.

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

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

ATTENTION: If you speak a language other than English, language assistance services free of charge are available to you. (TTY: 711 or 1-800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (TTY: 711 or 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(TTY: 711 or 1-800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (TTY: 711 or 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY: 711 or 1-800-947-3529). 번으로 전화해 주십시오.

مقرر (برقم لصتا . ن اجمالاً لك رفاوتت تيوغلا قد عاسملا تامدخ ن إفا ، تغلا ركذا تددحتت كنت اذا : تظوحلم مكيلاو مصلا فتاه: . (TTY: 711 or 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (TTY: 711 or 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (TTY: 711 or 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call (TTY: 711 or 1-800-947-3529).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY: 711 or 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (TTY: 711 or 1-800-947-3529).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (TTY: 711 or 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa (TTY: 711 or 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (TTY: 711 or 1-800-947-3529). पर कॉल करें।

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

Chippewa County – Public Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

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

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

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

If you believe that Chippewa County has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or filing of a prior civil rights complaint, please contact Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970 or thohlfelder@co.chippewa.wi.us.

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

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

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This institution is an equal opportunity provider.

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David Durán - Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

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

Federal Level

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

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

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

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

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

LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

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

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

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

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

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

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

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

To assist us in complying with all applicable limited English proficiency rules, regulations, and guidelines, the LEP Coordinator is: Name: Toni Hohlfelder Phone: 715-726-7970

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

Sample Acknowledgement and Refusal of Free Interpretation Services

Chippewa County - Child Support Department has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

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

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

Chippewa County - Child Support Department has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature Date

Recipient Signature Date

Interpreter Signature Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

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

Sample Acknowledgement and Refusal of Free Interpretation Services

Chippewa County – Department of Human Services has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

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

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

Chippewa County – Department of Human Services has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature Date

Recipient Signature Date

Interpreter Signature Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

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

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To assist us in complying with all applicable limited English proficiency rules, regulations, and guidelines, the LEP Coordinator is: Name: Toni Hohlfelder Phone: 715-726-7970

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

Sample Acknowledgement and Refusal of Free Interpretation Services

Chippewa County – Public Health Department has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

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

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

Chippewa County – Public Health Department has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature Date

Recipient Signature Date

Interpreter Signature Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

APPENDIX E: SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator	Phone (Voice) - -	Phone (TDD) - -
Name of Complainant	Phone - -	
Address (number, street, city, state, zip code)		

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

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

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

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

Description of the relief or remedy you want:

SIGNATURE - Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
--	--------------------------

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

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

Agency

Actions and Individual(s) to be investigated:

Findings (Must be completed within 90 days):

Action Taken:

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

SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION

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

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

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

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

APPENDIX F: KEY TO ACCESSIBILITY SYMBOLS

BLIND OR HAVE LOW VISION



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

SYMBOL FOR ACCESSIBILITY



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

AUDIO DESCRIPTION



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

TELEPHONE TYPEWRITER (TTY)



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

VOLUME CONTROL TELEPHONE



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

ASSISTIVE LISTENING SYSTEMS



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

SIGN LANGUAGE INTERPRETATION



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

ACCESSIBLE PRINT (18 pt. or Larger)



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

THE INFORMATION SYMBOL



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

CLOSED CAPTIONING (CC)



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

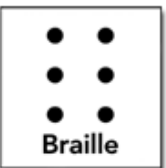
press a button for captioning.

OPENED CAPTIONING (OC)



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

BRAILLE SYMBOL



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

APPENDIX G: FEDERAL CIVIL RIGHTS AUTHORITIES

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

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

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

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

DATA COLLECTION

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

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

N/A

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

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

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year:)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	12698	100.00%	9562	100.00%	0.00
Breakdown by Race					
White	12245	96.4%	6909	72.25%	-24.2
Black or African American	110	.9%	190	1.99%	1.09
American Indian or Alaska Native	16	.1%	76	.79%	.69
Asian	186	1.5%	114	1.19%	-.31
Native Hawaiian or Pacific Islander	0	0%	7	.07%	.07
Other		%	1958	N/A%	N/A
More Than One Race	141	1.1%	160	1.67%	.57
Subtotal, Non-White	453	3.6%	547	5.7%	2.1
Hispanic/Latino (Regardless of Race)	163	1.3%	148	1.55%	.25
Breakdown by Sex					
Female	6711	53%	4457	47%	-5.9
Male	5967	47%	5105	53%	5.9
Disabilities	1865	14.7%	445	4.7%	-10

