WINNEBAGO COUNTY, WISCONSIN

An Equal Opportunity Employer

CIVIL RIGHTS PLAN
2014-2017

Prepared by:
Winnebago County
Department of Human Resources
The Winnebago County Civil Rights Plan is a compliance document required by the State of Wisconsin of entities, including the Government of Winnebago County, that receive state and federal money to provide services to the public.

In this document, the County – represented by the County Executive, Equal Opportunity Coordinator and Limited English Proficiency Coordinator – certify that all programs and services it provides are free from discrimination as defined by applicable laws and ordinances.

Readers are encouraged to examine this Civil Rights Plan and the companion Affirmative Action Plan to understand Winnebago County’s firm commitment to Equal Opportunity in Employment and Personnel Management.

If you have questions about this document, please call the Department of Human Resources at (920) 232-3460.
As a condition of funding under this contract(s), WINNEBAGO COUNTY,

A. Service Delivery: Services will be provided without discrimination in compliance with the following laws, guidance and regulations; however, there are other statutes that apply to recipients of specific federal program such as specific grant-related civil rights statutes that may also apply (live links can be found under B. Authority, starting on page 6 of this document):

- Title VI of the Civil Rights Act of 1964, HHS 45 CFR Part 80 Regulations
- Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of disability in the provision of benefits or services or the conduct of programs or activities. This includes the prohibition of employment discrimination by Recipients of Federal financial assistance from U.S. DHHS
- Age Discrimination Act of 1975, as amended 45 CFR Part 90
- Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91
- Titles VI and XVI of the Public Health Service Act (42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.)
- Section 542 of the Public Health Service Act, as amended, (42 U.S.C. 290dd-1) bars discrimination in admission or treatment against substance abusers suffering from medical conditions by Federally-assisted hospitals and outpatient facilities. The HHS regulation is 45 CFR Section 84.53
- Education Amendments of 1972 - Title IX, as amended
- Title II of the Americans with Disabilities Act of 1990 as amended (42 U.S.C. 12131 et. seq.)
- Civil Rights Act of 1991
- Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRA)
- Executive Order 13166 Limited English Proficiency Guidelines
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)
- Section 1808(c) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. The regulation is 42 U.S.C. § 1996b.
- Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex (gender) in Federally-Assisted Health Training Programs. The regulation is 45 CFR Part 83
- Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in the Maternal and Child Health Service Block Grant 42 U.S.C. § 708
- Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C.§ 290cc-33

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
- Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7

- Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57

- The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded under this Act 42 U.S.C. § 10406

- The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex (gender) in programs and activities funded under this Act 42 U.S.C. § 9918

- Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant-Type Programs

- Title I, Section 1557, The Affordable Care Act prohibits discrimination on the basis of gender identity and sex stereotyping


- Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children


- USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance, ensures compliance with and enforcement of the prohibition against discrimination in programs and activities funded in whole or in part by the U.S. Department of Agriculture.

- Title VII of the Civil Rights Act of 1964

- Title I of the Americans with Disability Act of 1990

- Age Discrimination in Employment Act of 1967

- Equal Pay Act of 1963, as amended

- Executive Order 11246, as amended

- Fair Employment Law Sections 111.31-111.395 of the Wisconsin Statutes

- Chapter 106.52 Public Places of Accommodation

- Employee Relations, Chapter 230

No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, national origin, sex, gender identity, disability, or having an association with a person with a disability, religion, retaliation, and applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the DCF, DHS, or DWD. The
program in a nondiscriminatory manner, these employment practices will come within the purview of Title VI.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner or term of employment on the basis of, race, creed, color, national origin, ancestry, age, sex/gender, gender identity, disability, arrest and conviction record, sexual orientation, marital status, familial or parental status or all or part of an individual’s income is derived from any public assistance program, and membership in the military reserve. State law prohibits honesty and genetic testing or protected genetic information in employment, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. The Federal Health Care Provider Conscience Protection Law protects certain health care providers on the basis of religion. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The DCF, DHS and DWD are aware of, and respect tribal rights in the area of employment that includes “Indian Preference” that exempts the tribes from compliance with specific employment civil rights laws. The DCF, DHS and DWD will work in a government-to-government relationship through “Consultation and Coordination” with Wisconsin Indian Tribal Governments when an employment discrimination complaint is filed against a funded Indian Tribe. Furthermore, USDA-FNS 7 CFR Part 272.2(b) 3., requires DHS to implement the Supplemental Nutrition Assistance Program (SNAP) in a manner that is responsive to the special needs of American Indians on reservations and consult in good faith with tribal organizations about that portion of the State’s SNAP Plan of Operation pertaining to the implementation of the Program for members of the tribe on reservations.

The Recipient will:
1. Fairly and consistently administer and revise policies and procedures to comply with federal and state employment laws.
2. Establish policies and processes that eliminate bias and assure Equal Opportunity for all employment actions, i.e., hiring and selection up to voluntary or involuntary termination.

