**Workforce Development Board Name:**

**Submitted by:**       **Date Submitted:**

The purpose of this survey is to ensure we have the most current information about your agency in advance of monitoring. This desk review will be used to review existing information prior to conducting the on-site monitoring review. Please provide the most current in-use information and documents; do not provide documents that are in draft format or pending Board approval.

**Please complete the entire Desk Review Survey and submit at least 20 business days prior to the scheduled monitoring visit to the following parties:**

* **To: Program Lead-** The Local Program Liaison (LPL) assigned to your WDA
* **CC: Fiscal Lead-** SumanpreetK.Ghuman@dwd.wisconsin.gov**;** Babucarr.kebbeh@dwd.wisconsin.gov
* **CC: CR/EO Lead-** Elizabeth.Barroilhet@dwd.wisconsin.gov

**Objective 1-A: Planning & Program Design**

1. Identify the current Chief Elected Official for the WDB and the effective date of their appointment to that role.
Attach the current CEO Consortium Agreement.
Describe the process used to educate a new CEO of WDB activities.
2. Describe how the WDB has operationalized the strategies identified in its local plan related to career pathways and sector strategies.
3. Please complete Attachment A on Part 1, Page 5 summarizing your local policy requirements.

**Objective 1-B: Implementation**

1. Submit all forms currently used by career planners in participant files including, but not limited to:
	1. WIOA Application Forms
	2. Document verification form used to validate date of birth, authorization to work, etc.
	3. Selective Service verification forms/Selective Service waiver forms
	4. Forms used to collect family/household size and income information
	5. Assessment forms developed internally by the WDB and/or service provider
2. Describe participant outreach and recruitment activities.
Include any specialized activities for conducting outreach to barriered individuals, including individuals who are LEP and/or members of protected classes.
Identify the role(s) of one-stop delivery system partners in the outreach activities.
3. Describe the ways the WDB works with WIOA core program partners and other One-Stop System partners to provide integrated service delivery.
4. Identify all the WDB's current WIOA-funded subrecipient(s) (Adult, Dislocated Worker, Youth, One-Stop Operator(s), Business Solutions, etc.):

|  |  |
| --- | --- |
| **Agency** | **Program(s)/Activities** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Indicate whether the WDB intends to issue a Request for Proposals for service provision within this program year, and if so, which program(s)/activities are intended to be re-procured.
2. Attach a list of all WIOA-funded staff within the WDA (both WDB and subrecipient staff) including name, job title, program(s) served, email address, and % FTE funded by WIOA.
Attach position descriptions or include a brief description of each individual's job duties.
3. Provide the agency, name, contact information, and service area(s) of individual(s) performing OSO functions.
Attach copies of the OSO contract(s).
4. Describe the functions provided by the One-Stop Operator(s) within the WDA, including (but not limited to):
5. Meetings convened (include frequency, and identify participating partners);
6. Facilitation of co-enrollment activities
7. Direct expenditures in support of the one-stop delivery system

**Objective 1-C: Products & Deliverables**

1. In the past year, what personnel training has been provided to institutionalize knowledge about the one-stop delivery system and its partners?

**Objective 1-D: Business Services & Employer Engagement**

1. Describe how business services are provided within the WDA.
Include a list of required and optional partners that participate in business service activities. Include a description of any fee-for-service business services available through the WDB.
If applicable, attach a copy of the WDB's fee-for-service policy/procedure.
2. Describe how the WDB and its partners engage with businesses regarding work-based learning activities.
3. Provide a roster of the WDA's Business Solutions Team. Include the name, job title, email address, and organization of each individual.
Indicate the team leader (if applicable).
Identify which individual(s)/organization(s) are responsible for entering business service data in JCW Business.
4. Describe any training provided to staff members related to serving businesses.

**Objective 1-E: Participant Services**

1. Describe the process by which career planners in your local area request funding (training and/or supportive services) on behalf of a participant.
Identify and attach any related forms or documents that should be retained in the participant file (i.e. training vouchers, requests to exceed ITA funding limits, etc.).
Identify the individual(s) who must approve the requests prior to funding (if applicable).
2. What tools are used to provide assessment services to participants?

**Objective 1-F: Contract Administration**

1. Attach all contracts with WIOA-funded WDB subrecipients.
2. Attach a copy of the One-Stop Operator's budget.
3. Describe what steps are taken during the budgeting process to ensure the WDB achieves the 35% training goal for Adult/Dislocated Worker program funds and the 20% work experience expenditure requirement for Youth program funds.
4. Identify what percentage of funds and dollar amount of the WDB's program funds were used on Supportive Services in the last program year.
Describe what steps are taken during the budgeting process to ensure the WDB has funding available for allowable Supportive Services.

**Objective 1-G: Performance Management**

1. Describe any training that has been provided in the past year to WDB and/or service provider staff on the primary indicators of performance and related reporting requirements.
2. Identify any outstanding technical assistance or training needs of the WDB and/or its service providers related to performance.
3. Identify strategies the WDB has used in program development and service delivery to ensure attainment of "meets" or "exceeds" ratings on its negotiated performance expectations.
4. Identify any performance-related challenges the WDB or its service providers are facing and describe any actions that have been taken internally to address those performance-related challenges.
5. Does WDB staff regularly use the following systems to monitor performance data?
	1. JCS-RED Warehouse (aka BI Launchpad, WEBI)
	2. ASSET System Reports

Provide any information/comments about the use of these tools, including who uses them and in what ways they are utilized.

**Objective 1-H: Subrecipient Management & Oversight**

1. Describe the process used to conduct programmatic monitoring of contracted service providers. Include in the description information regarding:
2. Timeline and frequency of monitoring;
3. Items reviewed;
4. Methodology (on-site, file review, ASSET, etc.);
5. Name(s) and employer(s) of the individual(s) responsible for monitoring the service providers/program operators, as well as one-stop operators/one-stop delivery system;
6. Process used to notify the monitored entity of any issues identified;
7. Any corrective action(s) or training(s) implemented as a result of this monitoring.
8. Any other documents/communications.

Attach documentation from the most recent local monitoring, including monitoring reports, closeout reports, corrective action plans, etc.

1. Describe any training/technical assistance provided to career planners since DWD-DET's last monitoring visit. Include the date, format, and scope/subject of each training.

**Objective 1-I: Records Management**

1. Describe the WDB's process for protecting Personally Identifiable Information (PII) and other confidential information.
Identify the WDB's Custodian of Records.
Attach the WDB's records retention policy and a list of records that must be retained.
2. In the past year, what personnel training has been provided on PII and/or protection of confidential information?
3. Describe the WDB's plan to ensure safeguarding of records in case of disaster.

**INNOVATION: The "I" in WIOA**

1. Identify any **innovative** practices the WDB has implemented in the past year.
Include the challenge(s) being addressed, how the practice came to be, the process used to develop and implement the innovation, and any resulting data or success stories.
2. Attach any other materials that you would like us to review or consider prior to our arrival on-site.
3. Identify any other requests for training or technical assistance from DWD-DET.

**Attachment A: Summary of Local Policy Requirements**

|  |  |  |
| --- | --- | --- |
| **Topic** | **Local Policy Requirement** | **Effective Date** |
| Frequency of IEP/ISS reviews |  |  |
| Frequency of participant contact |  |  |
| Provision of Follow-up Services |  |  |
| Youth Objective Assessment Tool(s) |  |  |
| ISY Requires Additional Assistance  |  |  |
| OSY Requires Additional Assistance  |  |  |
| Supportive Services (Funding limits) |  |  |
| Training (Funding limits) |  |  |
| Youth Incentives |  |  |
| Local Priority of Service Categories |  |  |

**FISCAL**

1. Does your agency have any real property that was purchased with grant funds?
[ ]  Yes [ ] No

If so, what method is used to calculate space allocations?

Does DOL hove any equity in the property? If so, how much?

1. Was there a sale or purchase of property since the last review?
[ ]  Yes [ ] No
2. Has your agency purchased any equipment ($5000 or more) with WIOA funds?
[ ]  Yes [ ] No

If Yes, was prior approval received?

If Yes, did you determine the best option (Lease vs Purchase)? Was a cost and/or price analysis performed to determine the best option?

If yes, does your agency have a system for the acquisition, management, and disposition of equipment purchased with WIOA funds? UG 200.313(d)(1) Management Requirements.
[ ]  Yes [ ] No

Explain your agency's inventory system. Include how often it is updated and the method used. Is a physical inventory of the equipment done and is it reconciled with the property records at least once every two years? UG 200.313(d)(2) Management Requirements

If equipment requires maintenance, how has this been obtained? UG 200.313(d)(4) Management Requirements

What methodology does your agency use to depreciate equipment? UG 200.313(e) Disposition.

Was any equipment disposed of since the last review?

 What efforts are made to ensure that you comply with the Buy American Act?

1. Do you have a fiscal agent?

[ ]  Yes [ ] No

If yes, provide the documentation of CEO designation of the fiscal agent. [WIOA, Chapter 2, Section 107 (d)(12)(B)(i)(II)]

1. If a Request for Proposal (RFP) was used for procurement, who prepares it?
2. When was the OSO procurement conducted

1. What is the mechanism or tool used by the grant recipient to determine the amount of cash to draw down? How often is it performed and reviewed?

1. Provide a list of sub awards. For each, indicate whether they were chosen by the RFP process this year, if their contract(s) were renewed, or if they were a noncompetitive (sole source) procurement.

|  |  |  |
| --- | --- | --- |
| **Subcontractor** | **Selection Process** | **Contract Renewal Date** |
|  | [ ]  RFP [ ]  Sole Source [ ]  Contract Renewal |  |
|  | [ ]  RFP [ ]  Sole Source [ ]  Contract Renewal |  |
|  | [ ]  RFP [ ]  Sole Source [ ]  Contract Renewal |  |
|  | [ ]  RFP [ ]  Sole Source [ ]  Contract Renewal |  |
|  | [ ]  RFP [ ]  Sole Source [ ]  Contract Renewal |  |

1. Does your agency accrue vacation, sick leave, or paid time off?
[ ]  Yes [ ] No

If so, provide the end of year calculation along with the balance sheet at the end of the fiscal year.
2. In the past twelve (12) months, has your agency had any late payment penalties or bank service fees?
[ ]  Yes [ ] No

If so, please explain how they were accounted for in the general ledger.
3. Do bank cash balances ever exceed the FDIC-insured amount of $250,000?
[ ]  Yes [ ] No

If so, is there a collateral agreement or another arrangement with the bank to cover the excess?
[ ]  Yes [ ] No
Explain:
4. Does our agency have a line of credit? If so, for how much? Have you accessed this line of credit in the past year?

[ ]  Yes [ ] No

1. Do board members get reimbursement for any type of expenses? (mileage, meeting per diem, etc.)?

[ ]  Yes [ ] No

1. Has there been any out-of-state travel in the past fiscal year for any staff or board members? If so, **list the attendees and the trips.**

[ ]  Yes [ ] No

1. Were gift cards purchased (gas cards, bus passes, etc.)?
[ ]  Yes [ ] No
	1. If so, how are they being tracked and controlled?

Explain:

1. Were program funds used to pay for entertainment expenses?
[ ]  Yes [ ] No
2. Has your organization ever received a negotiated indirect cost rate?
[ ]  Yes [ ] No
3. Are all funds used in the cost allocation active?
[ ]  Yes [ ] No
4. What is the basis used for the cost allocation?
[ ]  Yes [ ] No
5. If a cost pool is used, is it reduced to zero monthly?
[ ]  Yes [ ] No
6. Are all the funds used in the cost allocation? Refer to the chart of accounts to make sure that all funding sources are accounted for.
[ ]  Yes [ ] No
7. Are costs allocated to the grant only to the extent that a benefit was received?
[ ]  Yes [ ] No
8. Do the corporate credit cards accumulate any points? If so, how often are the points redeemed and what are the points used for? Please explain:

[ ]  Yes [ ] No

1. How often are the budget to actuals presented to the board for review? How are modifications communicated to the staff and the board?

Explain:

1. What financial system are you using?

Explain:

1. Is your financial management system able to compare budgets to actuals within the system? Are budgets being entered into the financial management system and updated regularly?