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Data Source(s) for Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard Wisconsin Department of Children and Families Programs Serving Families with Children
Data Source(s) for Population Served:	Control D Report SERV - Civil Rights Compliance County Caseload Participant Counts (KAGN)

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

N/A

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

Disability - 10

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

Participants not in need of Child Support services

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

No

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

N/A

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

N/A

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

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

This Customer Service Data Analysis was prepared by:

Denise Shervey, Child Support Director

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.

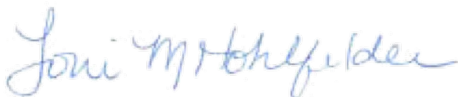
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/1/2022

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

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

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	15,452	100.00%	1068	100.00%	0.00
Breakdown by Race					
White	14,633	94.7%	1046	97.9%	13.2
Black or African American	278	1.8%	0	0%	-1.8
American Indian or Alaska Native	93	.6%	3	.3%	-.3
Asian	232	1.5%	3	.3%	-1.2
Native Hawaiian or Pacific Islander	15	.1%	1	.07%	-.03
Other	0	0%	13	1.2%	1.2
More Than One Race	201	1.3%	2	.2%	-1.1
Subtotal, Non-White	819	5.3%	22	2.1%	-3.2
Hispanic/Latino (Regardless of Race)	294	1.9%	3	.1%	-1.8
Breakdown by Sex					
Female	7417	48%	609	57%	9
Male	8035	52%	459	43%	-9
Disabilities	6935	45%	524	49%	4

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Data Source(s) for Potentially Eligible Population:	data.census.gov (2020): quick facts for Chippewa County, Wisconsin and ACS (C18120) disability tables CRC Census Data Dashboard from DCF website
Data Source(s) for Population Served:	ADRC Ecounter data by DHS-BADR-ORCD

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

White, Female

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

Male

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

Chippewa County a predominantly white population; female population more likely to reach out or request services.

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

All eligible participants are being served by the ADRC.

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

ADRC will continue to provide and deliver outreach activities to assure all populations in Chippewa County have knowledge of the services available.

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

There have been no denials based on race, ethnicity, sex, or disability.

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

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

This Customer Service Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative

SIGNATURE of Authorized Representative

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

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

Category ¹	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		Percentage-Point Difference (= % Served - % Potentially Eligible)
	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	
Total Population	47,272	100.00%	1001	100.00%	0.00
Breakdown by Race					
White	45,939	97.2%	956	95.5%	-1.7
Black or African American	307	.6%	23	2.3%	1.7
American Indian or Alaska Native	25	.1%	15	1.5%	1.4
Asian	622	1.3%	4	.4%	-.9
Native Hawaiian or Pacific Islander	0	0%	3	.3%	.3
Other	35	.1%	0	0%	-.1
More Than One Race	344	.7%	0	0%	-.7
Subtotal, Non-White	1333	2.8%	45	4.5%	1.7
Hispanic/Latino (Regardless of Race)	499	1.1%	3	.3%	-.8
Breakdown by Sex					
Female	23,590	49.9%	520	52%	2.1
Male	23,682	50.1%	481	48%	-2.1
Disabilities	6942	14.7%	427	35%	20.3

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Data Source(s) for Potentially Eligible Population:	data.census.gov (2020): quick facts for Chippewa County, Wisconsin and ACS (C18120) disability tables CRC Census Data Dashboard from DCF website
Data Source(s) for Population Served:	Chippewa County Human Services Avatar Data Management System - Consumers Served 2021

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

Disabilities

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

Male

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

Participants in the programs of Comprehensive Community Services and Mental Health have a mental health disability diagnosis.

Chippewa County is a predominantly white population; female population is more likely to reach out or request services.

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

All eligible participants are being served through these programs in the Recovery & Wellness Consortium Division.

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

The Recovery & Wellness Consortium Division will continue to provide and deliver outreach activities to assure all populations in Chippewa County have knowledge of the services available.

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

There have been no denials based on race, ethnicity, sex, or disability.

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

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

This Customer Service Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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.