To assist in complying with all applicable Civil Rights Compliance rules, regulations and guidelines, I have appointed as Equal Opportunity Coordinator:

<table>
<thead>
<tr>
<th>Name of Equal Opportunity Coordinator</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ron J. Montgomery</td>
<td>Human Resources Specialist-Labor Relations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>920-232-3460</td>
<td><a href="mailto:ron.montgomery@co.winnebago.wi.us">ron.montgomery@co.winnebago.wi.us</a></td>
</tr>
</tbody>
</table>
To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I
have appointed as the Limited English Proficiency Coordinator:

<table>
<thead>
<tr>
<th>LEP Coordinator Name</th>
<th>LEP Coordinator Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen Shute</td>
<td>Deputy Director of Human Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>920-236-1193</td>
<td><a href="mailto:eshute@co.winnebago.wi.us">eshute@co.winnebago.wi.us</a></td>
</tr>
</tbody>
</table>

The COUNTY OF WINNEBAGO agrees to comply with civil rights monitoring reviews, including the
examination of records and relevant files maintained by the agency, as well as interviews with staff, clients
and applicants for services, subcontractors, and referral agencies.

The COUNTY OF WINNEBAGO agrees to cooperate with DCF, DHS, and DWD in developing,
implementing, and monitoring corrective action plans that result from complaint investigations or other
monitoring efforts.

The COUNTY OF WINNEBAGO agrees to implement the requirements of the CRC Letter of Assurance.

The COUNTY OF WINNEBAGO agrees to conduct an annual self-assessment as required below.

- Self-Assessment Requirement--Primary recipients and sub-recipients are expected to annually conduct a
  self-assessment of policies and practices to ensure civil rights and EO compliance. In the event of a
  monitoring visit by the funding agency, we will likely request a copy of your most recent self
  assessment.

[Signature]  Executive Director or CEO  [Date Signed]
APPENDIX A
RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient / Direct Vendor
Winnebago County - Attn: Ellen Shute

Street Address
220 Washington Avenue

City
Oshkosh

Recipient's or Vendor's Total Workforce

Name of Equal Opportunity Coordinator
Ron Montgomery, Human Resource Specialist-Labor Relations

SIGNATURE - Equal Opportunity Coordinator
Date Signed
24 June 2014

Telephone Number
(920) 232-3468
Email Address
ron.montgomery@co.winnebago.wi.us

Name of Limited English Proficiency (LEP) Coordinator
Ellen Shute - Deputy Director

SIGNATURE - LEP Coordinator
Date Signed
6/24/14

Telephone Number
(920) 236-1193
Email Address
eshute@co.winnebago.wi.us

Name of Executive Director or Chief Executive Officer (CEO)
Mark Harris - County Executive

SIGNATURE - Executive Director or CEO
Date Signed
6/24/14

Telephone Number
(920) 232-3450
Email Address
jflink@co.winnebago.wi.us

Notes:
- Be sure to show the names in print and have the form signed where indicated.
- Important: Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- Be sure to print their names and have them sign the form.

Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer’s contact information must appear as listed in your contract.
APPENDIX B
FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

<table>
<thead>
<tr>
<th>If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.</th>
<th>Contract or Program Name</th>
<th>Contract Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF</td>
<td>DCF</td>
<td>1. Human Services 3950591</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
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<tr>
<td></td>
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<td>3.</td>
</tr>
<tr>
<td>Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS</td>
<td>DHS</td>
<td>1. Human Services 11363400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.</td>
</tr>
<tr>
<td>Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD</td>
<td>DWD</td>
<td>1. Human Services 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
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<td></td>
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<td>3.</td>
</tr>
<tr>
<td>Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County</td>
<td>COUNTY AGENCY</td>
<td>1. Human Services 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.</td>
</tr>
<tr>
<td>Our agency/entity has a sub-contract with (name of the agency(s)</td>
<td></td>
<td>1. Human Services 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.</td>
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</tbody>
</table>

Note: If you have more than three contracts, add a copy as an attachment

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single-Funded Recipient
If you answered "Yes" to only one of the three possible funding options above, the LOA should be submitted to the state department that was selected.

Mutually-Funded Recipient
If you answered "Yes" to more than one of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

If you answered "Yes" to any of the three state agencies and your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.
APPENDIX C
FUNDED PROGRAMS CHECKLIST

✓ Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.