Explain:

1. Has the grant recipient acquired or developed any intangible property with grant funds?

[ ]  Yes [ ] No

1. Who oversees record-retention? Is custody of records transferred to the WDA after a sub-contract has ended or is the sub-contractor responsible for record retention? How are record retention requirements communicated to the subrecipient?

Explain:

1. Is incentive compensation to employees based on cost reduction, or efficient performance, suggestion awards, safety awards, etc.?

Explain:

How often are wage increases issued? What are they based on- cost of living adjustment or Performance review?

Explain:

1. Attach the following documents to the Desk Review Survey: Each document should be a separate file (Please don’t scan all documents in as one big PDF).
	1. Profit and loss statement as of June 30, 2018 & June 30, 2019
	2. Balance sheet for the fiscal year end as of June 30, 2018 & June 30, 2019
	3. All WIOA trial balances for Adult, DLW, Youth and Admin for June 30, 2019
	4. All WIOA general ledgers from July 1, 2018 to June 30, 2019 [excel file]
	5. Transaction detail report for any Job Fair accounts, if applicable, from July 1, 2018 to June 30, 2019 [excel file]
	6. Most recent independent audit report
	7. Chart of accounts
	8. Procurement policy and/or procedures—indicate most recent updates. Include Board minutes where the update(s) were approved.
	9. Personnel policies and/or procedures—indicate most recent updates. Include Board minutes where the update(s) were approved.
	10. Financial policies and/or procedures—indicate most recent updates. Include Board minutes where the update(s) were approved.
	11. W-2s for the three (3) highest paid employees
	12. Wage authorization/pay rate approval documentation for the 3 highest paid employees, if any.
	13. Job descriptions for the 3 highest paid employees.
	14. Travel reports for the three (3) highest paid employees for March, April and May 2019
	15. Time card for the three (3) highest paid employees for March, April and May 2019
	16. Travel reports for the board members for March, April and May 2019 if applicable.
	17. Most recent organizational chart
	18. The current budget and the board minutes documenting the approval of the budget
	19. The Financial report comparing budget to actual expenditures that was most recently presented and approved by the board of directors, please provide minutes also.
	20. Cost allocation plan
	21. Credit Card statements for January, February, and May 2019 (please provide the supporting documentation electronically if possible, if not have it available for review on-site)
	22. Bank Statements, Bank Reconciliations and Balance Sheets for March, April and May 2019.
	23. A copy of the director's and employee's liability insurance coverage.
	24. A copy of the WDA's insurance coverage for real property and equipment.
	25. Conflict of Interest forms for all staff.
	26. Inventory/Equipment list
	27. Current Sub-grantee monitoring reports and guides
	28. Copies of any leases for property or equipment.
	29. A copy of a most recent sub-contract that you have with a sub-recipient (prefer WIOA DLW or Youth).

1. Make sure the following documents are available on-site during the monitoring visit:
	1. Financial Status Reports (FSR) and source documentation
	2. Detailed history of procurement
	3. Documentation of the Risk Management System
	4. Written methods for conducting technical evaluations
	5. Supporting documentation for the credit card statements if not already provided electronically.

## PART IV: CIVIL RIGHTS AND EQUAL OPPORTUNITY (CR/EO)

### Element 1: Designation of EO Officer

1. Name of the Local Equal Opportunity (EO) Officer: Click or tap here to enter text.
2. To whom does the EO Officer report? Click or tap here to enter text. (Provide a copy of the EO Officer's job description)
3. Provide specific examples of how the EO Officer’s identity is made known to employees, participants, service providers, and the public. Click or tap here to enter text.
4. Describe staffing support for the EO Officer, if any. Click or tap here to enter text.
5. Describe any non-EO related job functions that may create a conflict of interest or the

 appearance of a conflict of interest for the EO Officer [(See what constitutes Conflict of Interest)](https://www.dol.gov/oasam/programs/crc/conflicts-of-interest.htm).

Click or tap here to enter text.

1. Do the EO Officer's duties and responsibilities accurately reflect the following?
	1. Serving as the local workforce recipient's liaison with the State DWD-DET EO Office and Federal Civil Rights Center (CRC). [ ]  Yes [ ]  No
	2. Monitoring and investigating the WDB's activities, and the activities of sub-recipients that receive WIOA Title I funds from the WDB, to ensure compliance with nondiscrimination and equal opportunity obligations. [ ]  Yes [ ]  No
	3. Reviewing the WDB's written policies to ensure they are nondiscriminatory.
	[ ]  Yes [ ]  No
	4. Developing and publishing the WDB's procedures for processing discrimination complaints and ensuring those procedures are followed. [ ]  Yes [ ]  No
	5. Processing Complaints [ ]  Yes [ ]  No
	6. Reporting EO matters directly to the Executive Director or appropriate official at the local WDB level. [ ]  Yes [ ]  No
	7. Undergoing training to maintain competency. [ ]  Yes [ ]  No
	8. Providing EO training to staff and contractors. [ ]  Yes [ ]  No
	9. Overseeing the development and implementation of the WDB local nondiscrimination plan. [ ]  Yes [ ]  No
	10. Reviewing participant reports for equity of service. [ ]  Yes [ ]  No
2. What training has the EO attended or been provided with *(either in person or remotely)* since the last EO on-site monitoring visit? Click or tap here to enter text.
3. Have WDB staff members been provided EO training since the last EO on-site monitoring visit?
[ ]  Yes [ ]  No

If yes, provide specific dates and locations where equal opportunity training was provided to staff. (Attach a copy of the training registration log and the training presentation or related training materials, if preferred.) Click or tap here to enter text.

If no, when does the WDB plan to provide EO training to staff? Click or tap here to enter text.

1. Has the WDB EO Officer provided training to sub-recipients?
[ ]  Yes [ ]  No

If yes, provide specific dates and locations where equal opportunity training was provided to subrecipients. (Attach a copy of the training registration log and the training presentation or related training materials, if preferred.) Click or tap here to enter text.

If no, how does the EO Officer and/or the WDB ensure that sub-recipients provide EO training to their staff? Click or tap here to enter text.

### Element 2: Notice and Communication:

1. Are the following posters prominently displayed in all Job Centers and Board Offices in all required languages?

|  |  |  |
| --- | --- | --- |
|  | WDB Equal Opportunity, Affirmative Action and Service Delivery Statement (See Attachment A) | [ ]  Yes [ ]  No |
|  | Limited English Proficiency Policy (See Attachment B) | [ ]  Yes [ ]  No |
|  | Local One-Stop Center Complaint and Grievance Procedures | [ ]  Yes [ ]  No |
|  | You Have the Right to an Interpreter Poster DETS-P-17448 (N.01/2014) | [ ]  Yes [ ]  No |
|  | "I Speak" Card | [ ]  Yes [ ]  No |
|  | Job Center Complaint Coordinator System Poster DETW-11481-P (R. 08/2018) | [ ]  Yes [ ]  No |
|  | Equal Opportunity is the Law (DWD-DET-12400-P (R. 12/2018) | [ ]  Yes [ ]  No |
|  | * Including in the Employee Break Room

(English only)  | [ ]  Yes [ ]  No  |
| h. | Local WIOA Participant Rights and Responsibilities  | [ ]  Yes [ ]  No  |
| i. | Local WDB Limited English Policy in English and other languages. | [ ]  Yes [ ]  No |

1. Notice of Equal Opportunity and Nondiscrimination: *(Please provide copies of applicable documents)*
2. How are participants notified? Click or tap here to enter text.
3. Who provides the notice to the participant? Click or tap here to enter text.
4. Is the notice provided in the participant's preferred language? [ ]  Yes [ ]  No
5. Are additional steps taken, beyond the required posters, to ensure continuing notice of the right to file a discrimination complaint is provided to Limited English Proficient (LEP) populations in their preferred language? [ ]  Yes [ ]  No

If so, explain those steps. Click or tap here to enter text.

1. Recipients and Subrecipients must include a “Babel notice,” (Attachment C) indicating in what languages language assistance is available, in all communications of vital information, such as hard copy letters, decisions, or those communications posted on web sites. How will the WDB, One-Stop Operator, Subrecipients, and Service and Training Providers comply with the Babel notice requirement? Click or tap here to enter text.
2. Provide examples of brochures, pamphlets, flyers, and materials distributed or communicated in written, oral or electronic form to applicants, staff and the general public that have appropriate EO and accessibility taglines. (Example: We are an equal opportunity employer/program service provider. If you need assistance to access services or material in an alternate format or different language, please contact…etc.)
3. Provide examples of how the WDB ensures that **continuing notice of** equal opportunity and nondiscrimination are provided to the following groups:
* Applicants, registrants, and participants
* Employees and applicants for employment
* Other recipients of funds
* Members of the public
* Members of the public with disabilities, including impaired vision and hearing
* Unions or professional organizations that hold collective bargaining or professional agreements with your organization
1. Does the WDB produce its own public information? [ ]  Yes [ ]  No

If yes, provide examples of photographs and other pictorial displays that include and portray positive images of women, minorities, individuals with disabilities, and persons of varying age groups engaged in a variety of workplace and skilled training capacities.

1. Provide examples of how the WDB has communicated the requirement not to discriminate on the basis of disability and the obligation to provide reasonable accommodations to its sub-recipients.
2. Provide examples of how the WDB ensures that communications with individuals with disabilities are equally as effective as communications with non-disabled individuals.

### Element 3: Assurance

1. Provide a copy of the WDB's equal opportunity, affirmative action and service delivery policies and procedures. (See Attachment A)
2. Provide a copy of the WDB's OJT agreement. (See Attachment D)
3. Provide a copy of the WDB's Work Experience Agreement (See Attachment D)
4. How are sub-contractors made aware of the EO assurance requirements in contracts or agreements?
5. Provide a copy of the equal opportunity and nondiscrimination policies that are in place for employees.

### Element 4: Universal Access

1. Attach a copy of the WDB's LEP Population Data Analysis.
* What date was the analysis completed? Click or tap here to enter text.
* Please attach the LEP Population Data Analysis Table found in Attachment E.
1. Attach the language assistance policy the WDB developed for the comprehensive and affiliate site(s) to use. Attach translated versions used in the WDA.
2. What steps has the WDB taken to ensure services and other information are provided to LEP persons?
3. Attach the WDB's inventory list of vital documents that must be translated to other languages.
* When was the list of vital documents last updated? Click or tap here to enter text.
* If no list has been developed, when will it be completed? Click or tap here to enter text.
1. Attach the WDB's inventory list of vital information that should be routinely translated to other languages. See definition of "vital information" in the definition section of Attachment B.
* When was the list of vital information last updated? Click or tap here to enter text.
* If no list has been developed, when will it be completed? Click or tap here to enter text.
1. In what languages, other than English, is information routinely provided within the WDA?

 Click or tap here to enter text.

1. Provide examples of alternative formats used to provide vital documents and information to:
	1. visually impaired people.Click or tap here to enter text.
	2. deaf and hard of hearing people.Click or tap here to enter text.
	3. What are the significant LEP populations based on the recipient's LEP population analysis.Click or tap here to enter text.
2. Provide examples of how subrecipients provide programmatic and architectural accessibility for individuals with disabilities.Click or tap here to enter text.
3. Recipients must take appropriate steps to ensure that they are providing equal access to all their WIOA Title-financially assisted programs, services and activities. Have affirmative outreach plans, strategies, and activities been identified for various groups (various racial and ethnic groups, gender, individuals with disabilities, individuals in differing age groups) served?

|  |  |  |
| --- | --- | --- |
|  | Advertising | [ ]  Yes [ ]  No |
|  | Notices to schools and community service groups | [ ]  Yes [ ]  No |
|  | Consultation with minority community service groups | [ ]  Yes [ ]  No |
|  | Disability, homeless, and ex-offender communities | [ ]  Yes [ ]  No |

 Please provide examples. Click or tap here to enter text.