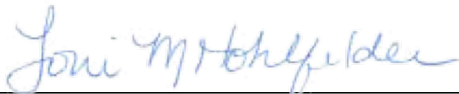
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

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

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	12,698	100.00%	1987	100.00%	0.00
Breakdown by Race					
White	12,245	96.4%	1850	93.1%	-3.3
Black or African American	110	.9%	43	2.2%	1.3
American Indian or Alaska Native	16	.1%	31	1.6%	1.5
Asian	186	1.5%	21	1.1%	-.4
Native Hawaiian or Pacific Islander	0	0%	0	0%	0
Other	0	0%	41	2.1%	2.1
More Than One Race	141	1.1%	1	.01%	-1
Subtotal, Non-White	453	3.6%	137	6.9%	3.3
Hispanic/Latino (Regardless of Race)	499	1.1%	3	.3%	-.8
Breakdown by Sex					
Female	23,590	49.9%	520	52%	2.1
Male	23,682	50.1%	481	48%	-2.1
Disabilities	6942	14.7%	427	35%	20.3

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Data Source(s) for Potentially Eligible Population:	data.census.gov (2020): quick facts for Chippewa County, Wisconsin and ACS (C18120) disability tables CRC Census Data Dashboard from DCF website
Data Source(s) for Population Served:	Chippewa County Human Services Avatar Data Management System - Consumers Served 2021 State of Wisconsin eWiSACWIS Data Management System - Consumers Served 2021

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

Disabilities

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

Male

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

Participants in the programs of Comprehensive Community Services, Birth to Three, Children's Long Term Waiver have a disability diagnosis.

Chippewa County is a predominantly white population; female population is more likely to reach out or request services.

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

All eligible participants are being served through these programs in the Children's, Youth & Families Division.

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

The Children, Youth & Families Division will continue to provide and deliver outreach activities to assure all populations in Chippewa County have knowledge of the services available.

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

There have been no denials based on race, ethnicity, sex, or disability.

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

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

This Customer Service Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

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

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2020)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	66,286	100.00%	16231	100.00%	0.00
Breakdown by Race					
White	62,783	94.7%	13,423	82.7%	-12
Black or African American	1193	1.8%	227	1.4%	-.4
American Indian or Alaska Native	398	.6%	114	.7%	.1
Asian	994	1.5%	392	2.4%	.9
Native Hawaiian or Pacific Islander	66	.1%	16	.1%	0
Other	0	0%	1688	1.4%	10.4
More Than One Race	862	1.3%	373	2.3%	1
Subtotal, Non-White	3513	5.3%	2860	17.6%	12.3
Hispanic/Latino (Regardless of Race)	1260	1.9%	2013	12.4%	10.5
Breakdown by Sex					
Female	31,823	48%	8786	54%	6
Male	34,474	52%	7445	46%	06
Disabilities	8800	13.3%	2425	14.9%	1.6

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Data Source(s) for Potentially Eligible Population:	data.census.gov (2020): quick facts for Chippewa County, Wisconsin and ACS (C18120) disability tables CRC Census Data Dashboard from DCF website
Data Source(s) for Population Served:	IMMR-IM Member Race Ethnicity Report

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

Female, Other, Hispanic

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

White, Male

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

Chippewa County is a predominantly white population so served data (other/Hispanic) percentages are likely skewed because our census data does not have "other;" male population more likely to reach out or request services.

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

All eligible participants are being served by Economic Support

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

Economic Support will continue to provide and deliver outreach activities to assure all populations in Chippewa County have knowledge and access to the services available.

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

There have been no denials based on race, ethnicity, sex, or disability.

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

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

This Customer Service Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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.

