Federal and State laws, as well as Los Angeles WDB’s policies, require that all WIOA programs be accessible to non-English speaking populations in the City of Los Angeles. Please answer the following questions and once completed, eliminate any unnecessary spacing from text boxes. Print, sign, and scan this questionnaire to submit **electronically as a PDF file** by **Friday, July 15, 2022 to maricela.hernandez@lacity.org**. Also, include an electronic copy of the following: marketing materials (flyers, notices); application forms; orientation materials; and any other **NEW** forms (since your last submission) which are routinely distributed and/or used for LEP customers (internal or external, registered, or universal access) -- also as **PDF files**.

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| **FACILITY INFORMATION** |

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| Contractor Name:  |
| Program: [ ]  WSC [ ]  YSC |
| Center’s days and hours of operation AND list of Primary and Secondary LEP Coordinators:A Google Docs form was developed years past to give LEP Coordinators easy access to make modifications to the center hours of operation regardless of when changes occur. Please click (CTRL+CLICK) on the links below to gain access. Following are some guidelines:* Find your Agency Name listed by Region (YSC) or in alphabetical order (WSC). Please enter/review information for all fields on the same row for your agency.
* In the Comments section, note any factors that deviate from your Center’s regular schedule.
* You will now have access to make any changes, especially staff turnover, throughout the program year. Make sure you enter the date on the 1st column every time you make a revision/update - including the date you finish reviewing for this questionnaire even when no new changes are recorded – This date will be reviewed shortly after the due date (7/15/22) to verify you have complied with this request. Late or non-submissions will adversely affect your agency’s administrative score.
* Do not change the formatting in any way. For example, if the text you typed in does not fit, EWDD staff will make needed modifications for easy viewing. This includes font style and size.
* When done entering your Center’s information, make sure you leave your cursor anywhere on the heading of the form with a blank cell. Leaving your cursor on any other cell may impede others from entering or modifying their data.

[WSC Hours of Operation and LEP Staff Roster](https://docs.google.com/spreadsheets/d/1SmfD4JCQkbTgpxC0Wkouq-Rag3eFemL8RpSYU-9fur0/edit#gid=0)[YSC Hours of Operation and LEP Staff Roster](https://docs.google.com/spreadsheets/d/1lon5If475j34Gi7IeCkgFV9mZucGmXarSkitG-7bxX8/edit#gid=0)**Has the WSC/YSC Hours of Operation & LEP Staff Roster been completed/reviewed for accuracy?** [ ] Yes [ ]  No - If yes, what date was it updated/reviewed? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**If no, please indicate any issues you may have encountered:**

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| **SERVICES** |

* 1. Does your Center have an LEP client policy in place? [ ]  Yes [ ]  No

(Please submit a copy with this questionnaire, if you have modified **and/or** if your existing policy was not submitted with the 2021-22 Questionnaire)

If “no”, please explain why not, and indicate when a written policy will be adopted:

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| * 1. Describe best practices your Center uses to provide services to the LEP population *(Highlight the approaches your Center takes to provide quality services to targeted LEP customers in your community*):
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| **DEMOGRAPHICS** |

1. In the table below, indicate the number of customers served between **July 1, 2021 – June 30, 2022**, categorized by their primary language and the level of service received:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primary Language** | **# of LEP Customers Enrolled** | **# of LEP Customers Receiving Intensive Services** | **# of LEP Customers who Received or are in Training** | **# of LEP Customers who Received Supportive Services** | **# of LEP Customers placed in employment** | **# of LEP Customers in Universal Access** |
| Armenian  |  |  |  |  |  |  |
| Chinese **(Traditional)** |  |  |  |  |  |  |
| Chinese **(Simplified)** |  |  |  |  |  |  |
| Farsi  |  |  |  |  |  |  |
| Hindi |  |  |  |  |  |  |
| Japanese |  |  |  |  |  |  |
| Khmer |  |  |  |  |  |  |
| Korean |  |  |  |  |  |  |
| Russian |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |
| Tagalog  |  |  |  |  |  |  |
| Thai |  |  |  |  |  |  |
| Vietnamese  |  |  |  |  |  |  |
| *Sign Language* |  |  |  |  |  |  |
| *Braille Code* |  |  |  |  |  |  |
| **Other (list)\*:** |  |  |  |  |  |  |
| **Total:** |  |  |  |  |  |  |

\**Add “other” additional rows as needed.*

1. Based on your current and changing demographics in your service area, what language population do you expect to increase your level of service in the next two years **(July 2022-June 2024)**? Rank only applicable language(s) in order of priority. Check this box If no changes are expected**:** [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Rank** | **Projected # of New Staff to Accommodate Need** | **Additional or New** **Translated Materials Needed?** **(check)** | **OTHER NEED (briefly describe):** |
| Armenian  |       |       | [ ]  |  |
| Chinese **(Traditional)** |       |       | [ ]  |  |
| Chinese **(Simplified)** |       |       | [ ]  |  |
| Farsi  |       |       | [ ]  |  |
| Hindi |       |       | [ ]  |  |
| Japanese |       |       | [ ]  |  |
| Khmer |       |       | [ ]  |  |
| Korean |       |       | [ ]  |  |
| Russian |       |       | [ ]  |  |
| Spanish |       |       | [ ]  |  |
| Tagalog  |       |       | [ ]  |  |
| Thai |       |       | [ ]  |  |
| Vietnamese  |       |       | [ ]  |  |
| *Sign Language* |       |       | [ ]  |  |
| *Braille Code* |       |       | [ ]  |  |
| **Other (list)\*:** |       |       | [ ]  |  |

\**Add “other” additional rows as needed.*

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| **COMMUNICATION** |

1. Does your Center use a telephone interpreter service? [ ]  Yes [ ]  No

If “yes”, provide …

|  |
| --- |
| Company Name:  |
| Contact Name: |
| Phone #: Email: |

If “no”, how are interpreter services provided for your customers if the customer speaks a language not spoken by Center staff?