✓ The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

**USE this checklist for Department of Children and Families (DCF)**

<table>
<thead>
<tr>
<th>Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Works (W-2)</td>
</tr>
<tr>
<td>□ Adoption</td>
</tr>
<tr>
<td>☑ Child Support</td>
</tr>
<tr>
<td>□ Child Care Program &amp; Licensing</td>
</tr>
<tr>
<td>□ Children Residential Programs – Licensing</td>
</tr>
<tr>
<td>□ Child Placing Agencies - Licensing</td>
</tr>
<tr>
<td>☑ Child Care Certification</td>
</tr>
<tr>
<td>□ Quality Child Care Initiative</td>
</tr>
<tr>
<td>☑ Child Abuse and Neglect (Child Protective Services)</td>
</tr>
<tr>
<td>□ Interstate Compact on the Placement of Children</td>
</tr>
<tr>
<td>□ Milwaukee Child Welfare Program</td>
</tr>
<tr>
<td>□ Immigrant Integration – Social Services</td>
</tr>
<tr>
<td>□ Immigrant Integration – Older Refugee</td>
</tr>
<tr>
<td>□ Immigrant Integration – Preventative Health</td>
</tr>
<tr>
<td>□ Immigrant Integration – Health Services</td>
</tr>
<tr>
<td>☑ Refugee Cash and Medical Assistance</td>
</tr>
<tr>
<td>☒ AIDS/HIV</td>
</tr>
<tr>
<td>□ Ambulance Services</td>
</tr>
<tr>
<td>□ Asbestos Certification</td>
</tr>
<tr>
<td>□ Cancer-Comprehensive/Cancer Control Plan</td>
</tr>
<tr>
<td>□ Cardiovascular Health</td>
</tr>
<tr>
<td>□ Children With Special Health Care Needs</td>
</tr>
<tr>
<td>☒ Childhood Lead Poisoning Prevention</td>
</tr>
<tr>
<td>□ Sexual Assault</td>
</tr>
<tr>
<td>□ Diabetes Prevention and Control Program</td>
</tr>
<tr>
<td>□ Emergency Medical Services for Children</td>
</tr>
<tr>
<td>□ Emergency Medical Services and Injury Prevention</td>
</tr>
<tr>
<td>☒ Environmental Health</td>
</tr>
<tr>
<td>□ Family &amp; Community Health</td>
</tr>
<tr>
<td>□ Health Statistics</td>
</tr>
<tr>
<td>□ Immunizations</td>
</tr>
<tr>
<td>□ Injury Prevention</td>
</tr>
<tr>
<td>☒ Maternal and Child Health</td>
</tr>
<tr>
<td>□ Minority Health</td>
</tr>
<tr>
<td>☒ Nutrition and Physical Activity</td>
</tr>
<tr>
<td>☒ Mental Health - Comprehensive Community Services (CCS)</td>
</tr>
<tr>
<td>☒ Community Support Programs (CSP)</td>
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<tr>
<td>□ Integrated Service Project (CST-ISP)</td>
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<tr>
<td>☒ Disability Determination (SSI/SSDI)</td>
</tr>
<tr>
<td>☒ Developmental Disability</td>
</tr>
<tr>
<td>☒ Medicaid – HMO</td>
</tr>
<tr>
<td>☒ BadgerCare,</td>
</tr>
<tr>
<td>□ SeniorCare,</td>
</tr>
<tr>
<td>☒ BadgerCare-Plus</td>
</tr>
<tr>
<td>☒ Medicaid Fee for Services</td>
</tr>
<tr>
<td>□ Office for the Deaf and Hard of Hearing</td>
</tr>
</tbody>
</table>
**USE** this checklist for **Department Workforce Development (DWD)**

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

<table>
<thead>
<tr>
<th>☑ Other (specify):</th>
<th>☐ Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC Child Care Admin &amp; Operations</td>
<td></td>
</tr>
<tr>
<td>CC Contracted Child Care</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The Checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with US DHHS, and USDA-FNS, grants, for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other (specify)" space to specify the type of program, grant or funding agreement administered by the agency/entity.
VII. EEO EMPLOYEE COMPLAINT PROCEDURE

It is the policy of Winnebago County that employees who have reason to believe they have been discriminated against or harassed in their employment on the basis of race, color, religion, national origin or ancestry, marital or parental status, pregnancy, sex, sexual preference/orientation, age, disability or any other non-merit factors except where age, sex or physical requirements constitute a demonstrable bona fide occupational qualification, shall be afforded the safe opportunity to report any such alleged discrimination or harassment without jeopardy to their current or future employment status or working conditions, and without fear of reprisal. All such complaints are to be processed in accordance with the following procedures:

A. INFORMAL REPORTING PROCEDURE

The complainant, alone or with a representative of his or her choice, shall arrange a confidential interview or conversation with the Affirmative Action Officer, his/her designee or other designated investigator. If this results in a meeting, all participants may take notes to assist in future recall, but no formal minutes will be kept. The complainant will have an opportunity to describe the situation or incident about which he or she feels aggrieved.

The Affirmative Action Officer or designee will ask questions to establish a full picture of the facts, shall provide information about applicable law and policy if necessary and shall help the employee write and file a formal complaint if requested to do so. The Affirmative Action Officer or designee shall take appropriate steps, which may include conducting an investigation, to resolve the employee's concerns. The purpose of this step is to resolve the concerns by a process which will result in a satisfactory outcome without using the formal procedure.