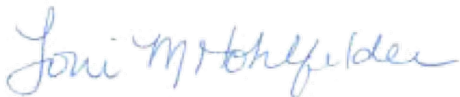
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

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

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	14,190	100.00%	121	100.00%	0.00
Breakdown by Race					
White	12,828	90.4%	95	78.5%	-11.9
Black or African American	114	0.8%	4	3.3%	2.5
American Indian or Alaska Native	71	0.5%	2	1.7%	1.2
Asian	255	1.8%	4	3.3%	1.5
Native Hawaiian or Pacific Islander	0	0%	0	0%	0
Other	14	0.1%	8	6.6%	6.5
More Than One Race	468	3.3%	0	0%	-3.3
Subtotal, Non-White	922	6.5%	18	14.9%	8.4
Hispanic/Latino (Regardless of Race)	440	3.1%	8	6.6%	3.5
Breakdown by Sex					
Female	7,107	50%	47	38.8%	-11.2
Male	7,083	50%	74	61.2%	11.2
Disabilities	539	3.8%	121	100%	96.2

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Data Source(s) for Potentially Eligible Population:	United States Census Bureau-2020 American Community Survey
Data Source(s) for Population Served:	RedCap

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

Black or African American, Hispanic, Other Races, Males, and Disabled

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

Whites, More than One Race, and Females

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

This program provides services to children with special health care needs. We do not discriminate by sex, race, nor disability. Factors may include awareness of the different resources available, parental support, and language barriers.

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

Yes, according to the total eligible population, there is a greater eligible population that is not being served.

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

We continue to provide outreach through education, parent support groups, virtual and in-person training opportunities on many different topics. We meet with pediatric departments, early childhood agencies, daycares, autism centers, social media, schools, CESA 10 and CESA 11. We utilize Language Line, Chippewa County Department of Public Health Limited Term Employee, and state translators to communicate with limited English speaking clients.

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

We served 100 percent of the clients that have contacted our office.

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

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

This Customer Service Data Analysis was prepared by:

Audra Knowlton, Public Health Administrative Asst III

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.

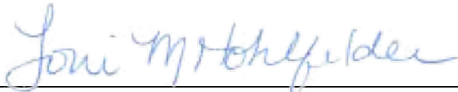
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/30/2021

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

Local Agency/Recipient Name:	Chippewa County Department of Public Health
Funding Agency:	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
Program or Activity:	Women, Infants, and Children (WIC), WIC Farmers' Market, Fit Families (Foodshare/SNAP), Breastfeeding Peer Counseling, Prenatal Care Coordination, Newborn Hearing, Lead, Immunizations
Geographic Service Area:	Chippewa County
Income Level(s) Analyzed:	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	37,984	100.00%	12,676	100.00%	0.00
Breakdown by Race					
White	36,085	95%	10,590	83.5%	-11.5%
Black or African American	151	0.4%	44	0.3%	-0.1%
American Indian or Alaska Native	76	0.2%	34	0.3%	0.1%
Asian	483	1.3%	162	1.3%	0
Native Hawaiian or Pacific Islander	0	0%	5	0.00%	0.00
Other	38	0.1%	0	0%	-0.1%
More Than One Race	544	1.3%	1586	12.5%	11.1%
Subtotal, Non-White	1292	3.5%	1831	14.4%	11.0%
Hispanic/Latino (Regardless of Race)	607	1.6%	255	2.0%	0.4%
Breakdown by Sex					
Female	30,901	81%	7227	57.0%	-24.3%
Male	7,083	19%	5407	42.7%	24.0%

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Disabilities	3,360	8.8%	151	1.2%	-7.7%
Data Source(s) for Potentially Eligible Population:	United States Census Bureau-2020 American Community Survey Estimates				
Data Source(s) for Population Served:	ROSIE, FMM1005-2, WICY3008-3, Chippewa Fit Families Annual Report, Nightingale Notes, Wisconsin Immunization Registry				

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

More than one race, Males

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

Whites, Females and Disabled

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

The programs under WIC are targeted for females and children. We do not discriminate the clients we serve by their gender.

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

Yes, according to the total eligible population of females, there is a greater eligible population that is not being served.

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

We continue to provide outreach through education, support groups, and social media.

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

We serve the clients that contact our office. We do not discriminate by race, sex, or disability.

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

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

This Customer Service Data Analysis was prepared by:

Audra Knowlton, Public Health Administrative Asst III

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.