### Element 5: Compliance with Section 504 of the Rehabilitation Act of 1973 & The Americans with Disabilities Act of 1990

Recipients must develop, procure, maintain, or use electronic and information technology, applications, or adaptations that incorporate accessible features for individuals with disabilities consistent with modern accessibility standards such as Section 508 Standards, ([36 CFR part 1194](https://www.gpo.gov/fdsys/granule/CFR-2011-title36-vol3/CFR-2011-title36-vol3-part1194/content-detail.html)), and/or the [Web Content Accessibility Guidelines (WCAG) 2.0AA](https://www.w3.org/TR/UNDERSTANDING-WCAG20/conformance.html)

1. Please attach a copy the most recent report for each of the following EO self-assessments and indicate the dates completed in the space provided.
	1. WIOA Section 188 Disability checklist of each One-Stop Center (OSC) and affiliate sites. (See Attachment F) Date Completed: Click or tap here to enter text. (Must be completed annually)
	2. [Section 508 Checklist](https://www.hhs.gov/web/section-508/making-files-accessible/index.html) or [WC3](https://www.w3.org/WAI/) techniques for the following end-user products. Recommended to be used to check all current and past materials and as part of the creation of all new ones.
2. Excel spreadsheets Date(s) Completed:Click or tap here to enter text.
3. HTML pages Date(s) Completed:Click or tap here to enter text.
4. Multimedia files Date(s) Completed:Click or tap here to enter text.
5. PDFs Date(s) Completed:Click or tap here to enter text.
6. Power Points Date(s) Completed:Click or tap here to enter text.
7. Word documents Date(s) Completed:Click or tap here to enter text.

* 1. [ADA Checklist for Existing Facilities](https://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf). (Recommended to be fully completed every 3 years and spot checked annually, at a minimum)
		1. Priority 1-Approach and Entrance. Date Completed:Click or tap here to enter text.
		2. Priority 2-Access to Goods and Services. Date Completed:Click or tap here to enter text.
		3. Priority 3-Toilet Rooms. Date Completed:Click or tap here to enter text.
		4. Priority 4-Additional Access? Date Completed: Click or tap here to enter text.
	2. A [WAVE](https://wave.webaim.org/) (or suitable alternative) assessment of the Board's and other website(s) used in the administration of the WIOA program, services, or activities. Recommended to be completed annually. Date Completed: Click or tap here to enter text.
	3. See the Monitoring Review Guide for checklists for the following:
		1. Functional Performance Criteria for Web-based internet Information and Applications and Software Application and Operating systems. Recommended to be completed annually. Date(s) Completed:Click or tap here to enter text.
		2. Information Documentation and Support. Recommended to be completed annually. Date(s) Completed:Click or tap here to enter text.
		3. Self-Contained Closed Products Information Documentation and Support. Recommended to be completed annually. Date(s) Completed:Click or tap here to enter text.
		4. Software applications and operating systems? Information Documentation and Support. Recommended to be completed when purchasing and periodically after purchase. Date(s) Completed:Click or tap here to enter text.
		5. Video and multimedia products. Recommended to be completed when purchasing and periodically after purchase. Date(s) Completed:Click or tap here to enter text.
		6. Web-based internet Information and applications. Recommended to be completed when purchasing and periodically after purchase. Date(s) Completed:Click or tap here to enter text.
		7. Telecommunication Products. Recommended to be completed when purchasing and periodically after purchase. Date(s) Completed:Click or tap here to enter text.
1. If structural changes are needed, attach a copy of the recipient's or subrecipient's transition plan. If there is no transition plan yet, by what date is it anticipated to be completed? Click or tap here to enter text.
2. While it expected that all OSCs are fully compliant, for PY 17 the DWD EO-CR monitoring will be checking the following items at a minimum:
	1. At least one entrance to the building that is wheel chair accessible.

 [ ]  Yes [ ]  No

* 1. Inaccessible entrances have signs indicating the location of the nearest accessible entrance.

 [ ]  Yes [ ]  No

* 1. The international symbol for accessibility posted at each entrance.

 [ ]  Yes [ ]  No

* 1. TTY/TDD or a suitable alternative available for use by participants and customers.

 [ ]  Yes [ ]  No

* 1. Posted signs indicating where participants and customers can access the TTY/TDD or suitable alternative.

 [ ]  Yes [ ]  No

* 1. All required postings are displayed in locations accessible to people in wheel chairs or with low vision.

 [ ]  Yes [ ]  No

* 1. Public notices and other vital information routinely posted and made available in alternate formats (i.e., audio recording, Braille) and other languages. [ ]  Yes [ ]  No
1. Attach a copy of the WDB and One-Stop-Operator's policy and procedures for providing reasonable accommodation to applicants, participants, OSC customers, and employees.

Are the policies and procedures accessible electronically?
[ ]  Yes [ ]  No

If so, provide the URL: Click or tap here to enter text.
2. Which of the following do the recipient and subrecipient(s) do to prohibit discrimination on the basis of disability in **employment?**
	1. Require the provision of reasonable accommodations in employment, when appropriate.

[ ]  Yes [ ]  No

* 1. Review job qualifications to ensure that they do not use selection criteria that screen out or tend to screen out an individual with a disability on the basis of that disability unless the criteria are job related for the position in question and consistent with business necessity.

[ ]  Yes [ ]  No

* 1. Do not ask pre-employment questions about disabilities other than to ask for the individual to self-identify themselves as a person with a disability on a voluntary basis for reporting purposes which must be maintained confidentially.

[ ]  Yes [ ]  No

1. How does the recipient ensure that:
	1. it does not aid or perpetuate discrimination by providing significant assistance to a person or recipient that discriminates on the basis of disability? Click or tap here to enter text.
	2. programs and activities are administered in the most integrated settings possible? Click or tap here to enter text.
	3. in determining the site or location of a facility, selections are not made that violate Section 504, ADA, the Uniform Federal Accessibility Standards for the Design, Construction and Alteration of Buildings (UFAS) or State and local codes? Click or tap here to enter text.
	4. eligibility criteria that screen out or tend to screen out an individual with a disability or class of individuals with disabilities are not imposed unless such criteria can be shown to be necessary for the provision of the aid, benefit, service, training, program or activity being offered? Click or tap here to enter text.
	5. employment-related training selection criteria are reviewed to ensure that they neither screen out, nor tend to screen out, individuals with disabilities or any class of individuals with disabilities from fully and equally enjoying the training unless the criteria can be shown to be necessary for the training being offered? Click or tap here to enter text.
	6. it operates programs or activities which, when viewed in their entirety, are readily accessible to qualified individuals with disabilities, through means such as: redesign of equipment; reassignment of classes or other services to accessible buildings, assignment of aids to beneficiaries; home visits; delivery of services at alternative accessible sites; alteration of existing facilities and construction of new facilities in conformance with standards for new construction; or any other method that results in making its program or activity accessible to individuals with disabilities? Click or tap here to enter text.
	7. an individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that the individual chooses not to accept? Click or tap here to enter text.
2. Describe the availability of assistive equipment for individuals with disabilities. Click or tap here to enter text.
3. Describe any reasonable accommodations that have been provided for applicants, participants, or employees with disabilities. Click or tap here to enter text.
	1. How are reasonable accommodations provided regarding the registration for, and the provision of, aid, benefits, services or training-including core and intensive training-and support services to qualified individuals with disabilities? Click or tap here to enter text.
4. Describe how participant's medical information is maintained separate from other files and secured. Click or tap here to enter text.

### Element 6: Data and Information Collection and Maintenance

1. Provide a statistical or quantifiable analysis of applicants' and participants' race/ethnicity, sex, age, and disability status by individual program for the most recently completed program year.

Use Attachment G: Statistical Analysis of Equal Opportunity Data.

a. How often is this analysis completed? Click or tap here to enter text.

b. How is the analysis conducted? Click or tap here to enter text.

c. How is the data maintained under safeguards that will restrict access to authorized personnel only? Click or tap here to enter text.

d. Are the records kept for a period of seven years? [ ]  Yes [ ]  No

e. How are the records destroyed? Click or tap here to enter text.

1. How is staff made aware that customer data must be collected? Click or tap here to enter text.
2. How is the data collected by staff? Click or tap here to enter text.
3. Identify the job title and individual responsible for compiling the statistical analysis.
Click or tap here to enter text.

If this person is someone other than the EO Officer, how often does this person meet with the EO Officer to determine if any adverse impact in program enrollment is occurring?
Click or tap here to enter text.
4. Does statistical analysis show any adverse impact in any protected group?
[ ]  Yes [ ]  No
If so, what corrective action is the WDB taking for each group?
Click or tap here to enter text.
5. Attach the EO Officer's self-assessment of the WDB's EO program, policies, and procedures.
When was the self-assessment conducted? Click or tap here to enter text.
6. Provide demographic data for current staff by race, ethnicity, sex, and disability status.
Click or tap here to enter text.

### Element 7: Primary Recipient's Compliance with Monitoring Sub-Recipients/Subcontractors Civil Rights Compliance Requirements

1. Attach copies of the on-site monitoring reviews conducted of each WIOA sub-recipient in the last program year.
	1. Provide the job title and individual responsible for conducting the monitoring. Click or tap here to enter text.
	2. If the recipient subcontracts monitoring activities to another entity or other individual, provide verification that personnel conducting monitoring activities are qualified and/or training to be qualified to complete the comprehensive reviews.
2. How often are on-site monitoring review visits of subrecipients conducted? Click or tap here to enter text.

### Element 8: Complaint Processing Procedures

1. Provide a copy of the recipient's discrimination complaint policies and procedures.
2. Provide a copy the recipient’s policy for handling discrimination complaints from contractors regarding participants.
3. If not included in the policies and procedures, explain how customers and employees obtain a copy of the discrimination complaint policy and procedures and/or discrimination complaint form. Click or tap here to enter text.
4. Provide a copy of the EO discrimination complaint log.
5. For each formal complaint that has been filed with the recipient since the last EO monitoring visit:
	1. Was the complaint filed within 180 days? [ ]  Yes [ ]  No
	2. Was the Complainant provided a written notification of receipt of the complaint within 10 days? [ ]  Yes [ ]  No
	3. Was the complainant provided a written statement of each of the issues raised in the complaint and whether you would accept or reject each issue? [ ]  Yes [ ]  No
	4. Was the complainant sent a written notice of lack of jurisdiction if the recipient determined that it did not have jurisdiction over a complaint? [ ]  Yes [ ]  No
	5. Was the complainant notified that they have the right to representation in the complaint process? [ ]  Yes [ ]  No
	6. Was the complainant offered Alternative Dispute Resolution as an effort to resolve the complaint [ ]  Yes [ ]  No
	7. Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed? [ ]  Yes [ ]  No
	8. Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision? [ ]  Yes [ ]  No
	9. Did the Notice of Final Action inform the complainant that they have the right to file a complaint with CRC within 30 days of the date in which the Notice of Final Action is issued if they dissatisfied with the recipient's final action on the complaint? [ ]  Yes [ ]  No
	10. Was the State EO Officer advised of the complaint? [ ]  Yes [ ]  No
6. Are the discrimination complaint records kept for a period of seven years?

[ ]  Yes [ ]  No

How are the records destroyed? Click or tap here to enter text.

1. How is the identity of the Complainant or any individual who furnishes information relating to, or assisting in, an investigation kept confidential to the extent possible, consistent with a fair determination of the issues? Click or tap here to enter text.
2. How is an individual who filed a complaint, opposed a practice prohibited by the nondiscrimination and equal opportunity provisions, or assisted or participated in any manner in an investigation protected from discharge, intimidation, retaliation, threat or coercion? Click or tap here to enter text.
3. Provide a copy of the OSC complaint coordinator system log.
4. Provide a copy of the WIOA complaint/grievance log.

### Element 9: Corrective Actions/Sanctions

1. Attach a copy of the recipient’s procedures for obtaining voluntary compliance from contractors when equal opportunity violations are found.
2. Attach the policy regarding investigating and resolving any EO violations involving contractors.
3. What, if any, corrective actions/sanctions were taken against contractors since the last monitoring review? Click or tap here to enter text.

# ATTACHMENT A - Sample Equal Opportunity In Employment, Affirmative Action, and Service Delivery Statement

Purpose.

The Local Workforce Development Board (TLWDB) is committed to the primary principles of

nondiscrimination, equal opportunity, and affirmative action. TLWDB shall honor this commitment to be fair and impartial in all its relations with employees, job applicants, participants and employers using TLWDB, One-Stop Job Center services, subrecipient services, and/or suppliers providing goods and services. It is the intent of this policy to comply with all applicable rules, as they may change from time to time, and federal and state equal opportunity and anti-discrimination laws and executive orders.