B. FORMAL REPORTING PROCEDURE

Step 1-Complaint: The complainant shall contact a professional staff member of the Human Resources Department and/or complete an EEO Complaint Form stating the nature of the alleged discrimination or harassment, the remedy or corrective action requested, and other relevant information as soon as is practical after the alleged incident or the employee's knowledge of it. If desired, the complainant may furnish his/her own document and narrative.
EEO Complaint Forms shall be made available through the County Human Resources Office. Assistance in completing the form will be provided by Human Resources upon request. All Complaint Forms or other complaints will be reviewed by the Affirmative Action Officer, designee or other investigator and a consultation session will be scheduled with the complainant and the complainant's representative, if any, as soon as practical but no more than within ten working days of the complaint, unless special circumstances exist or the complainant agrees to an extension. The Affirmative Action Officer, designee or other investigator shall conduct an investigation of the allegation(s) and may make a written report describing the investigation and its results.

Upon completion of the consultation session and the completion of any investigation of the allegations, the Affirmative Action Officer, designee or other investigator may render a written determination of the complaint. In some cases, such as when it is clear that no harassment or other discrimination has taken place, the Affirmative Action Officer, designee or other investigator may so inform the complainant orally. The written or oral determination shall set forth the findings of fact and interpretations of policy upon which the determination is based.

Step 2-Appeal: Should the complainant wish to appeal from the determination of the Affirmative Action Officer, designee or other investigator, the complainant may file an appeal with the Director of Human Resources (or designee) detailing the items within the initial determination with which the complainant takes issue. Upon receipt of the appeal and any relevant documents, the Director of Human Resources shall review the record of the case and may, at her/his discretion, interview the complainant, the complainant’s representative, if any, the Affirmative Action Officer, designee or other investigator, other relevant persons and any witnesses. The Director of Human Resources (or designee) is not required to take any or all of these steps before issuing a finding regarding the appeal. The Director of Human Resources shall, within 30 days of receiving the appeal, issue a finding in writing.

Step 3-Final Internal Appeal: Should the complainant wish to appeal from the finding of the Director of Human Resources (or designee) the complainant may file a final internal appeal with the Winnebago County Grievance Review Board regarding the Director’s or designee’s findings or the Affirmative Action Officer’s initial determination.
Upon receipt of the appeal and any relevant documentation, the Grievance Review Board may convene to review the record of the case and may, at its discretion, interview all relevant persons. The Board is not required to take any or all of these steps before issuing a finding in a matter before it. After the appeal is received following any investigation the Board shall, within 30 days of receiving the final appeal, issue its finding in writing. The finding of the Grievance Review Board shall be binding upon the County and the County department to which the remedy applies. However, any determination by the Grievance Review Board involving an expenditure of County funds shall be subject to approval of the County Board of Supervisors.

If requested, the Affirmative Action Officer or designee will explain this process to the complainant until the complainant is satisfied that he or she understands it.

Should the complainant not be satisfied with the County’s internal handling of the complaint, external complaint processes are available with state and federal government agencies:

United States Equal Employment Opportunity Commission
Reuss Federal Plaza
310 W. Wisconsin Ave., Suite 800
Milwaukee, WI 53203-2292
1-800-669-4000
TDD: 1-800-669-6820

United States Department of Labor
Office of Federal Contract Compliance
Chicago Regional Office
230 South Dearborn St., Suite 5708
Chicago, IL 60604
1-312-353-0335 TDD: 1-312-353-2158

Equal Rights Division
Wisconsin Department of Workforce Development
201 E. Washington Ave., Suite A300
PO Box 8928
Madison, WI 53703
1-608-266-6680
WINNEBAGO COUNTY
EEO COMPLAINT FORM FOR CURRENT EMPLOYEES

Name_____________________________ Date________________

Position__________________________ Department________________

What happened?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Who was involved?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

When did you become aware of this situation?

_________________________________________________________________

What type of discrimination do you believe took place?

_________________________________________________________________

Did any provision of Human Resources Policy or Labor Agreement contribute to this problem?
Which one(s)?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Is there anything you would like to add to this report?

_________________________________________________________________

INSTRUCTIONS: To file a Winnebago County Equal Employment Opportunity Complaint, complete the form as fully as possible and forward to: Affirmative Action Officer, c/o Winnebago County Department of Human Resources, P. O. Box 2808, Oshkosh, WI 54903-2808.
Additional copies are available through the Human Resources Department. Assistance in completing the form will be provided by a professional staff member of the Human Resources Department upon request.