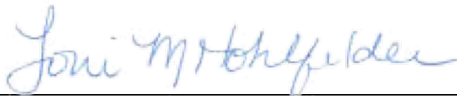
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/30/2021

Date Signed

CUSTOMER SERVICE POPULATION ANALYSIS (CSPA) DATA CHART

Local Agency/Recipient Name:	Chippewa County Department of Public Health
Funding Agency:	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
Program or Activity:	Forward Health Outreach, Prevention, Preparedness, BRIDGES Clinic, WI Wins, Maternal and Child Health, Diabetes, Overdose Fatality Review, Drug Free Communities, and positive COVID-19 cases
Geographic Service Area:	Chippewa County
Income Level(s) Analyzed:	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category ¹	Number Potentially Eligible	Percentage of Total Potentially Eligible Population ²	Number Served	Percentage of Total Served Population ³	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	64,175	100.00%	8,028	100.00%	0.00
Breakdown by Race					
White	59,864	93.3%	6,695	83.4%	-9.9%
Black or African American	970	1.5%	57	0.7%	-0.8%
American Indian or Alaska Native	204	0.3%	21	0.3%	-0.1%
Asian	893	1.4%	91	1.1%	-0.3%
Native Hawaiian or Pacific Islander	2	0.0%	6	0.1%	0.1%
Other	6	0.1%	1,025	12.8%	0.0%
More Than One Race	1,051	1.6%	6	0.1%	-1.6%
Subtotal, Non-White	3,126	4.8%	211	2.3%	-2.5%
Hispanic/Latino (Regardless of Race)	1,185	1.8%	127	1.6%	-0.3%
Breakdown by Sex					
Female	30,901	48.2%	4,189	52.2%	4.0%
Male	33,274	51.8%	3,839	47.8%	-4.1%

¹ Categories were determined by the U.S. Census (data.census.gov).

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

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

Disabilities	7252	11.3%	0	0%	-11.3%
Data Source(s) for Potentially Eligible Population:	United States Census Bureau-2020 American Community Survey				
Data Source(s) for Population Served:	Nightingale Notes, Microsoft Excel, and the Wisconsin Immunization Registry				

Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):
*These categories may be **over-represented** in the program's customer population.⁴*

Females

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):
*These populations may be **under-represented** in the program's customer population.*

White, Males, and Disabled

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

In general, our programs are geared toward females and children, which represents the percentage of females. We do not discriminate by race, sex, or disability.

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

Yes, according to the total eligible population, there is a greater eligible population that is not being served.

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

We continue to provide outreach through education, support groups, and social media.

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

We serve the clients that contact our office. We do not discriminate by race, sex, or disability.

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

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

This Customer Service Data Analysis was prepared by:

Audra Knowlton, Public Health Administrative Asst III

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.

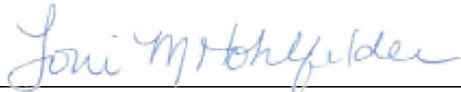
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/30/2021

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

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

(a) Total Potentially Eligible Population (from data.census.gov)	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year:)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	107	.8%	10	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	73	.6%	10	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	15	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	6	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	9	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	96	.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	1	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	18	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify: Unspecified	74	.6%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/other-releases/lep-top-15-languages.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Data Source(s) for LEP Potentially Eligible Population:	Civil Rights Compliance (CRC) Census Data Dashboard Wisconsin Department of Children and Families Programs Serving Families with Children
Data Source(s) for Number LEP Served:	Control D Report LEPR - Participants with LEP Indicator (KARQ)

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

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

Spanish and Hmong

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

No

What factors may be contributing to potentially eligible LEP participants not being served?⁶

N/A

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

N/A

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

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

This LEP Customer Data Analysis was prepared by:

Denise Shervey, Child Support Director

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

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/1/2022

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

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

(a) Total Potentially Eligible Population (from data.census.gov) 15,452	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2020)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	124	.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	93	.6%	10	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	15	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	124	.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	15	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	93	.6%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/other-releases/lep-top-15-languages.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Data Source(s) for LEP Potentially Eligible Population:	CRC Data Dashboard from DCF Website
Data Source(s) for Number LEP Served:	CCDHS - ADRC Translation Service Payments Spreadsheet

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Hmong
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
All eligible LEP participants are being served by the ADRC.
What factors may be contributing to potentially eligible LEP participants not being served? ⁶
All eligible LEP participants are being served by the ADRC
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
ADRC will continue to provide and deliver outreach activities to assure all LEP populations in Chippewa County have knowledge of the available services.
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:
There have no discrimination complaints.

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

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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.

