

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165

Workforce Development
DETS-16705-E

(For the Civil Rights Compliance Period from January 1, 2010 to December 31, 2013)

As a condition of funding under this contract(s), (RECIPIENT),

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:

- [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 US 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 C.F.R. Section 84.53](#)
- [Education Amendments of 1972 - Title IX, as amended](#)
- [Titles II, of the Americans with Disabilities Act of 1990 as amended \(42 U.S.C. 12131 et. seq.\)](#)
- [The Civil Rights Act of 1991](#)
- [Statutory amendments made by the Civil Rights Restoration Act of 1987 \(CRRA\)](#)
- [Executive Order 13166 Limited English Proficiency Guidelines](#)
- [Omnibus Budget Reconciliation Act of 1981, and if applicable, 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 C.F.R. 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](#)
- [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](#)
- [Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285](#)
- [Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children](#)
- [Part 251 - The Emergency Food Assistance Act of 1983 \(Public Law 98-8\), as amended, 7 CFR Part 250 and 251, SDA Regulations 7 CFR Part 16, Equal Opportunity for Religious Organizations](#)
- [Title VII of the Civil Rights Act of 1964](#)
- [Title I of the American 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](#)
- [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, disability, or having an association with a person with a disability. In addition, no qualified person will be denied FoodShare participation based on his/her religious belief or political affiliation.

The Recipient will:

1. Train staff on the CRC laws, and take affirmative step to increase the staff's cultural awareness skills to insure equal access and equal opportunity to programs, services, and activities when

working with persons with disabilities and participants/consumers from other cultures. Primary recipients and sub-recipients administering USDA-FNS funded programs and services must provide on an annual basis CRC training to all frontline staff who interact with program applicants or participants, supervisors and administrators. Non USDA-FNS funded recipients must provide CRC training to all staff at a minimum once every three years

2. Provide accessible programs, facilities and reasonable accommodations to service participants/ customers with disabilities in compliance with Title II and Title III of the American with Disabilities (ADA) of 1990 as amended and Section 504 of the Rehabilitation Act of 1973.
3. Upon request, provide an American Sign Language (ASL) interpreter or a nationally certified or [Wisconsin Interpreting and Transliterating Assessment \(WITA\)-verified sign language interpreter](#) to assist deaf and hard-of-hearing applicants. Provide [other options for effective communication](#) (e.g., TTY, or other appropriate technology) for deaf and hard-of-hearing clients who do not use ASL.
4. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) to ensure meaningful participation in the organization's programs and services.
5. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
6. Provide translation of vital documents for each eligible LEP group that constitutes at least 5% 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.
7. Establish an appeal or complaint process that shall be posted in conspicuous places available to applicants/clients of services.

B. Employment Conditions: Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, Title I of the ADA of 1990 as amended, Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act of 1976, Ch. 111.31 to 111.395 (Wis. Fair Employment Act), Wisconsin Statutes, Chapter 230, Wisconsin Contract Compliance Law, Chapters 16.765 and 51.01(5), Wis. Stats., Executive Order 11246, as amended, and other laws requiring nondiscrimination in employment. Title VI of the Civil Rights Act of 1964 statutorily restricts claims of employment discrimination to instances where the "primary objective" of the financial assistance is to provide employment; however, a recipient's employment practices may be subject to Title VI when these practices negatively affect the delivery of services to ultimate beneficiaries. When employment discrimination by a recipient has a secondary effect on the ability of beneficiaries to meaningfully participate in and/or receive the benefits of a federally assisted 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, disability, arrest and conviction record, sexual orientation, marital status, and membership in the military reserve. State law prohibits unfair honesty and genetic testing, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. 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.

The Recipient will:

1. Fairly and consistently administer policies and procedures that relate to federal and state laws for equal employment opportunity.
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:

Name of Equal Opportunity Coordinator		Title
Telephone Number () -	Email Address	

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name		LEP Coordinator Title
Telephone Number () -	Email Address	

The (RECIPIENT) 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, applicants for services, subcontractors, and referral agencies.

The (RECIPIENT) 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 (RECIPIENT) agrees to implement the requirements of the CRC Letter of Assurance.