Policy.

Employment:

TLWDB shall provide equal employment opportunity (EEO) to all employees and applicants for

employment without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin (including limited English proficiency), age (40 or older), disability, or genetic information.

TLWDB prohibits discrimination against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. Additionally, in compliance with Wisconsin Fair Employment Laws, TLWDB shall provide equal employment opportunity to all employees and applicants without regard to ancestry, arrest or conviction record, creed, marital status, or membership in any reserve component of the United States or state military forces.

Employment practices subject to the application of this policy include, but are not limited to: recruitment, selection, promotion, performance appraisals, compensation, transfer, layoff, training, demotion, termination, work assignments, and/or other benefits of employment.

TLWDB prohibits harassment, retaliation, and unfair honesty testing. TLWDB expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, veteran status, or other protected status. Improper interference with the ability of TLWDB's employees to perform their job duties may result in discipline up to and including discharge.

Service Delivery/Program Operations:

TLWDB provides services to individuals seeking assistance from the public workforce system. As a recipient of federal and state workforce funds, the TLWDB organization, staff, and contracted providers shall advance equal opportunity in all customer interactions.

TLWDB prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, or political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship or participation in any WIOA Title I-financially assisted program or activity. No individual is to be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any WIOA Title I-financially assisted program or activity.

Service actions include, but are not limited, to: recruitment, admission, counseling, job placement, training programs, facility and/or program accessibility, and the delivery of other employment and training services authorized by the TLWDB.

Subrecipients:

TLWDB requires that state and local government agencies receiving Workforce Innovation and Opportunity Act (WIOA) funds, as well as non-governmental WIOA subrecipients affirm their commitment to equal opportunity and nondiscrimination in all of their employment and service actions. These agencies shall develop and implement non-discrimination and affirmative action policies and procedures that guide their relations with employees and constituency groups consistent with applicable laws.

WIOA Title 1 funded subcontracts developed by TLWDB shall include the following language (this language shall also apply to other federally funded subcontracts):

The Subrecipient agrees to the following provisions as a condition to the award of financial assistance from the Department of Workforce Development, Division of Employment and Training through the United States Department of Labor (DOL) under Title I WIOA. The Subrecipient assures that it will comply fully with the EO nondiscrimination provision of the following laws:

1. Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical condition, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I - financially assisted program or activity. The Subrecipient understands that the United States has the right to seek judicial enforcement of this assurance.
2. This covers eligibility for and access to service delivery, and treatment in all programs and activities. Employees of Subrecipient are expected to support goals and programmatic activities relating to nondiscrimination in service delivery.
	1. Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color, and national origin.
	2. Section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination against qualified individuals with disabilities.
	3. The Age Discrimination Act of 1975, as amended, prohibits discrimination on the basis of age.
	4. Title IX of the Education Amendments of 1972, as amended, prohibits discrimination on the basis of sex in educational programs.

The Subrecipient also assures that it will comply with 29 CFR part 38 and all other regulations

implementing the laws listed above. This assurance applies to the Subrecipient's operation of the W/OA Title I - financially assisted programs Equal Employment Opportunity.

The Subrecipient will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. Subrecipient will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Subrecipient agrees to post in all Subrecipient's solicitations or advertisements for employees placed by or on behalf of the Subrecipient, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), sexual orientation, gender identity), or national origin (including limited English proficiency).

The Subrecipient will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the Subcontractor's legal duty to furnish information.

The Subrecipient or will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the Subrecipient's commitments under Section 202 of Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The Subrecipient will comply with all provisions of Executive Order No. 11246 of Sept. 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

The Subrecipient will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

In the event of the Subrecipient's noncompliance with the nondiscrimination clauses of thiscontract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated, or suspended in whole or in part and the Subrecipient may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of Sept. 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

The Subrecipient will include the provisions of paragraphs (A) through (H) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each sub-contractor or vendor. The Subrecipient will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor as a means of enforcing such becomes involved in, or is threatened with, litigation with a sub -contractor or vendor as a result of such direction, Subrecipient may request the United States to enter into such litigation to protect the interests of the United States.

Affirmative Action Plan.

The subrecipient must have a written Affirmative Action Plan that complies with federal and state laws and regulations. The Subrecipient's Affirmative Action Plan must be submitted to the TLWDB Affirmative Action Officer within thirty (30} calendar days of TLWDB requesting the agency's plan. The Affirmative Action Plan shall meet the minimum requirements specified in section 50.05 of the Wisconsin Administrative Code. Compliance.

TLWDB will take constructive steps to ensure the Subrecipient complies with all non-discrimination, affirmative action and civil rights laws and regulations. The Subrecipient agrees to comply with Civil Rights monitoring reviews performed by TLWDB, including the examination of records and relevant files maintained by the Subrecipient. The subrecipient further agrees to cooperate with TLWDB in developing, implementing, and monitoring corrective action plans that result from any reviews.

Failure to comply with the above nondiscrimination and equal opportunity provisions will require

corrective actions to eliminate violations to be submitted to TLWDB within fifteen (15) working days or the Subrecipient may incur sanctions. Sanctions may include:

1) withholding of reimbursable payments submitted to Subrecipient or

2) termination of contract.

TLWDB shall make an affirmative effort to maintain an environment free of any type of harassing behavior and will not tolerate any form of harassment of employees, clients, or program participants. TLWDB prohibits harassment on the basis of sex, race, color, national origin, age, disability, or any other protected status.

Affirmative Action/ Equal Employment Opportunity policies developed to ensure non-discrimination in employment and service opportunities are monitored by the TLWDB EEO Officer who is appointed by the Chief Executive Officer (CEO).

Equal Opportunity Officer

[TLWDB]

Address

City,

State. Zip-code

Phone:

Fax:

TTY/TDD or Relay Service Number

Email:

TLWDB expects all employees, clients, program participants, vendors, associates, and agencies receiving funding from TLWDB to fully support, develop and implement their own equal opportunity policies and procedures.

Retaliation against persons raising concerns about any type of harassment is prohibited and anyone suspected of retaliation will be subject to disciplinary action up to and including discharge or expulsion from TLWDB sponsored activities.

TLWDB will take necessary corrective action to remedy any instances where it is determined that discrimination or retaliation has occurred. Employees discriminating against other staff or clients will be subject to discipline under appropriate TLWDB policies. Clients discriminating against another client will be subject to discipline under the applicable participant code of conduct. Any employee or client retaliating against anyone raising concerns about any type of harassment will be subject to disciplinary action up to and including discharge or expulsion from TLWDB employment or sponsored activities.

TLWDB has an established procedure for resolving complaints relating to discrimination and harassment. Reports of alleged acts of discrimination, complaints of harassment, or inquiries concerning the equal opportunity policies and practices may be filed directly with TLWDB's Equal Opportunity Officer (EEO).

The Chief Executive Officer (CEO) shall ensure equal opportunity is provided and advanced in all employment and customer relationships to create a discrimination- and harassment-free workplace and service sites. The CEO shall ensure policies and procedures are established and staff members, including service providers, are trained to work and deliver services free of bias and harassment. The EEO, under the direction of and in consultation with the CEO, shall be operationally responsible for the documentation, training, and compliance efforts relating to this policy.

Reference:

Federal Employment Laws

Title VII of the Civil Rights Act of 1964

Title I of the American with Disabilities Act of 1990 as Amended in 2008

Civil Rights Statutes Applicable to Programs and Activities

DOL Title VI of the Civil Rights Act of 1964 42 W.S.C. §2000(d)

Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce

Innovation and Opportunity Act, 29 CFR Part 38 (§38.9)

Wis. Fair Employment Law, ss 111.31to111.395, Wis. Stats.

s.16.765 Wis., Stats. and ADM 50 Wisconsin Contract Compliance Law

# ATTACHMENT B – Limited English Proficiency Policy

POLICY STATEMENT

The (WDB or Subrecipient name) Click or tap here to enter text. is committed to:

Providing equal opportunity in all programs and services to ensure full compliance with all civil rights laws, including Title VI of the 1964 Civil Rights Act, which requires non-discrimination on the basis of national origin. Equal opportunity includes physical and program access for persons with disabilities and program access for persons with Limited English Proficiency (LEP). Program and physical access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 as amended, Section 504.

It is the policy of this WDB or Subrecipient to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits

DEFINITIONS

The following definitions and other provisions are applicable to this policy:

* **Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et seq. And its implementing regulation at 45 CFR part 80** - The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.
* **Limited English Proficient** - (LEP) Those customers who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with program service providers.
* **Vital documents** - A document, either paper or electronic, that contains information that is critical for accessing the provider/WDB or Subrecipient services and/or benefits; letters or notices that require a response from the customer; and documents that inform customers of free language assistance. Examples of documents containing vital information include, but are not limited to applications, consent and complaint forms; notices of rights and responsibilities; notices advising LEP individuals of their rights under this part, including the availability of free language assistance; rulebooks; written tests that do not assess English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant, or employee.
* **Vital information – I**nformation, whether written, oral or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service, and/or training; necessary for an individual to obtain any aid, benefit, service, and/or training; or required by law.
* **Safe Harbor** - The threshold that permits programs to decide when a written translation is required in order to comply with Title VI of the Civil Rights Act of 1964. The following are the thresholds:
* Written translations of WDB or Subrecipient vital documents will be provided for each eligible language group that constitutes at least 5% or 1,000 individuals, whichever is less, of the population of persons eligible to be served or encountered by programs in the service area.
* If there are fewer than 50 persons in a language group, the recipient does not translate vital written materials, but provides written notice in the primary language of the LEP group of their right to oral interpretation of those written materials, free of cost.
* **Major LEP Language Groups** - The populations of persons with Limited English Proficiency (LEP) in Wisconsin that represent 5% or 1,000 individuals in the area. For Wisconsin, the **Statewide Major LEP Language Groups** are Spanish and Hmong.
* **Qualified Interpreters** - Qualified interpreters have: demonstrated proficiency in English and the second language; demonstrated knowledge in both languages of relevant specialized terms or concepts; and documentation of completion of training on the skills and ethics of interpretation, and awareness of relevant cultural issues.
* **Interactive Voice Response** - (IVR System) an automated system that enables callers to obtain and provide information over the telephone in English and other languages.

LIMITED ENGLISH PROFICIENCY COORDINATOR

A Limited English Proficiency Coordinator (LEPC) will be appointed at the management level to oversee the LEP requirements and procedures, including as required by funding recipients. LEP planning and services are provided in coordination with provisions of equal opportunity in services and employment.

The WDB or Subrecipient management level Limited English Proficiency Coordinator is:

**Name:** Click or tap here to enter text.

Phone Number Click or tap here to enter text.

**The WDB or Subrecipient back-up LEPC** is:

Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

ASSESSMENT AND PLANNING

LEP populations to be served will be assessed on an annual basis and the major language groups identified. Following the assessment, a plan and related procedures and requirements will be developed to meet the needs of eligible or encountered populations and assure compliance with the WDB or Subrecipient 's LEP policy.

MONITORING

Regular monitoring of the plan will be conducted in accordance with the WDB or Subrecipient 's monitoring procedures.

WRITTEN NOTICE OF LANGUAGE ACCESS RIGHTS

Language access statements shall inform LEP clients of their rights as follows:

* Their right to qualified interpreter services at no cost to them.
* Their right not to be required to rely on their minor children, other relatives, or friends as interpreters.
* Their right to file a grievance about the language access services provided them.

Written language access rights will be distributed in the major LEP languages through the following methods:

* Posting of signs in lobbies and waiting areas
* Customer orientations
* Statements in appeal notices
* Statements in brochures, booklets, outreach, recruitment information and other materials that are routinely disseminated to the public.

DET WIOA EQUAL OPPORTUNITY IS THE LAW DISCRIMINATION COMPLAINT POSTINGS

The DET WIOA "Equal Opportunity is The Law" discrimination complaint policy and process will be posted in plain view in the major languages in every service area or point of customer contact, i.e., reception or customer waiting areas.