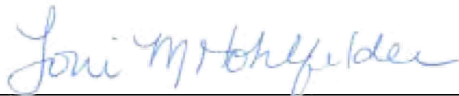
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

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

(a) Total Potentially Eligible Population (from data.census.gov) 47,272	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	378	.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	273	.6%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	54	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	21	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	34	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	356	.8%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	5	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	67	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	277	.6%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/other-releases/lep-top-15-languages.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Data Source(s) for LEP Potentially Eligible Population:	CRC Census Data Dashboard from DCF website
Data Source(s) for Number LEP Served:	Chippewa County Human Services Avatar Data Management System - Consumers Served 2021

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

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

Hmong, Other

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

All eligible LEP participants are being served by the programs in the Recovery & Wellness Consortium Division.

What factors may be contributing to potentially eligible LEP participants not being served?⁶

All eligible LEP participants are being served by the programs in the Recovery & Wellness Consortium Division.

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

Adult programs will continue to provide and deliver outreach activities to assure all LEP populations in Chippewa County have knowledge of the available services.

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:

There have no discrimination complaints.

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

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

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

(a) Total Potentially Eligible Population (from data.census.gov) 12,698	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	107	.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	73	.6%	6	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	15	.1%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	6	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	9	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	96	.8%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	1	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	18	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify: Albanian, Filipino	74	.6%	4	<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/other-releases/lep-top-15-languages.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Data Source(s) for LEP Potentially Eligible Population:	CRC Census Data Dashboard from DCF website
Data Source(s) for Number LEP Served:	Chippewa County Human Services Avatar Data Management System - Consumers Served 2021 State of Wisconsin eWiSACWIS Data Management System - Consumers Served 2021

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

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

Hmong, Other

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

All eligible LEP participants are being served by the Children, Youth & Families Division

What factors may be contributing to potentially eligible LEP participants not being served?⁶

All eligible LEP participants are being served by the Children, Youth & Families Division

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

Children's programs will continue to provide and deliver outreach activities to assure all LEP populations in Chippewa County have knowledge of the available services.

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:

There have no discrimination complaints.

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

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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.

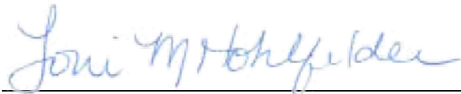
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

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

(a) Total Potentially Eligible Population (from data.census.gov) 66,286	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2020)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	505	.7%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	346	.5%	2	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	69	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	27	.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	43	.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	452	.7%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	6	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	85	.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify: Non-English	351	.5%	3	<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/subject/matters/language.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Data Source(s) for LEP Potentially Eligible Population:	CRC Data Dashboard from DCF Website
Data Source(s) for Number LEP Served:	IMMR-IM Member Race Ethnicity Report

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

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

Hmong, Other

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

All eligible LEP participants are being served by Economic Support

What factors may be contributing to potentially eligible LEP participants not being served?⁶

All eligible LEP participants are being served by Economic Support

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

Economic Support will continue to provide and deliver outreach activities to assure all LEP populations in Chippewa County have knowledge of the available services.

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:

There have no discrimination complaints.

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

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel, DHS Administrative Assistant IV

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.

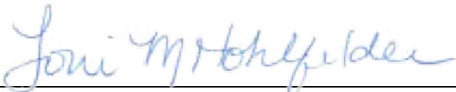
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/25/2022

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

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

(a) Total Potentially Eligible Population (from data.census.gov) 14,190	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	124	0.8%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	85	0.6%	4	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	14	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	14	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	114	0.8%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	14	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	85	0.6%		<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/other-releases/lep-top-15-languages.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Data Source(s) for LEP Potentially Eligible Population:	United States Census Bureau-2020 American Community Survey Estimates Wisconsin Department of Children and Families-CRC Compliance Census Data Dashboard
Data Source(s) for Number LEP Served:	RedCap

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

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

Spanish, Hmong, Laotian

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

Yes

What factors may be contributing to potentially eligible LEP participants not being served?⁶

Non-citizenship issues/concerns of deportation

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

Continue to grow in areas of inclusivity.

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

none

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

This LEP Customer Data Analysis was prepared by:

Audra Knowlton, Public Health Administrative Asst III

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.