VIII. EEO JOB APPLICANT COMPLAINT PROCEDURE

It is the policy of Winnebago County that persons seeking employment with Winnebago County who have reason to believe that they have been discriminated against in obtaining such employment on the basis of race, color, religion, national origin or ancestry, marital or parental status, pregnancy, sex, sexual preference/orientation, age, disability or any other non-merit factors except where age, sex or physical requirements constitute a demonstrable bona fide occupational qualification, shall be afforded an opportunity to file a formal complaint with the Winnebago County Grievance Review Board.

A. INFORMAL REPORTING PROCEDURE

An EEO/Affirmative Action inquiry may be made on an informal basis by scheduling an appointment with the Affirmative Action Officer or designee. At this meeting, concerns and questions may be discussed, and information and explanations exchanged.

If the Affirmative Action Officer or designee proposes to offer formal advice, investigate the complaint or take other steps, then the Officer or designee shall create a written record of the proposed action.

For example:

a. "The applicant will use the formal process and will submit a written complaint." (The Affirmative Action Officer or designee may assist in drafting the complaint.)

b. "The Affirmative Action Officer or designee will arrange a meeting with the people involved in the hiring decision, for the purpose of discussing how credentials, tests, interviews or other indices were weighted, scored, evaluated, and upon what basis the employment decision was made and by whom."
B. FORMAL REPORTING PROCEDURE

HOW TO FILE: Any EEO complaint(s) must be filed in writing on a Winnebago County EEO Complaint Form or in a letter. The complaint should indicate the position or job group applied for, the approximate date of application, the full name, address and telephone number of the complainant, the nature of the complaint and the type of discrimination alleged.

WHERE TO FILE: Any complaint shall be addressed to:

Affirmative Action Officer
c/o The Department of Human Resources
Winnebago County Administration Building
P. O. Box 2808
Oshkosh, WI 54903-2808

WHEN TO FILE: Complaint(s) shall be filed within 60 days of the date of the mailed rejection notification or other action which gave rise to the complaint.

COMPLAINT REVIEW: Within 30 days of receipt of the complaint, the Affirmative Action Officer or designee shall investigate the complaint and respond to the complainant.

Appeal: In the event that the complainant wishes to appeal from the determination of the Affirmative Action Officer, designee or other investigator, the complainant may file an appeal with the Director of Human Resources (or designee) detailing the items within the initial determination with which the complainant takes issue. Upon receipt of the appeal and any relevant documents, the Director of Human Resources shall review the record of the case and may, at her/his discretion, interview the complainant, the complainant’s representative, if any, the Affirmative Action Officer, designee or other investigator, other relevant persons and any witnesses. The Director of Human Resources is not required to take any or all of these steps before issuing a finding regarding the appeal. The Director of Human Resources shall, within 30 days of receiving the appeal, issue a finding in writing. If the Director of Human Resources had a role in the initial hiring decision, the appeal shall proceed to the Final Internal Appeal stage.

Final Internal Appeal: Should the complainant wish to appeal from the finding of the Director of Human Resources (or designee) the complainant may file a final internal appeal with the Winnebago County Grievance Review Board regarding Director’s findings or the Affirmative Action Officer’s initial determination. Upon receipt of the appeal and any relevant documentation, the Grievance Review Board may convene to review the record of the case and may, at its discretion, interview all relevant persons.
The Board is not required to take any or all of these steps before issuing a finding in a matter before it. After the appeal is received following any investigation the Board shall, within 30 days of receiving the final appeal, issue its finding in writing. The finding of the Grievance Review Board shall be binding upon the County and the County department to which the remedy applies. However, any determination by the Grievance Review Board involving an expenditure of County funds shall be subject to approval of the County Board of Supervisors.

If requested, the Affirmative Action Officer or designee will explain this process to the complainant until the complainant is satisfied that he or she understands it.

Should the complainant not be satisfied with the County’s internal handling of the complaint, external complaint processes are available with state and federal government agencies:

United States Equal Employment Opportunity Commission
Reuss Federal Plaza
310 W. Wisconsin Ave., Suite 800
Milwaukee, WI 53203-2292
1-800-669-4000
TDD: 1-800-669-6820

United States Department of Labor
Office of Federal Contract Compliance
Chicago Regional Office
230 South Dearborn St., Suite 5708
Chicago, IL 60604
1-312-353-0335
TDD: 1-312-353-2158

Equal Rights Division
Wisconsin Department of Workforce Development
201 E. Washington Ave., Suite A300
PO Box 8928
Madison, WI 53703
1-608-266-6680
Name ________________________________ Date __________
Address ______________________________________
______________________________________________
Department _________________________________
Position/Job Group applied for ____________________________
Were you interviewed? Yes ___ By whom? ____________________________ No ___
What happened? ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Was anyone else involved? ___ Who? __________________________________________
When did you become aware of the behavior which concerns you? ___________________
What type of discrimination do you believe took place? __________________________
________________________________________________________________________
________________________________________________________________________
Did any provision of Human Resources Policy or Labor Agreement contribute to this problem?
Which one(s)? _____________________________________________________________
________________________________________________________________________
Is there anything you would like to add to this report? ____________________________
________________________________________________________________________
________________________________________________________________________