INTERPRETATION AND TRANSLATION

WRITTEN TRANSLATION

Written translation of WDB or Subrecipient vital documents will be provided for each eligible language group that constitutes 5% or 1,000 individuals, whichever is less, of the population of persons eligible to be served encountered by our programs.

If there are fewer than 50 persons in a language group, the recipient does not translate vital written materials, but provides written notice in the primary language of the LEP group of their right to oral interpretation of those written materials, free of cost.

The provision of written translation of WDB or Subrecipient documents, including vital documents, will be in accordance with an annual WDB or Subrecipient plan that addresses costs and priorities.

ORAL INTERPRETATION

Oral interpreters will be offered to customers in a timely manner free of charge. Services offered to LEP customers will be documented in appropriate records.

ACQUIRING TRANSLATION AND INTERPRETATION SERVICES

Resources and procedures for obtaining oral interpretation and written translation will be made available to program staff.

Oral Communication

The Wisconsin Department of Workforce Development secured services for oral communication through the contractors whose bids are accepted by the Division of Administration (DOA). Recipients can seek out commercial vendors contact DOA to access their list of approved vendors.

Written Communication

The Wisconsin Department of Workforce Development secured services for written communication through the contractors whose bids are accepted by the Division of Administration (DOA). Recipients can seek out commercial vendors contact DOA to access their list of approved vendors.

COMPETENCY OF INTERPRETERS AND TRANSLATORS

Qualified interpreters and translators will be utilized to provide services. Interpreters and translators will be screened for appropriate training and cultural sensitivity, and will be required to comply with WDB or Subrecipient confidentiality policies and Code of Ethics when interpreting or translating.

OTHER COMMUNICATION METHODS

Interactive Voice Response Systems, voicemail, web pages, posters, videos, and media used will be made accessible to LEP populations in accordance with the WDB or Subrecipient 's plan to translate vital documents and other materials.

Electronic systems and computer-generated notices will be made accessible to LEP populations in accordance with the WDB or Subrecipient 's plan to translate vital documents and other materials.

TRAINING

Training, including refresher training, will be made available to WDB or Subrecipient staff and funding recipients.

COMMUNITY OUTREACH

Community outreach to the major LEP groups served by the WDB or Subrecipient 's programs will be conducted to ensure LEP customers have equal access to services.

AUTHORITY

Executive Order 13166

Title VI of the Civil Rights Acts

Director or Chief Executive: Click or tap here to enter text. Date: Click or tap here to enter text.

ENGLISH LIMITED ENGLISH PROFICIENCY POLICY

DWSD-13046 (R. 6/2018)-E

# ATTACHMENT C - LEP Babel Notice IMPORTANT INFORMATION

Babel Notice

English

**IMPORTANT!** This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (888)-258-9966** for assistance in the translation and understanding of the information in this document.

Albanian

**E RËNDËSISHME!** Ky dokument përmban **informacion të rëndësishëm** për të drejtat, përgjegjësitë dhe/ose përfitimet tuaja. Ka rëndësi kritike që ju ta kuptoni informacionin në këtë dokument, prandaj ne do ta ofrojmë atë në gjuhën që ju preferoni, pa ndonjë shpenzim nga ana juaj. **Telefononi në (xxx) xxx-xxxx** për ndihmë me përkthimin dhe kuptimin e informacionit në këtë dokument.

Amharic

**በጣም ጠቃሚ!** ይህ ሰነድ ስለ መብቶችዎ፣ ግዴታዎችዎ እና/ወይም ጥቅማ ጥቅሞችዎ በጣም **ጠቃሚ መረጃዎችን** ይዟል። በዚህ ሰነድውስጥ ያለውን መረጃ በሚገባ መረዳትዎ እጅግ ወሳኝ ሲሆን፣ አገልግሎቱን ያለምንም ክፍያ እርሶ በመረጡት ቌንቌ እናቀርብሎታለን፡፡ ለትርጉም እና ይህንን መረጃ ለመረዳት እርዳታ ለማግኘት በስልክ ቁጥር **(xxx) xxx-xxxx** **ይደውሉ**።

Arabic

**مهم!**  يحتوي هذا المستند على **معلومات مهمة** حول حقوقك ومسؤولياتك و/أو فوائدك.  من الأهمية بمكان فهم المعلومات **الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحملك أي تكلفة.  اتصل على الرقم (xxx) xxx-xxxx للحصول على مساعدة في ترجمة المعلومات الواردة في هذا المستند وفهمها.**

Bosnian

**VAŽNO!** Ovaj dokument sadrži **važne informacije** o vašim pravima, odgovornostima i/ili beneficijama. Od ključnog je značaja da razumijete informacije u ovom dokumentu, a mi ćemo vam pružiti informacije na željenom jeziku bez ikakvih troškova. **Pozovite** **(xxx) xxx-xxxx** za pomoć u prijevodu i razumijevanju informacija u ovom dokumentu.

Burmese

**အေရးၾကီးသည္ -** ဤစာရြက္စာတမ္းတြင္ သင့္ရပိုင္ခြင့္မ်ား၊ တာ၀န္၀တၱရားမ်ားနွင့္/သို ့မဟုတ္ အက်ဳိးခံစားခြင့္ မ်ား အေၾကာင္း **အေရးၾကီးေသာ သတင္းအခ်က္မ်ား** ပါ၀င္သည္။ ဤစာရြက္စာတမ္းရွိ သတင္းအခ်က္အလက္ မ်ားအား သင့္အေနျဖင့္ နားလည္သေဘာေပါက္ရန္ အေရးၾကီးၿပီး၊ အခ်က္အလက္မ်ားအား သင္ႏွစ္သက္ရာ ဘာသာစကားျဖင့္ သင့္အတြက္ ကၽြန္ုပ္တို ့ အခမဲ့ ပံ့ပိုးေပးမည္ျဖစ္ပါသည္။ ဤစာရြက္စာတမ္းရွိ အခ်က္အလက္မ်ားအား ဘာသာျပန္ဆိုမႈနွင့္ သတင္းအခ်က္အလက္မ်ား နားလည္သေဘာေပါက္မႈတိုု႔ႏွင့္ ပတ္သက္ျပီး အကူအညီအတြက္ **(xxx) xxx-xxxx** တြင္ **ေခၚဆိုပါ။**

Chin

**BIAPI!**  Hi ca chungah na covo, `uanvo le/asiloah bawmhnak pawl kong ah **biapimi konglam**  pawl aa tel.  Hi ca chung um mi konglam na lung fiang ding a biapi ngaingai, i na sinin zeihmanh aman lak lo tein na duh deuhmi holh le ca in konglam pawl kan in pek lai.  Hi ca chung i konglam kong ah lehmi ca na lung fiangnak bawmhnak caah **(xxx) xxx-xxxx ah auh.**

Chinese Traditional

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

Chuukese

**AUCHEA!**  Mei wor non ei taropwe **poraus mi kan auchea** usun omw pung, omw sekining, me aninisum.  Mi kan auchea pwe kopwe weweiti ewe poraus me non ei taropwe., me am aupwe awora ewe poraus non pwisin ewe fos omw kopwe fini, ese pwan wor niwinin me reom.  **Kokori ei numpa (xxx) xxx-xxxx** ren aninnisin ewe chiaku me awewen ewe poraus me non ei taropwe

Croatian

**VAŽNO!** Ovaj dokument sadrži **važne informacije** o vašim pravima, odgovornostima i/ili pogodnostima. Važno je da razumijete informacije u ovom dokumentu, a mi ćemo vam pružiti informacije na željenom jeziku besplatno. **Nazovite** **(xxx) xxx-xxxx** za pomoć pri prevođenju i razumijevanju informacija iz ovog dokumenta.

Czech

**DŮLEŽITÉ!**  Tento dokument obsahuje **důležité informace** o vašich právech, odpovědnostech a / nebo výhodách.  Je důležité, abyste porozuměli informacím v tomto dokumentu, a proto vám poskytneme informace ve vámi upřednostňovaném jazyce zdarma.  **Zavolejte na (xxx) xxx-xxxx** o pomoc s překladem a porozuměním informacím v tomto dokumentu.

Dinka

**KÄK PIETH!**  Ye athör kënë amuk **wël pieth rilic** ke yic du, käk ye keek loi ku/wɛ̈lɛ käk ba keek yök.  Arilic arëët ba ke wël kë deetic në ye athör kënë yic, ku wuɔk bï wël biɛ̈ në thoŋ duɔn nyic të cïn weu kɔɔr keek.  **Cɔl (xxx) xxx-xxxx** në kuɔny de wɛ̈ɛ̈r de yic ku dëët yic de ye wël tɔ̈ në ye athör ë yic.

Dutch

**BELANGRIJK!**  In dit document staat **belangrijke informatie** over uw rechten, verantwoordelijkheden en/of voordelen.  Het is belangrijk dat u de informatie in dit document begrijpt, en wij zullen u de informatie verstrekken in de door u gewenste taal en zonder kosten voor u.  **Bel (xxx) xxx-xxxx** voor hulp bij de vertaling en het begrijpen van de informatie in dit document.

Dyula

**KUNNAFONI NAFAMA!**  Nin sɛbɛn le kɔnɔ i na **kunnafoni nafamaw** sɔrɔ i ka hakɛw kan, i ka jɔyɔrɔw ani i ka nafaw kan.  A nafa le ka bon kosɛbɛ ko i ka faamuya sɔrɔ nin sɛbɛn kunnafoniw na, wa an na kunnafoniw di i ma i ka kan mandi la fu la.   **Nin weele** **(xxx) xxx-xxxx** ni ele mago bɛ dɛmɛ la nin sɛbɛn kunnafoniw bayɛlɛmali ani faamuyali la.

Farsi

**مهم!** این مدرک حاوی **اطلاعات مهم** در مورد حقوق، مسئولیتها و یا مزایای شما میباشد. ضروری است که شما اطلاعات این مدرک، را کاملا درک نمائید و ما این اطلاعت را به زبان مورد ترجیح شما بدون هیچ گونه هزینه برای شما در اختیارتان خواهیم گذاشتگذاشت. **با شمارۀ**  **(xxx) xxx-xxxx**جهت کمک در ترجمه و درک اطلاعات این مدرک تماس بگیرید.

Finnish

**TÄRKEÄÄ!**  Tämä asiakirja sisältää **tärkeitä tietoja** oikeuksistasi, vastuistasi ja/tai eduistasi.  On tärkeää, että ymmärrät tämän asiakirjan tiedot, ja tarjoamme nämä tiedot haluamallasi kielellä ilman sinulle koituvia kuluja.  **Soita numeroon (xxx) xxx-xxxx** avun saamiseksi tämän dokumentin tietojen kääntämisessä ja ymmärtämisessä.

French

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

Fula

**TEŊTINI!**  Ɗerewol ngol ne hollira **humpito teŋtiniingo** ko faati hujjaaji mon, ko waɗɗi on e/walla ko keɓaton.  Ne sooyna yo onpaamhumpito ɗerewol ngol, te mamin ndokku on humpito e ɗemngal ɓuran ngal mon tawa on njoɓaani.  **Noddu (xxx) xxx-xxxx** ngam walleede e firo e famamuya humpito ɗerewol ngol.

German

**WICHTIG!**  Dieses Dokument enthält **wichtige Informationen** über Ihre Rechte, Pflichten und/oder Leistungen.  Es ist wichtig, dass Sie die Informationen in diesem Dokument voll und ganz verstehen, und wir werden Ihnen die Informationen in Ihrer bevorzugten Sprache kostenlos zur Verfügung stellen.  **Unter der Rufnummer** **(xxx) xxx-xxxx** erhalten Sie Unterstützung bezüglich der Übersetzung und dem Verständnis der Informationen in diesem Dokument.

Gjuarati

**મહત્વપૂર્ણ**!  આ દસ્તાવેજ આપના અધિકારો, જવાબદારીઓ અને / અથવા ફાયદાઓ વિશે **મહત્વની માહિતી** ધરાવે છે.  એ ખુબ જ અગત્યનું છે કે તમે આ દસ્તાવેજ માંની માહિતી સમજી લો અને તેથી અમે તમને તમારી પસંદગીની ભાષામાં વિના મુલ્યે માહિતી પૂરી પાડીશું.  આ દસ્તાવેજમાંની માહિતીના અનુવાદ અને સમજૂતી માટે મદદ મેળળવા **(xxx) xxx-xxxx** પર ફોન કરો.