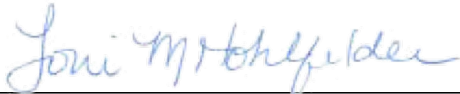
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/30/2021

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

Local Agency/Recipient Name:	Chippewa County Department of Public Health
Funding Agency:	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
Program or Activity:	Women, Infants, and Children (WIC), WIC Farmers' Market, Fit Families (Foodshare/SNAP), Breastfeeding Peer Counseling, Prenatal Care Coordination, Newborn Hearing, Lead, Immunizations, Drug Free Communities
Geographic Service Area:	Chippewa County
Income Level(s) Analyzed:	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from data.census.gov) 37,984	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	304	0.8%	125	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	228	0.6%	29	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	38	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	38	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	304	0.8%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	38	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.dhs.gov).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Other – Specify:	228	0.6%	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Data Source(s) for LEP Potentially Eligible Population:	United States Census Bureau-2020 American Community Survey Estimates Wisconsin Department of Children and Families-CRC Compliance Census Data Dashboard			
Data Source(s) for Number LEP Served:	ROSIE WICQ3010-2 report, Fit Families spreadsheet, WIR records			

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish, Hmong
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
Yes
What factors may be contributing to potentially eligible LEP participants not being served? ⁶
Fear of deportation, residency status
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Reassure participants that they do not need to be a legal citizen to participate in our programs and immigration status is not asked about. Outreach in native language and distribute in places where those groups gather. Working with large farm owners, outreach to populations

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

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

None have been filed

This LEP Customer Data Analysis was prepared by:

Audra Knowlton, Public Health Administrative Asst III

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.

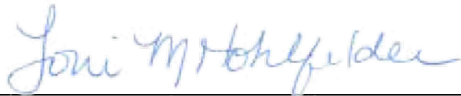
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/30/2021

Date Signed

LIMITED ENGLISH PROFICIENCY (LEP) CUSTOMER DATA ANALYSIS CHART

Local Agency/Recipient Name:	Chippewa County Department of Public Health
Funding Agency:	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
Program or Activity:	Forward Health Outreach, Prevention, Preparedness, BRIDGES Clinic, WI Wins, and Maternal and Child Health, Diabetes, Overdose Fatality Review, Drug Free Communities, positive COVID-19 cases
Geographic Service Area:	Chippewa County
Income Level(s) Analyzed:	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from data.census.gov) 64,175	LEP Potentially Eligible Population (from data.census.gov)		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
				Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups ¹	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group ²		Column (b) is 1,000 or more OR Column (c) is 5% or more?	Column (b) is less than 50 AND Column (c) is 5% or more?
Spanish	510	0.8%	4	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian ³	385	0.6%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	64	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	64	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic ⁴	513	0.8%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic ⁵	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	64	0.1%		<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	0	0%		<input type="checkbox"/> yes	<input type="checkbox"/> yes

¹ Language groups were determined by the [U.S. Census](https://www.census.gov) and [Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency](https://www.census.gov/data/tables/2019/other-releases/lep-top-15-languages.html).

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

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

⁴ "German/Germanic" includes Pennsylvania Dutch.

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

Other – Specify:	385	0.6%	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Data Source(s) for LEP Potentially Eligible Population:	United States Census Bureau-2020 American Community Survey Estimates Wisconsin Department of Children and Families-CRC Compliance Census Data Dashboard			
Data Source(s) for Number LEP Served:	Nightingale Notes, Excel Spreadsheet			

Services to LEP Language Groups

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

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

LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish, Hmong
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
No
What factors may be contributing to potentially eligible LEP participants not being served? ⁶
LEP participants need to be a legal citizen in order to qualify for ForwardHealth programs, residency status.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Outreach in native language and distribute in places where those groups gather. Work with large farm owners, outreach to populations.
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:

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

None have been filed

This LEP Customer Data Analysis was prepared by:

Audra Knowlton, Public Health Administrative Asst III

PRINT NAME of Preparer

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

☒ Yes ☐ No

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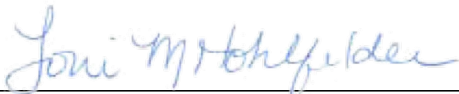
☒ Yes ☐ No

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

☒ Yes ☐ No

Toni Hohlfelder, Human Resources Director

PRINT NAME of Authorized Representative



SIGNATURE of Authorized Representative

3/30/2021

Date Signed