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1. In the table below, **check off** the type of materials/tools you have available in each language:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Language** | **Outreach Materials**  | **Posters** | **Computer Software** | **Resource Materials**  | **Assessment Tests** | **Customer Surveys** | **Other Items (Describe briefly):** |
| Armenian  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Chinese **(Traditional)** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Chinese **(Simplified)** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Farsi  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Hindi | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Japanese | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Khmer | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Korean | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Russian | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Spanish | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Tagalog  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Thai | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Vietnamese  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| *Sign Language* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| *Braille Code* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Other (list)\*:** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Total Languages:** |  |  |  |  |  |  |  |

\**Add “other” additional rows as needed.*

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| **STAFFING** |

#### Please answer the following: (provide an explanation for any “no” answers)

1. Does your LEP Coordinator attend EO Training facilitated by EWDD?

[ ]  Yes [ ]  No

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1. Does your LEP Coordinator provide presentations at your staff meetings regarding LEP?

[ ]  Yes [ ]  No

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1. Does your LEP Coordinator attend the City-Sponsored LEP Coordinator meetings?

[ ]  Yes [ ]  No

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1. Does your Center maintain an LEP Binder containing all relevant LEP information, including your organization’s written LEP policy?

[ ]  Yes [ ]  No

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1. What is the total number of Staff at the Center? Program: Administrative:
2. In the table below (though certification is not required), identify the number of staff with interpreter/translation capabilities and whether they are certified:

| Language | # of Staff Who Translate/Interpret who are: | # of Case Managers | # of Bus. Service Reps | # of Staff Assignedto the Resource Center | # of Staff Assigned to the Reception Area | # Staff Conducting WIOA Orientations |
| --- | --- | --- | --- | --- | --- | --- |
| # Certified  | # Non-Certified  |
| Armenian  |      |       |       |       |       |       |       |
| Chinese **(Traditional)** |      |       |       |       |       |       |       |
| Chinese **(Simplified)** |      |       |       |       |       |       |       |
| Farsi  |      |       |       |       |       |       |       |
| Hindi |      |       |       |       |       |       |       |
| Japanese |      |       |       |       |       |       |       |
| Khmer |      |       |       |       |       |       |       |
| Korean |      |       |       |       |       |       |       |
| Russian |      |       |       |       |       |       |       |
| Spanish |      |       |       |       |       |       |       |
| Tagalog  |      |       |       |       |       |       |       |
| Thai |      |       |       |       |       |       |       |
| Vietnamese  |      |       |       |       |       |       |       |
| *Sign Language* |      |       |       |       |       |       |       |
| *Braille Code* |      |       |       |       |       |       |       |
| **Other (list)\*:** |      |       |       |       |       |       |       |
| **Total:** |      |       |       |       |       |       |       |

\**Add additional rows as needed.*

1. Please indicate the source of the certification, if “certified” was indicated in the table above:

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| **BILINGUAL STAFF FORM** |

A staff language capability tracking form was created last few years to give LEP Coordinators easy access to make needed modifications and maintain up to date information throughout the program year. Please click (CTRL+CLICK) on the links below to gain access. Following are some guidelines:

* Because staffing may not have changed, feel free to copy and paste your last year’s submission from the 2021-22 Google Excel Tab – **MAKE SURE YOU ARE ENTERING YOUR INFORMATION IN THE 2022-23 TAB.**
* Complete the Roster using one row per Center Staff who speaks any other language besides English. Please fill out all fields completely as we may at times copy the file to sort as needed. Having access to this form, once completed, will give you the ability to see who you may connect with to support with your language needs.
* The languages are listed in alphabetical order and those listed are the primary languages we are currently focusing on. However, the last column allows you to enter any other languages spoken by your staff not included in the primary languages listed.
* Do not change the formatting in any way. For example, if the text you typed in does not fit, EWDD staff will make needed modifications for easy viewing once all entries have been made. This includes font style and size.
* Because you are listing all staff located at your Center, we need to differentiate between co-located partners (like EDD) and EWDD-funded positions. Enter either Yes or No. ‘No’ means that the position is funded by EWDD/WIOA.
* For each language spoken by staff, indicate their level of proficiency by **entering L (Low), M (Medium), or H (High)** under each of the following headings: Speak, Read, and Write.
* When done entering your Center’s information, make sure you leave your cursor anywhere on the heading of the form with a blank cell. Leaving your cursor on any other cell will impede others from entering their data.

[WSC LEP Bilingual Staff Language and Level Tracker](https://docs.google.com/spreadsheets/d/1vm_oyiJwFek_hz7FQT1Z38vNzBnj4M8jASauwmyICnA/edit#gid=0)

[YSC LEP Bilingual Staff Language and Level Tracker](https://docs.google.com/spreadsheets/d/1azMDSySJT3k92DAIz0S0Wuqar7OQL0BXozMRG3LcAIA/edit#gid=0)

**Has the Tracking form been completed?** [ ]  Yes [ ]  No

**If no, please indicate any issues you may have encountered:**

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| **PROJECTED LANGUAGE NEEDS** |

1. Describe your projected written translation needs:

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|  |

1. Describe your projected oral interpreter needs:

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| --- |
|  |

1. Does staff training take place on implementation of your written LEP policy? [ ]  Yes [ ]  No

If “yes”, please describe format. If “no”, why not?

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| **SIGNATURE** |

Provide the following information for the Individual who completed this LEP Questionnaire:

NAME

TITLE

E-MAIL/PHONE

SIGNATURE

DATE