Greek

**ΣΗΜΑΝΤΙΚΟ!**  Αυτό το έγγραφο περιέχει **σημαντικές πληροφορίες** σχετικά με τα δικαιώματα, τις ευθύνες και / ή τα οφέλη σας.  Είναι σημαντικό να κατανοείτε τις πληροφορίες αυτού του εγγράφου, και θα σας παρέχουμε τις πληροφορίες στην γλώσσας της προτίμησής σας χωρίς καμία επιβάρυνση.  **Καλέστε (xxx) xxx-xxxx** για βοήθεια στη μετάφραση και κατανόηση των πληροφοριών αυτού του εγγράφου.

Haitain Creole

**ENPÒTAN!**  Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo.  Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis.  **Rele (xxx) xxx-xxxx** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Hebrew

**חשוב!**  במסמך זה ישנו **מידע חשוב** על זכויותיך, אחריותך ו/או ההטבות להן אתה זכאי.  חשוב מאוד שתבין את המידע במסמך, ואנחנו נמסור לך את המידע בשפה המועדפת עליך ללא עלות.  **התקשר XXXX XXX (XXX)** לקבלת עזרה בתרגום והבנת המידע המוזכר במסמך.

Hindi

**महत्वपूर्ण!**  इस दस्तावेज़ में आपके अधिकारों, जिम्मेदारियों और/या लाभों के बारे में **महत्वपूर्ण जानकारी** है।  यह बहुत महत्वपूर्ण है कि आप इस दस्तावेज़, में दी गई जानकारी को समझें और हम आपसे कोई भी कीमत लिए बिना आपकी पसंदीदा भाषा में जानकारी प्रदान करेंगे।  अनुवाद हेतु सहायता और इस दस्तावेज की जानकारी समझने के लिए **(xxx) xxx-xxxx पर कॉल करें**।

Hmong

**TSEEM CEEB!** Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (xxx) xxx-xxxx** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

Italian

**IMPORTANTE!**  Questo documento contiene **informazioni importanti** che riguardano i suoi diritti, responsabilità e/o benefici.  È fondamentale che Lei capisca le informazioni contenute in questo documento, e noi gliele forniremo senza alcun costo per Lei nella sua lingua preferita.  **Chiami** **(xxx) xxx-xxxx** per assistenza nella traduzione e/o interpretazione delle informazioni contenute in questo documento.

Japanese

**重要！**この文書には、あなたの権利、責任および/または利益に関する**重要な情報**が含まれています。この文書に記載されている情報を理解することは非常に重要です。ご希望の言語で情報を無料で提供いたします。本書の情報の翻訳と理解に対するサポートが必要な場合は、
**(xxx) xxx-xxxx**にお問合せください。

Karen

**tIlixrAdOFloB!**  **tIkSoFxrAdOF**bFcRdoRntIKWeRtIyf, nmvnda doR/mAtmAI ntIn`IbLURn`IPJOFtPFn`F pFcufwelilEfkWeRnoFkWeRcaxEBxpvBn`FloB.   tIlixrAdOFmAIwe ntInIpiItIkSoFli lEfkWeRnoFkWeRca xpvBxEB, doRpkhAFloBtIjAItIkLOBli kLOfnbFHvFbFHRli ntbFhAF xpJ`BnotmEBbFn`FloB.   mAIlOFbFtImBSiBdDHORtInIpiIlEfkWeRnoFkWeRcaxEBxKopqokHAxjoI n`F **seRkLORtIsv** **(XXX)-XXX-XXXX** tkAI.

Khmer

**ចំណុចសំខាន់!**  ឯកសារនេះមាន**ព័ត៌មានសំខាន់ៗ** អំពីសិទ្ធិរបស់អ្នក ការទទួលខុសត្រូវ និង/ឬ ការធានារ៉ាប់រង។ វាមានសារៈសំខាន់ដែល អ្នកយល់ច្បាស់អំពីឯកសារនេះ ហើយយើងនឹងផ្តល់ព័ត៌មានជាភាសាដែលលោកអ្នកចង់បានដោយមិនគិតថ្លៃ។ **សូមហៅទូរស័ព្ទទៅលេខ** **(xxx) xxx-xxxx** សម្រាប់ជំនួយផ្នែកបកប្រែភាសា និងការយល់ដឹងអំពីព័ត៌មាននៅក្នុងឯកសារនេះ។​

Kinyawanda

**ICYITONDERWA!**  Iyi nyandiko ikubiyemo **amakuru y’ingenzi** ajyanye n’uburenganzira bwawe, inshingano zawe cyangwa ibyo ugenerwa.  Ni ngombwa ko usobanukirwa amakuru akubiye muri iyi nyandiko, bityo tuzayaguha mu rurimi wifuza kandi ku buntu.  **Hamagara (xxx) xxx-xxxx** kugira ngo uhabwe ubufasha bujyanye n’ihinduranyandiko ndetse unafashwe gusobanukirwa amakuru akubiye muri iyi nyandiko.

Korean

**중요!**   본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다.   귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다.   **(xxx) xxx-xxxx로 전화**하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

Kurdish

**GIRÎNG E!** Ev belgeya **agahdariyên girîng** ên derbarê mafên we, berpirsyarî û / an jê berjewendiyên we hene. Ew girîng e ku hûn agahdariya belgeyê, fam bikin, û em ê agahdarî di zimanê we yên bijartî de pêşkêş bikin bêyî ku hûn mesrefê we bidin. **Telefon (xxx) xxx-xxxx bikin** ji bo alîkariya werger û têgihîştina agahdariya vê belgeyê.

Laotian

**ສຳຄັນ!** ​ເອກະສານ​ນີ້​ປະກອບ​ມີ **ຂໍ້​ມູນ​ສຳຄັນ** ກ່ຽວ​ກັບ​ສິດທິ, ຄວາມ​ຮັບຜິດຊອບ ​ແລະ/ຫຼື ຜົນ​ປະ​ໂຫຍ​ດຂອງ​ທ່ານ. ມັນ​ສຳຄັນ​ຢ່າງ​ຍິ່ງ​ວ່າ​ທ່ານ​ຕ້ອງ​ເຂົ້າ​ໃຈ​ຂໍ້​ມູນ​ໃນ​ເອກະສານ​ນີ້ ​ແລະ ພວກ​ເຮົາ​ຈະ​ໃຫ້​ຂໍ້​ມູນ​ເປັນ​ພາສາ​ທີ່​ທ່ານ​ເລືອກ​ໂດຍ​ບໍ່​ມີຄ່າ​ໃຊ້​ຈ່າ​ຍ​ໃດໆ​ຕໍ່​ກັບ​ທ່ານ. **​ໂທ​ຫາ (xxx) xxx-xxxx** ​ເພື່ອ​ຂໍ​ຄວາມ​ຊ່ວຍ​ເຫຼືອ​ໃນ​ການ​ແປ​ພາສາ ​ແລະ ການ​ເຂົ້າ​ໃຈ​ຂໍ້​ມູນ​ທີ່ຢູ່​ໃນ​ເອກະສານ​ນີ້.

Latvian

**SVARĪGI!** Šajā dokumentā sniegta **svarīga informācija** par Jūsu tiesībām, pienākumiem un/vai priekšrocībām. Ir svarīgi, lai Jūs saprastu informāciju šajā dokumentā, un mēs Jums sniegsim informāciju Jums vēlamajā valodā bez maksas. **Zvaniet (xxx) xxx-xxxx**, lai saņemtu palīdzību saistībā ar informācijas tulkošanu un izpratni šajā dokumentā.

Lingala

**NTINA MINGI!**  Mokanda oyo ezali na **makambo ya ntina mingi** mpo na lotomo na yo, mikumba mpe/ tope matomba na yo.  Esengeli mpenza ete oyeba makambo nakati ya mokanda oyo, mpe tokopesa makambo yango na kati ya monoko oyo olingi ya ofele mpo na yo.  **Benga (xxx) xxx-xxxx** pona bosalisi ya kobongola mpe kokanga ntina ya makambo na kati ya mokanda oyo.

Lithuanian

**SVARBU!** Šiame dokumente patiekiama **svarbi informacija** apie jūsų teises, atsakomybę ir (arba) naudą. Labai svarbu suprasti šiame dokumente pateiktą informaciją, todėl jį gali būti suteikta jūsų pasirinkta kalba be papildomo mokesčio. Jeigu jums reikalinga pagalba su šios informacijos vertimu ir supratimu, **skambinkite (xxx) xxx-xxxx**.

Mandingo

**NAFAAMA!**  Ñiŋ saafe kono kuma **nafaama baa** le bije i la hakolu la fanaa la, kekuwolu aniŋ/waraŋ nafalu.  A kunmayata baakele ye a faham kumo miŋ be saferiŋ ñiŋ saafe kono , aniŋ fanaŋ mbe kibarolu dilalu la kaŋ kono alu ta feŋ joola.  **Jaŋ kili (xxx) xxx-xxxx** makoyro kama kuma yelemandoo aniŋ saafe ñiŋ fahamo.

Mnong

**NAU KHLAY!** Sămƀŭt aơ geh **nau khlay ma nau** dơi ma khân may, nau dơi uănh ndrel/mâu lah nau play ma khân may. Nau khlay lơn jêng ăn khân may git r’băng tâm nau tâm sămƀŭt, ndrel hên mra ƀư nau aơ tĭng nau ngơi khân may ŭch mô geh sŏk prăk khân may ôh. **Kuăl (xxx)xxx-xxxx** ma bunuyh kơl nau r’blang ndrel git r’băng tâm nau tâm sămƀŭt aơ.

Mongolian

**АНХААР!**  Энэ баримт бичиг таны эрх, үүрэг хариуцлага, хөнгөлөлт тэтгэмжийн талаарх **чухал мэдээллийг** агуулдаг.  Энэ баримт бичигт буй мэдээллийг та ойлгох нь маш чухал, бөгөөд бид таны хүссэн хэлээр мэдээллийг үнэ төлбөргүй өгөх болно.  Энэ баримт бичиг дэх мэдээллийг орчуулах, ойлгоход туслалцаа авахын тулд **(xxx) xxx-xxxx** дугаараар **залгана** уу.

Nepali

**महत्वपूर्ण!** यो दस्तावेज़मा तपाईको अधिकारहरु, जिम्मेवारीहरु र/वा सुविधाहरूको बारेमा **महत्वपूर्ण जानकारी** छन् । यो महत्वपूर्ण छ कि तपाईँले यो दस्तावेज़ मा दिएको जानकारीलाई राम्ररी बुझ्न जरूरी छ र हामी तपाईले आफुले रोज्नु भएको भाषामा बिना लागत जानकारी प्रदान गर्छौ । यो दस्तावेज़मा भएको जानकारीको अनुवाद र बुझ्न सहयोग चाहिएमा **(xxx) xxx-xxxx मा** फोन गर्नुहोस ।

Nuer

**GƆA Ɛ LƆ̱Ŋ!**  Ɛn warɛgak ɛmɛ te rɛydɛ kɛ **läär mi gɔaa** kɛ kuic cuŋni ku, kɛ bum tin bo̱o̱th naath amäni min deri jek min de ji luäk.  Jɛn bumɛ ɛn ɣöö bi läär in te rɛy warɛgakä nɛmɛ luɔtdɛ ŋa̱c, kä kɔn bakɔ ji nöŋ läär ɛmɛ ni kɛ thok in go̱o̱ri a thiɛlɛ mi bi yuɔr piny thin.  **Yɔ̱tni (xxx) xxx-xxxx** kɛ ɣöö ba ji luäk kɛ luɔ̱c thuɔk kɛnɛ ɣöö bi läär in te rɛy warɛgakä nɛmɛ ŋa̱c.

Oromo

**BARBAACHISAA!** Sandni kun waa’ee mirgoota, itti gaafatamummaa fi/ykn bu’aawwan keetiirratti **odeeffannoo barbaachisaa** kan qabateedha. Odeeffannoo sanada kana keessa jiru hubachuun baayyee barbaachisaa, fi nutis kanfaltii malee afaan isiin barbaadaniin odeeffannoo isiinii dhiyesina. Gargaarsa turjumaanaa fi odeeffannoo sanada kana keessaa hubachuuf **(xxx) xxx-xxxx** irratti **bilbilaa**.