INSTRUCTIONS: To file a Winnebago County Equal Employment Opportunity complaint, complete all lines as fully as possible and forward to: Affirmative Action Officer, c/o Winnebago County Department of Human Resources, P. O. Box 2808,
Oshkosh, WI 54903-2808. Further copies are available through the Human Resources Department.
IX. WINNEBAGO COUNTY CLIENT/consumer complaint procedure regarding service delivery and/or benefits

It is the policy of Winnebago County that disabled persons seeking to receive the delivery of services and/or benefits from Winnebago County, and who have reason to believe that they were not reasonably accommodated on the basis of their disability, shall be afforded an opportunity to file a formal complaint with Winnebago County. It also is the policy of Winnebago County that persons seeking to receive delivery of services and/or benefits from Winnebago County, and who feel that they have been discriminated against or harassed on the basis of race, color, religion, national origin or ancestry, marital or parental status, pregnancy, sex, sexual preference/orientation, age, disability or any other non-merit factors except where age, sex or physical requirements constitute a demonstrable bona fide occupational qualification shall be afforded an opportunity to file a formal complaint with Winnebago County.

A. informal reporting procedure

An inquiry may be made on an informal basis. Relevant department heads or administrators will make themselves available to the consumer and any representative of the consumer's choice, by appointment, to hear such inquiries. At this meeting, concerns and questions may be discussed and information and explanations exchanged. Also note that various service departments have or provide access to additional complaint/appeal processes or ombudsmen.

If the department head or designee proposes to offer formal advice, investigate the complaint or take other steps, then the department head or designee shall create a written record of the proposed action.

For example:

a. "The consumer will use the formal process and will submit a written complaint."
   (The department head or designee may assist in drafting the complaint.)

b. "The department head or designee will meet with relevant manager or supervisor for the purpose of discussing whether sufficient attempts were made to provide reasonable accommodation for the complainant's disability."
FORMAL REPORTING PROCEDURE

HOW TO FILE: Any consumer complaint(s) must be filed in writing on an EEO Complaint Form for Consumers or in a letter. The complaint should indicate the delivery of service(s) and/or benefit(s) requested (such as food stamps, job assistance, health services, family/consumer support, etc.) and the approximate date of request. The complaint should include the full name, address and telephone number of the consumer complainant, the nature of the complaint, and the type of accommodation or service requested.

Where to File: Complaint shall be addressed to:

Department Head
(Department’s Name)
c/o Winnebago County
P.O. Box 2808
Oshkosh, WI 54903-2808

When to File: Complaint(s) shall be filed within 60 days of the date of the perceived failure to provide requested service or accommodation which gave rise to the complaint.

Complaint Review: Within 30 days of the receipt of the complaint, the department head or designee shall investigate the complaint, respond to the consumer complainant and the County Executive or his designee. If upon receipt of the response, the consumer complainant is not satisfied with the response and desires to have the complaint and response formally reviewed by the County Executive or designee, the consumer complainant may request in writing to meet with the Executive or designee, either alone or with a representative of the complainant’s choice, in order to present the complaint.

Upon receipt of such request, the County Executive or designee shall meet with the complainant within no later than 10 days for the purpose of hearing the complainant and reviewing the case. The Executive shall, as soon as practical, render a written decision or recommendation in the matter.

Should the complainant not be satisfied with the County’s internal handling of the complaint, external complaint processes are available with state and federal government agencies:

United States Equal Employment Opportunity Commission
Reuss Federal Plaza
310 W. Wisconsin Ave., Suite 800
Milwaukee, WI 53203-2292
1-800-669-4000
TDD: 1-800-669-6820

Equal Rights Division
Wisconsin Department of Workforce Development
201 E. Washington Ave., Suite A300 PO Box 8928
Madison, WI 53703
1-608-266-6680
United States Department of Labor
Office of Federal Contract Compliance
Chicago Regional Office
230 South Dearborn St., Suite 5708
Chicago, IL 60604
1-312-353-0335
TDD: 1-312-353-2158
WINNEBAGO COUNTY
EEO COMPLAINT FORM FOR CONSUMERS

Name ___________________________  Date __________________

Address

________________________________________________________________________

Department _____________________________

Service/accommodation applied for ____________________________

Were you interviewed? Yes ___ By whom? ____________________________  No ___

What happened? ____________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Was anyone else involved? ___ Who? _________________________________________________

When did you become aware of the behavior which concerns you? __________________________

What type of discrimination do you believe took place? ____________________________

________________________________________________________________________

Did any provision of Human Resources Policy or Labor Agreement contribute to this problem?
Which one(s)? ___________________________________________________________________________

________________________________________________________________________

Is there anything you would like to add to this report? ____________________________________________________________________________