The (RECIPIENT) 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		
Street Address		
City	State	Zip Code
Name of Equal Opportunity Coordinator		
Signature of Equal Opportunity Coordinator		Signature Date
Telephone Number () -		Email Address
Name of Limited English Proficiency (LEP) Coordinator		
Signature of LEP Coordinator		Signature Date
Telephone Number () -		Email Address
Name of Executive Director or Chief Executive Officer (CEO)		
Signature of Executive Director or CEO		Signature Date
Telephone Number () -		Email Address

Notes:

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

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	COUNTY AGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

Note: If you have more than 3 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 agency 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 agency 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)

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"/> Wisconsin Works (W-2)	<input type="checkbox"/> Promoting Safe and Stable Families
<input type="checkbox"/> Adoption	<input type="checkbox"/> Adoption Assistance Program
<input type="checkbox"/> Child Support	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Child Care Program & Licensing	<input type="checkbox"/> Kinship Care
<input type="checkbox"/> Children Residential Programs – Licensing	<input type="checkbox"/> Child Welfare Licensing
<input type="checkbox"/> Child Placing Agencies- Licensing	<input type="checkbox"/> Indian Child Welfare
<input type="checkbox"/> Child Care Certification	<input type="checkbox"/> Domestic Violence/Domestic Abuse Programs
<input type="checkbox"/> Quality Child Care Initiative	<input type="checkbox"/> Independent Living
<input type="checkbox"/> Child Abuse and Neglect (Child Protective Services)	<input type="checkbox"/> Paternal Interest Registry
<input type="checkbox"/> Interstate Compact on the Placement of Children	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Milwaukee Child Welfare Program	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Immigrant Integration – Social Services	<input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP)
<input type="checkbox"/> Immigrant Integration – Older Refugee	<input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula
<input type="checkbox"/> Immigrant Integration – Preventative Health	<input type="checkbox"/> Immigrant Integration – Mental Health
<input type="checkbox"/> Immigrant Integration – Health Services	<input type="checkbox"/> TANF-GPR
<input type="checkbox"/> Refugee Cash and Medical Assistance	<input type="checkbox"/> Other (specify):

APPENDIX C *continued funded Programs checklist*

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):

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Oral Health
<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input type="checkbox"/> Tobacco Control Programs
<input type="checkbox"/> Children With Special Health Care Needs	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Refugee Health
<input type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Emergency Medical Services for Children	<input type="checkbox"/> Office for the Blind and Visually Impaired
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Office on Aging
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Office of Independence and Employment
<input type="checkbox"/> Family & Community Health	<input type="checkbox"/> Physical Disabilities Resources Coordinator
<input type="checkbox"/> Health Statistics	<input type="checkbox"/> WisTech Assistive Technology Program
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Family Care
<input type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input type="checkbox"/> AODA- Comprehensive Community Services
<input type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input type="checkbox"/> Community Support Programs (CSP)	<input type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS)
<input type="checkbox"/> Integrated Service Project (CST-ISP)	<input type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input type="checkbox"/> BadgerCare-Plus	<input type="checkbox"/> FoodShare Program
<input type="checkbox"/> Medicaid Fee for Services	<input type="checkbox"/> Food Stamp Employment and Training (FSET)
<input type="checkbox"/> Office for the Deaf and Hard of Hearing	<input type="checkbox"/> Other (specify):

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):

Other (specify):

Other (specify):

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.

**APPENDIX D: EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY
POLICY STATEMENT**

It is the policy of _____ (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, religion¹, 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 non use of lawful products off the employers 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, 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. Under the Food Stamp Act and USDA-FNS policy, discrimination is prohibited also on the basis of religion and political beliefs or affiliation. 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.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) _____ Phone () - _____ 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 of the Executive Director or Chief Executive Officer	Date Signed
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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.” These exceptions apply only to employment conditions.

APPENDIX E: LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The (Organization Name) _____ 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 (Organization Name) _____ 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 requests the use of a family member or friend will be ask to sign a Release Form 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 interpreter 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.) _____ Phone () - _____ 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 of the Executive Director or Chief Executive Officer	Date Signed
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