Polish

**WAŻNE!**  Niniejszy dokument zawiera **ważne informacje** odnośnie przysługujących Ci praw, obowiązków i/lub świadczeń.  Ponieważ konieczne jest, abyś dobrze zrozumiał(a) informacje zawarte w tym dokumencie, zostaną one bezpłatnie Tobie udostępnione w preferowanym przez Ciebie języku.  **Zadzwoń pod numer (xxx) xxx-xxxx**, aby uzyskać wsparcie w tłumaczeniu i zrozumieniu informacji zawartch w niniejszym dokumencie.

Portuguese

**IMPORTANTE!** Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (xxx) xxx-xxxx** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Punjabi

**ਮਹੱਤਵਪੂਰਨ!**  ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿੱਚ ਤੁਹਾਡੇ ਅਧਿਕਾਰਾਂ, ਜ਼ਿੰਮੇਵਾਰੀਆਂ ਅਤੇ/ਜਾਂ ਲਾਭਾਂ ਬਾਰੇ **ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ** ਹੈ।  ਇਹ ਬਹੁਤ ਮਹੱਤਵਪੂਰਨ ਹੈ ਕਿ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼, ਵਿੱਚ ਦਿੱਤੀ ਗਈ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਤੋਂ ਕੋਈ ਵੀ ਕੀਮਤ ਲਏ ਬਿਨਾਂ ਤੁਹਾਡੀ ਪਸੰਦੀਦਾ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਮੁਹੱਈਆ ਕਰਾਂਗੇ।  ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿੱਚ ਦਿੱਤੀ ਗਈ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਅਤੇ ਇਸ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਸਹਾਇਤਾ ਲਈ **(xxx) xxx-xxxx 'ਤੇ ਕਾਲ ਕਰੋ**।

Romanian

**IMPORTANT!**  Acest document conține **informații importante** privind drepturile, responsabilitățile și/sau beneficiile dumneavoastră.  Este important ca dumneavoastră să înțelegeți informațiile din acest document, iar noi vă vom oferi informațiile în limba preferată, fără costuri pentru dumneavoastră.  **Sunați la (xxx) xxx-xxxx** pentru asistență în traducerea și înțelegerea informațiilor din acest document.

Russian

**ВАЖНО!**  В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах.  Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке.  **Позвоните по телефону (ххх) ххх-хххх** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Samoan

**TAUA!** O le tusi lenei o loo iai **faamatalaga taua** e faatatau i lou āiā, tiute ma/po o penefiti. E matua taua tele lou malamalama i faamatalaga o loo iai i lenei tusi, ma o le a matou saunia atu faamatalaga i lou lava gagana filifilia e aunoa ma lou totogiina. **Vili mai i le (xxx) xxx-xxxx** mo se fesoasoani i le faaliliu ma malamalama i faamatalaga o i lenei tusi.

Serbian

**ВАЖНО!** Овај документ садржи **важне информације** о вашим правима, одговорностима и/или бенефицијама. Од пресудног је значаја да разумете информације у овом документу, а ми ћемо вам дати информације на жељеном језику без икаквих трошкова. **Позовите** **(xxx) xxx-xxxx** за помоћ у преводу и разумевању информација у овом документу.

Slovak

**DÔLEŽITÉ!** Tento dokument obsahuje **dôležité informácie** o vašich právach, zodpovednostiach a/alebo benefitoch. Je veľmi dôležité, aby ste porozumeli informáciám v tomto dokumente, a my vám bezplatne poskytneme príslušné informácie vo vašom požadovanom jazyku. **Zavolajte na (xxx) xxx-xxxx** ohľadom pomoci pri preklade a pochopení informácií v tomto dokumente.

Somali

**MUHIIM AH!** Warqadaan waxay wadataa **macluumaad muhiim ah** ee ku saabsan xaquuqdaada, masuuliyaddaha iyo/ama faa’jidooyinka. Waa muhiim inaad fahamsantahay macluumaadka ku jirto warqadaan, iyo waxaan kugu siineynaa macluumaad luuqada aad doorbidid oo bilaash ah. **Ka soo wac (xxx) xxx-xxxx** wixii caawin fasiraada iyo fahamka macluumaadka ku jirto warqadan ah.

Spanish

**¡IMPORTANTE!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (xxx) xxx-xxxx** para pedir asistencia en traducir y entender la información en este documento.

Sudancese

**هام!** يحتوي هذا المستند على **معلومات هامّة** عن حقوقك ومسؤولياتك و/أو مميزاتك. من المهم أن تفهم المعلومات الواردة في هذا المستند، و سنقدّم لك المعلومات باللغة التي ترغب بها مجاناً بدون أي مصاريف.**اتصل بالرقم (xxx) xxx-xxxx** للحصول على المساعدة في الترجمة وفهم المعلومات في هذا المستند.

Swahili

**Muhimu!**  Hati hii ina **taarifa muhimu** kuhusu haki zako, majukumu yako na/au manufaa yako.  Ni muhimu kuelewa taarifa iliyo katika hati hii, na tutatoa taarifa hii katika lugha yako unayopendelea bila gharama kwako.  **Piga simu kwa nambari (xxx) xxx-xxxx** ili kupata usaidizi wa utafsiri na kuelewa taarifa iliyo kwenye hati hii.

Tagalog

**MAHALAGA!**  Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo.  Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika.  **Tumawag sa (xxx) xxx-xxxx** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

Thai

สำคัญ!  เอกสารฉบับนี้มี**เนื้อหาสำคัญ**เกี่ยวกับสิทธิ หน้าที่ และ/หรือสิทธิประโยชน์ของคุณ  คุณจำเป็นต้องทำความเข้าใจเนื้อหาของเอกสารฉบับนี้, โดยทางเราจะจัดเตรียมเอกสารในภาษาของคุณโดยไม่มีค่าใช้จ่ายเพิ่มเติม  โทรติดต่อ **(xxx) xxx-xxxx** เพื่อขอรับความช่วยเหลือด้านการแปลภาษาและรายละเอียดเพิ่มเติมเกี่ยวกับเนื้อหาของเอกสารฉบับนี้

Tibetan

**གལ་ཆེ།**ཡིག་ཆ་འདིའི་ནང་ལ་ཁྱེད་ཀྱི་ཐོབ་ཐང་དང་། འོས་འགན་དང་/ ཡང་ན་ཁེ་ཕན་གང་ཡོད་སོགས་ཀྱི་**གནས་ཚུལ་གལ་ཆེ་**འཁོད་ཡོད། ཁྱེད་ཀྱིས་ངོས་ནས་ཡིག་ཆ་འདིའི་ , ནང་ཡོད་པའི་གནས་ཚུལ་གོ་ཚོད་པ་བྱེད་རྒྱུ་དེ་ཧ་ཅང་གལ་གནད་ཆེན་པོ་རེད། ང་ཚོས་ཁྱེད་ལ་གནས་ཚུལ་དེའི་སྐོར་ཁྱེད་ཀྱིས་འདོད་པ་ཡོད་པའི་སྐད་ཡིག་ནང་རིན་པ་མེད་པའི་ཐོག་མཁོ་སྤྲོད་བྱེད་ཀྱི་རེད།**(xxx)xxx-xxxx ལ་ཁ་པར་བཏང་ནས།** སྒྲ་སྒྱུར་དང་ཡིག་ཆ་འདིའི་ནང་ཡོད་པའི་གནས་ཚུལ་གསལ་པོ་གོ་ཚོད་པའི་ཆེད་དུ་རོགས་རམ་ལེན་རོགས།

Turkish

**ÖNEMLİ!**  Bu belge haklarınız, sorumluluklarınız ve/veya avantajlarınız ile ilgili **önemli bilgiler** içermektedir.  Bu belgedeki, bilgileri anlamanız çok önemlidir ve biz size tercih etmiş olduğunuz dilde bu bilgileri ücretsiz olarak sağlayacağız.  Çeviri ile ilgili veya bu belgedeki bilgileri anlama konusunda yardım almak için **(xxx) xxx-xxxx numaralı telefonu** **arayın.**

Ukranian

**ВАЖЛИВО!** Цей документ містить **важливу інформацію** про ваші права, обов'язки та/або переваги. Важливо, щоб ви зрозуміли інформацію, що міститься в цьому документі. Ми, в свою чергу, готові безкоштовно надати інформацію на вашій рідній мові. **Зателефонуйте за номером: (xxx) xxx-xxxx**, щоб отримати допомогу у перекладі заради розуміння інформації, що міститься в цьому документі.

Urdu

**اہم!** اس دستاویز میں آپ کے حقوق، ذمہ داریوں اور / یا فوائد کے بارے میں **اہم معلومات** شامل ہیں. یہ انتہائی ضروری ہے کہ آپ اس دستاویز میں موجود معلومات کو سمجھتے ہیں، اور ہم آپ کی پسندیدہ زبان میں آپ کو بغیر کسی قیمت پر معلومات فراہم کریں گے. اس دستاویز میں معلومات کے ترجمہ اور تفہیم میں مدد کے لئے **(xxx) xxx-xxxx پر کاکریں**.

Vietnamese

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

Wolof

**LU AM SOLO!**  Kayit bii amna **xibar yi am solo** ci biir sisa akk, sa passpass ak/wala sa bénéfiss.  Amna solo torop nga xam xibar yi nek ci kayit biit, ak dagn lay jox yibar yi si kalama bunga beugue té dula jaral dara.  **Bomu jokko (xxx) xxx-xxxx** pur sa ndimbal ci firi bi ak xam xibar yi nek ci kayt bi.

# ATTACHMENT D - Sample On-the-Job Training and Work Experience Contract Nondiscrimination Assurance Language

As a condition of receiving Federal financial assistance from **[WDB]** through the Department of Labor under Title I of WIOA, Department of Workforce Development, Division of Employment and Training, the **[Name of the Employer or Worksite Entity]** assures that it will comply with the nondiscrimination and equal opportunity provisions of the following laws and will remain in compliance for the duration of the agreement/contract of federal financial assistance. The Workforce Innovation and Opportunity Act (WIOA), prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in an WIOA Title I-financially assisted program or activity;

1. Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
2. Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination against qualified individuals with disabilities;
3. The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
4. Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in education programs.

The **[Name of Employer or Worksite Entity]** also assures that, as a recipient of WIOA Title I-financial assistance, it will comply with 29 CFR part §38 and all other regulations implementing the laws listed above. This assurance applies to the **[Name of Employer or Worksite Entity's**] operation of the WIOA Title I-financially assisted program or activity, and to all agreements **[Name of Employer or Worksite Entity]** makes to carry out the WIOA Title I-financial assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

# ATTACHMENT E - LEP Population Data Analysis Instructions and Table

Limited English Proficiency (LEP) Data Analysis

The purpose of the analysis is for your agency to plan for the translation of vital documents to meet the “safe harbor” federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents**:**

* 1. Before completing the table on the next page, you will need to determine the **Number of Eligible Populations Likely to be Served, Affected, or Encountered in Service Area.** Thisis the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. You can find this number using the [American Community Survey](https://www.census.gov/programs-surveys/acs/).
	2. In Column A, write the **“Number of Eligible LEP Population Likely to be Encountered in Service Area.”** This is the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served. Put this number after the name of the LEP Population group, for example, "Albanian: 20."
	3. In Column B, write the **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** for each LEP group.This is calculated by dividing the number of eligible LEP population in Column A by the number of the total eligible population served or likely to be encountered. (# of eligible LEP population/# total eligible population).
	4. Use the information to complete Columns C and D.
	5. In Column E, write the number of **“LEP population served in the service area.”** These are people that have been served at any level, up to and including enrolling in WIOA programs. This number can be found in sign in logs, ASSET and any other place you record LEP demographic data. While this not required to determine translation or interpretation needs, is useful in analyzing services provided to LEP populations and can be used to help determine the frequency with which LEP populations are being served.