________________________________________________________________________

INSTRUCTIONS: To file a Winnebago County Equal Employment Opportunity Complaint, complete all lines as fully as possible and forward to: Affirmative Action Officer, c/o Winnebago County Department of Human Resources, P. O. Box 2808, Oshkosh, WI 54903-2808. Further copies are available through the Human Resources Department.
APPENDIX D

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of Winnebago County (Organization Name) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

EMPLOYMENT

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or nonuse of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

SERVICE DELIVERY

No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, age, sex, sexual identity, sexual orientation, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

The Federal Health Care Provider Consence Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Ron J. Montgomery as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer

Mark J. Herman

Date Signed 6/5/14

1 Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.
APPENDIX E

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

The County of Winnebago

is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 920-232-3468 [Voice]; or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or ________ (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, and in some cases, religion and political beliefs.

The U.S. Department of Health and Human Services (HSS) and Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery.

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or click on the State information /Hotline Number. Click on the link for a listing of the Wisconsin Income Maintenance (IM) Consortia's Call Center number for your area or county and/or local tribal contact numbers: Wisconsin IM Consortia.

If you wish to file a Civil Rights Program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call 866-632-9992, to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Toll free 800-368-1019 or 800-537-7697 (TDD)

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
12/1/2013

Page 1 of 2
APPENDIX F
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS

HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

WheatonWisconsin is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 920-236-1193 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or (TTY/TDD).

This Institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation or religion. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain HHS federal financial assistance from discriminating against certain health care providers because of the provider’s refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider’s beliefs or moral convictions. These prohibitions apply to employment and service delivery.

If you feel that someone or this institution has discriminated against you based on a protected basis, you may file an informal discrimination complaint with Ron Montgomery, Equal Opportunity Coordinator.

To assist us in complying with all applicable equal opportunity rules, regulations, and guidelines, we have appointed Mr. Montgomery, (telephone: 920-232-3468) as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or 1-888-701-1251 (TTY)

Anyone can file written complaints with the Office of Civil Rights. It is recommended that you use the Civil Rights Discrimination Complaint Form Package. You can also request a copy of this form from an OCR regional office. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

OR

To file a complaint of discrimination regarding any program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 or
Toll Free 800-368-1019 or 800-537-7697 (TDD)

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
12/1/2013
Complaints can also be directed to:
HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll free 800-368-1019, 315-353-5693 (TDD), or 312-886-1807 (Fax)

DHS, USDA and HHS are equal opportunity service providers and employers.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write to:
Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or by dialing 1-888-701-1251 (TTY)

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Ron J. Montgomery Phone: 920-232-3468 as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about the discrimination complaint resolution process is available to you upon request.

SIGNATURE – Executive Director or Chief Executive Officer

Date Signed

Mark J. Harris

6/24/14
APPENDIX H
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The County of Winnebago

is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of Winnebago County to discourage the use of family members or friends as interpreters because this may violate the person’s privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

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

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed (Mr./Ms.) Ron J. Montgomery Phone (920)232-3468 as Limited English Proficiency Coordinator. 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 to you upon request.

______________________________
SIGNATURE - Executive Director or Chief Executive Officer

______________________________
Date Signed

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
12/1/2013
5. Customer Service Population Data Analysis
(Click to additional Population Data Analysis Charts)

Program Name(s): CC (Complete a separate table for each program or contract checked on the Funded Programs Checklist. **If the eligible populations are the same for multiple programs, identify programs on the line above.**)

<table>
<thead>
<tr>
<th>Category</th>
<th>Eligible Population Likely to be served or likely to be affected or Encountered in Service Area</th>
<th>Eligible Population Served in Most Recent Calendar or Program Year</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent (%)</td>
<td>Number</td>
</tr>
<tr>
<td>*TOTAL eligible Population in service area</td>
<td>61034</td>
<td>100%</td>
<td>3311</td>
</tr>
<tr>
<td>White</td>
<td>57006</td>
<td></td>
<td>2742</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1160</td>
<td>Combined #:</td>
<td>251</td>
</tr>
<tr>
<td></td>
<td></td>
<td>%: 1.9</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>427</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Asian</td>
<td>1526</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Hispanic/Latino Regardless of Race</td>
<td>2258</td>
<td></td>
<td>not avail</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>10</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>More than One Race</td>
<td>854</td>
<td></td>
<td>211</td>
</tr>
<tr>
<td>Females</td>
<td>30394</td>
<td>49.8%</td>
<td>not avail</td>
</tr>
<tr>
<td>Persons with Disabilities</td>
<td>6225</td>
<td>10.2%</td>
<td>75</td>
</tr>
</tbody>
</table>

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient’s Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What actions can be tried to improve program participation to populations that are underserved?

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit
is completed or at the time an onsite monitoring compliance review is conducted or upon request by DCF, DHS or DWD.

