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 14, 2023 to** [**Maricela.Hernandez@lacity.org**](mailto:Maricela.Hernandez@lacity.org), and the following Subject Line: ELL Submission – Agency Name and WSC Name or YSC Region 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 ELL Coordinators:  A Google Docs form was developed years past to give ELL Coordinators easy access to make modifications to the Center’s hours of operation regardless of when changes occur. Please click (CTRL+CLICK) on the links below to gain access. If you are unable to open, please request access for the specific email you will be utilizing.  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 (7/14/23) 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 ELL Staff Roster](https://docs.google.com/spreadsheets/d/1SmfD4JCQkbTgpxC0Wkouq-Rag3eFemL8RpSYU-9fur0/edit#gid=0)  [YSC Hours of Operation and ELL Staff Roster](https://docs.google.com/spreadsheets/d/1lon5If475j34Gi7IeCkgFV9mZucGmXarSkitG-7bxX8/edit#gid=0)  **Has the WSC/YSC Hours of Operation & ELL 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 ELL 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 ELL 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, 2022 – June 30, 2023**, categorized by their primary language and the level of service received:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primary Language** | **# of ELL Customers Enrolled** | **# of ELL Customers Receiving Intensive Services** | **# of ELL Customers who Received or are in Training** | **# of ELL Customers who Received Supportive Services** | **# of ELL Customers placed in employment** | **# of ELL Customers in Universal Access** |
| Arabic |  |  |  |  |  |  |
| Armenian |  |  |  |  |  |  |
| Bengali |  |  |  |  |  |  |
| Chinese **(Traditional)** |  |  |  |  |  |  |
| Chinese **(Simplified)** |  |  |  |  |  |  |
| Farsi |  |  |  |  |  |  |
| Hindi |  |  |  |  |  |  |
| Japanese |  |  |  |  |  |  |
| Khmer |  |  |  |  |  |  |
| Korean |  |  |  |  |  |  |
| Russian |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |
| Tagalog |  |  |  |  |  |  |
| Thai |  |  |  |  |  |  |
| Vietnamese |  |  |  |  |  |  |
| *Sign Language (ASL)* |  |  |  |  |  |  |
| *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 2023-June 2025)**? 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):** |
| Arabic |  |  |  |  |
| Armenian |  |  |  |  |
| Bengali |  |  |  |  |
| Chinese **(Traditional)** |  |  |  |  |
| Chinese **(Simplified)** |  |  |  |  |
| Farsi |  |  |  |  |
| Hindi |  |  |  |  |
| Japanese |  |  |  |  |
| Khmer |  |  |  |  |
| Korean |  |  |  |  |
| Russian |  |  |  |  |
| Spanish |  |  |  |  |
| Tagalog |  |  |  |  |
| Thai |  |  |  |  |
| Vietnamese |  |  |  |  |
| *Sign Language (ASL)* |  |  |  |  |
| *Braille Code* |  |  |  |  |
| **Other (list)\*:** |  |  |  |  |
| **Total:** |  |  |  |  |

\**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 …

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| 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:

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

\**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 ELL Coordinator attend EO Training when facilitated by EWDD?

Yes  No

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

Yes  No – if yes, how often?

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1. Does your ELL Coordinator attend City-Sponsored ELL Coordinator meetings when scheduled?

Yes  No

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

Yes  No – If yes, where is it stored?

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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 Assigned  to the Resource Center | # of Staff Assigned  to the Reception Area | # Staff Conducting WIOA Orientations |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # Certified | # Non-Certified |
| Arabic |  |  |  |  |  |  |  |
| Armenian |  |  |  |  |  |  |  |
| Bengali |  |  |  |  |  |  |  |
| Chinese **(Traditional)** |  |  |  |  |  |  |  |
| Chinese **(Simplified)** |  |  |  |  |  |  |  |
| Farsi |  |  |  |  |  |  |  |
| Hindi |  |  |  |  |  |  |  |
| Japanese |  |  |  |  |  |  |  |
| Khmer |  |  |  |  |  |  |  |
| Korean |  |  |  |  |  |  |  |
| Russian |  |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |  |
| Tagalog |  |  |  |  |  |  |  |
| Thai |  |  |  |  |  |  |  |
| Vietnamese |  |  |  |  |  |  |  |
| *Sign Language (ASL)* |  |  |  |  |  |  |  |
| *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 ELL 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 2022-23 Google Excel Tab – **MAKE SURE YOU ARE ENTERING YOUR INFORMATION IN THE 2023-24 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 may impede others from entering their data.

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

[YSC ELL 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 ELL 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 PY 2023-24 ELL Questionnaire:

NAME

TITLE

E-MAIL/PHONE

SIGNATURE

DATE