Please comment on the nature of the discrimination complaints filed, both formal and informal and their resolution:

**Instructions for Completing Customer Service Population Data Analysis**

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

**Step 1:**
- “Eligible Population Likely to be Served or Likely to be Affected or Encountered” means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- “Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered” is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

**Step 2:**
- “Eligible Population Served” means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- “Percent of Eligible Participants in Each Protected Category Served” is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.
Summary for Customer Service Data Analysis

- Geographic Service Area:
- Data Source(s):
- Data Period: From: To:

This Customer Service Data Analysis was prepared by:

Ellen Shute

PRINT NAME of Preparer

Signature – Preparer

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right 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

Ellen Shute

PRINT NAME of Program Administrator

Signature – Program Administrator

Date Signed
5. Customer Service Population Data Analysis
   (Link to additional Population Data Analysis Charts)

Program Name(s): FS (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs, identify programs on the line above.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Eligible Population Likely to be served or likely to be affected or Encountered in Service Area</th>
<th>Eligible Population Served in Most Recent Calendar or Program Year</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent (%)</td>
<td>Number</td>
</tr>
<tr>
<td>TOTAL  eligible Population in service area</td>
<td>61034</td>
<td>100%</td>
<td>22702</td>
</tr>
<tr>
<td>White</td>
<td>57006</td>
<td></td>
<td>19056</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1160</td>
<td>Combined #:</td>
<td>1549</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>427</td>
<td></td>
<td>234</td>
</tr>
<tr>
<td>Asian</td>
<td>1526</td>
<td></td>
<td>1115</td>
</tr>
<tr>
<td>Hispanic/Latino Regardless of Race</td>
<td>2258</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>10</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>More than One Race</td>
<td>854</td>
<td></td>
<td>724</td>
</tr>
<tr>
<td>Females</td>
<td>30394</td>
<td>49.8%</td>
<td></td>
</tr>
<tr>
<td>Persons with Disabilities</td>
<td>6225</td>
<td>10.2%</td>
<td>3376</td>
</tr>
</tbody>
</table>

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient’s Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What actions can be tried to improve program participation to populations that are underserved?

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit
Summary for Customer Service Data Analysis

- Geographic Service Area:
- Data Source(s):
- Data Period: From: To:

This Customer Service Data Analysis was prepared by:

[Signature]

I am the (Administrator, Coordinator or Director) of the civil right 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

[Signature]
All recipients are required to have a data collection system that record:

- The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient’s service area. The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the U.S. DHHS “Safe Harbor” guidelines.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodation requests received and services provided to applicants and participants with disabilities.
- The primary language spoken by the customer, patient, or participant.

5. Customer Service Population Data Analysis

(For: Park View Health Center Winnebago County)

(program Name(s)):  
(Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs, identify programs on the line above.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent (%)</th>
<th>Number</th>
<th>One Year %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL eligible Population in service area</td>
<td>133,409</td>
<td>100%</td>
<td>302</td>
<td>100%</td>
</tr>
<tr>
<td>White</td>
<td>124,823</td>
<td>93.4%</td>
<td>301</td>
<td>99.9%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1,535</td>
<td>Combined: 2.5%</td>
<td>1</td>
<td>Combined: 0%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>984</td>
<td>7.1%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>3,334</td>
<td>2.5%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Hispanic/Latino Regardless of Race</td>
<td>4,937</td>
<td>3.7%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>More than One Race</td>
<td>186</td>
<td>1.4%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Females</td>
<td>64,448</td>
<td>49.8%</td>
<td>183</td>
<td>61.7%</td>
</tr>
<tr>
<td>Persons with Disabilities</td>
<td>15,511</td>
<td>11.4%</td>
<td>302</td>
<td>100%</td>
</tr>
</tbody>
</table>

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient’s Service Area) should be used when completing the LEP customer service language access data table.

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What actions can be tried to improve program participation to populations that are underserved? -- N/A

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:

- 0 -

How many informal and formal discrimination complaints were filed within the last 24 months?

Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an onsite monitoring compliance review is conducted or upon request by DCF, DHS or DWD.

- 0 -

Please comment on the nature of the discrimination complaints filed, both formal and informal and their resolution:

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPS is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:
- "Eligible Population Likely to be Served or Likely to be Affected or Encountered" means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- "Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered" is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:
- "Eligible Population Served" means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- "Percent of Eligible Participants in Each Protected Category Served" is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.
Summary for Customer Service Data Analysis

- Geographic Service Area:
- Data Source(s):
- Data Period: From: To:

This Customer Service Data Analysis was prepared by:

[Signature]

PRINT NAME of Preparer

[Signature]

SIGNATURE of Preparer

5.29.14

Date Signed

I am the (Administrator, Coordinator or Director) of the civil right 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

[Signature]

PRINT NAME of Program Administrator

5/29/14

Date Signed

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development