We ensure that we have completed the analyses for the **[program name]** administered by **[agency name].**

Program Names: (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

**NOTE:** Before beginning this calculation, determine the Total Eligible Population Likely to be Encountered in Service Area and record it here: Click or tap here to enter text. This will be the denominator in the formula calculating Safe Harbor requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | B | C | D | E |
| Number of Eligible LEP Population Likely to be Served, Affected or Encountered in Service Area (by Language) | Percent of Eligible LEP Population Likely to Be Served, Affected, or Encountered in the Service Area | Safe HarborWritten Translation of Vital Documents | Safe HarborPost Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost | LEP Population Served in the Service Area |
|  | # of eligible LEP population/# total eligible population =\_\_\_\_\_\_\_\_\_\_  | Check Yes if eligible LEP pop. (column A) is 1,000 or more and/or Column B is 5% or more. | Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000 | Use this number to assist in determining the frequency which LEP populations ae served. |
| Albanian: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Arabic: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Bosnian: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Cambodian: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Burmese: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Chinese: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Croatian |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Farsi: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Hmong: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Korean: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Laotian: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Russian: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Serbian: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Somali: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Spanish: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Vietnamese: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Other: Specify |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Example LEP Population: 500 | 500/ 8000 (total eligible population) = .06 (6%) | [x]  Yes [ ]  No | [ ]  Yes [ ]  No | 150 |

**Summary for LEP Customer Data Analysis**

* + Service Area: Click or tap here to enter text.
	+ Data Source(s): Click or tap here to enter text.
	+ Data From Previous 12 Months - From: Click or tap here to enter text. To: Click or tap here to enter text.

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal: Click or tap here to enter text.

**This LEP Customer Data Analysis was prepared by:** Click or tap here to enter text.

**PRINT NAME of Preparer**

**SIGNATURE** – **Preparer**

Date Signed

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

Yes [ ]  No [ ]

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

Yes [ ]  No [ ]

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

Yes [ ]  No [ ]

**PRINT NAME** of Program Administrator

**SIGNATURE** – Program Administrator Date Signed

Services to LEP Language Groups

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

Language Interpretation

[x] Oral interpretation is provided upon request at no charge to the customer.

[ ] We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and that language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)

[ ] We routinely collect information regarding the LEP participant’s preferred primary language to alert the agency of the need for a qualified interpreter. The language information for each client is part of our database.

Written Translation:

[ ] Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.

The eligible LEP population that is likely to be encountered in our service area constitutes 5 percent or 1,000 persons; therefore, the entity will provide written translation of vital documents.

[ ] There are fewer than 5 percent and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

# ATTACHMENT F - WIOA Section 188 Disability Checklist

|  |  |
| --- | --- |
| Workforce Development Board or Subrecipient Name: Click or tap here to enter text. | **[ ]  Section 188 Assessment****[ ]  Accessibility Plan Document** |
| Address: Click or tap here to enter text. | City: Click or tap here to enter text.Zip-Code: Click or tap here to enter text.State: Click or tap here to enter text. |
| County or Counties: Click or tap here to enter text. | Comprehensive: **[ ]** Affiliate site: **[ ]** Other Site: **[ ]**   |
| Name of EO Officer Completing the Assessment: Click or tap here to enter text. | Date Assessment Completed: Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Item | Compliance Status | Comments |
| 1. Element 1: DESIGNATION OF EQUAL OPPORTUNITY OFFICER
 |  |  |
| * 1. Has the recipient (except small recipients and service providers) designated an Equal Opportunity Officer who meets the eligibility criteria and assumes prescribed responsibilities (such as monitoring, investigating, reviewing written policies, undergoing training) with regard to persons with disabilities? [[29 CFR §§38.28-33]](https://www.ecfr.gov/cgi-bin/text-idx?SID=c08d9e54d773a4a5d81d9e39404dfb0c&mc=true&node=sg29.1.38_127.sg1&rgn=div7https://www.ecfr.gov/cgi-bin/text-idx?SID=c08d9e54d773a4a5d81d9e39404dfb0c&mc=true&node=sg29.1.38_127.sg1&rgn=div7);
 |  |  |
| * 1. Has the recipient satisfied the prescribed general obligations relating to the Equal Opportunity Officer in regard to persons with disabilities (such as making public EO Officer's TDD/TTY number, assigning sufficient staff and resources and ensuring training necessary and appropriate to maintain competency)? [[29 CFR part §38.29](https://www.ecfr.gov/cgi-bin/text-idx?SID=099b92af64e038b8e3003734e0f2cd5d&mc=true&node=se29.1.38_129&rgn=div8)]
 |  |  |

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| --- | --- | --- |
| 1. ELEMENT 2: NOTICE AND COMMUNICATION
 |  |  |
| * 1. Is the recipient providing for initial and continuing notice that the recipient does not discriminate on the basis of disability? [[29 CFR part §38.34-.40]](https://www.ecfr.gov/cgi-bin/text-idx?SID=714e98cb61184e85760b1c0c6f7f53bc&mc=true&node=sg29.1.38_133.sg2&rgn=div7)
 |  |  |
| * 1. Is the Notice provided by the recipient to persons with disabilities who are: registrants, applicants, eligible applicants/registrants; participants; applicants for employment and employees; unions or professional organizations that hold collective bargaining or professional agreements with the recipient; WIOA Title I sub-recipients; and members of the public, including those with impaired vision and hearing? [[29 CFR §38.34(a)](https://www.ecfr.gov/cgi-bin/text-idx?SID=201d60d84d98c651e08d45a51869f956&mc=true&node=se29.1.38_134&rgn=div8)
 |  |  |
| * 1. Is the recipient taking appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others? [29 CFR §§part 38.15(a)](https://www.ecfr.gov/cgi-bin/text-idx?SID=80233fe2c591cc114a54232d954e7388&mc=true&node=se29.1.38_115&rgn=div8) and [29 CFR part 38.38(a)(b).](https://www.ecfr.gov/cgi-bin/text-idx?SID=80233fe2c591cc114a54232d954e7388&mc=true&node=se29.1.38_138&rgn=div8)
 |  |  |
| * 1. Does the recipient indicate in recruitment brochures and other materials that the WIOA Title I-financially assisted program or activity is an "equal opportunity employer/program" and that "auxiliary aids and services are available upon request to individuals with disabilities"? [29 CFR part §38.38(a)(b).](https://www.ecfr.gov/cgi-bin/text-idx?SID=3c590b6b2fee9d5ff5557d88d1b24406&mc=true&node=se29.1.38_138&rgn=div8)
 |  |  |
| * 1. Does the recipient that publishes or broadcasts program information in the news media indicate that auxiliary aids and services are available upon request to individuals with disabilities? [29 CFR§ part 38.38(b).]](https://www.ecfr.gov/cgi-bin/text-idx?SID=61d3d321a06922f7954a5a43ffe39d35&mc=true&node=se29.1.38_138&rgn=div8)
 |  |  |
| * 1. Does the Notice meet the general posting and dissemination requirements [29 CFR part §38.36(a)](https://www.ecfr.gov/cgi-bin/text-idx?SID=61d3d321a06922f7954a5a43ffe39d35&mc=true&node=se29.1.38_136&rgn=div8) and is the Notice provided in appropriate formats to individuals with visual impairments? Where the Notice has been given in an alternate format to a participant with a visual impairment, is a record that such Notice has been given made a part of the participant's file? [[29 CFR part §38.36(b)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=61d3d321a06922f7954a5a43ffe39d35&mc=true&node=se29.1.38_136&rgn=div8)
 |  |  |

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| * 1. Where marketing, recruitment, and other materials indicate that the recipient may be reached by telephone, do the materials state the telephone number of the TDD/TTY or relay service used by the recipient? [29 CRF part §38.38(a)](https://www.ecfr.gov/cgi-bin/text-idx?SID=61d3d321a06922f7954a5a43ffe39d35&mc=true&node=se29.1.38_138&rgn=div8)
 |  |  |

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| --- | --- | --- |
| 1. ELEMENT 3: ASSURANCES
 |  |  |
| Do grant awards, including subrecipient's contracts, OJT, work experience, training, and other cooperative agreements, include prescribed language as required in [29 CFR part §38.25(a)(i) and (ii) (2)](https://www.ecfr.gov/cgi-bin/text-idx?SID=61d3d321a06922f7954a5a43ffe39d35&mc=true&node=se29.1.38_125&rgn=div8) assurance language? Does the assurance not to discriminate on the basis of disability as required in Section 188 of WIOA and Section 504 of the Rehabilitation Act of 1973, and the American with Disabilities Act of 1990? Does the recipient subcontract assurance language also require subrecipients assure that it will comply with [29 CFR Part §38](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ffaa0ed7e51d4ed9f3eca295f784c1f&mc=true&node=pt29.1.38&rgn=div5) and [29 CFR Part §32](https://www.ecfr.gov/cgi-bin/text-idx?SID=57f61216aca50207ed02152779040bf9&mc=true&node=pt29.1.32&rgn=div5), and [29 CFR part§38.25 38.26 and 38.27](https://www.ecfr.gov/cgi-bin/text-idx?SID=a0f0b27b7d45b0f4d7525f80e7e4730e&mc=true&node=sp29.1.38.b&rgn=div6#sg29.1.38.b.sg0)? |  |  |

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| 1. ELEMENT 4: UNIVERSAL ACCESS
 |  |  |
| Is the recipient taking appropriate steps to ensure that it is providing universal access to its WIOA Title I-financially assisted programs and activities? Do these steps involve reasonable efforts (including advertisement, recruitment, outreach, and targeting) to include participation of persons with disabilities in the recipient's programs and activities? [29 CFR part §38.40](https://www.ecfr.gov/cgi-bin/text-idx?SID=a0f0b27b7d45b0f4d7525f80e7e4730e&mc=true&node=se29.1.38_140&rgn=div8). |  |  |

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| --- | --- | --- |
| 1. ELEMENT 5: OBLIGATION NOT TO DISCRIMINATE ON THE BASIS OF DISABILITY
 |  |  |
| 5.1 GENERAL PROHIBITIONSDoes the recipient prohibit discrimination in the registration for and the provision of aid, benefits, services or training, including core, intensive, training, and support services, on the basis of disability, [29 CFR part §38.12](https://www.ecfr.gov/cgi-bin/text-idx?SID=a0f0b27b7d45b0f4d7525f80e7e4730e&mc=true&node=se29.1.38_112&rgn=div8) including the types of discrimination listed in the types of discrimination listed in [29 CFR part §38.12](https://www.ecfr.gov/cgi-bin/text-idx?SID=a0f0b27b7d45b0f4d7525f80e7e4730e&mc=true&node=se29.1.38_112&rgn=div8) are set out below. |  |  |

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| --- | --- | --- |
| * + 1. In providing any aid, benefits, services, or training, a recipient must not deny the opportunity to participate in or benefit from the aid, benefits, services, or training; afford an opportunity that is not equally effective; provide different, segregated or separate aid, benefits, services, or training unless such actions are necessary to provide effective opportunity; deny the opportunity to participate as a member of planning or advisory boards; or otherwise limit enjoyment of any right, privilege, advantage, or opportunity enjoyed by others.
 |  |  |
| * + 1. The recipient must not aid or perpetuate discrimination by providing significant assistance to a person or an entity that discriminates on the basis of disability.
 |  |  |
| * + 1. The recipient must not deny the opportunity to participate in WIOA Title I-financially assisted programs or activities despite the existence of permissibly separate programs or activities.
 |  |  |
| * + 1. The recipient must administer its programs and activities in the most integrated setting appropriate.
 |  |  |
| * + 1. The recipient must not use standards, procedures, criteria or administrative methods that have the purpose or effect of discrimination; defeating or substantially impairing the accomplishment of the objectives of the WIOA Title I-financially assisted programs or activities; or perpetuating discrimination of another entity if both entities are subject to common administrative control.
 |  |  |
| * + 1. In determining the site or location of a facility, the recipient must not make selections that have a discriminatory effect.
 |  |  |
| * + 1. The recipient, in the selection of contractors, may not use discriminatory criteria.
 |  |  |
| * + 1. A recipient must not administer a licensing or certification program in a discriminatory manner.
 |  |  |
| * + 1. The recipient must not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or class of individuals with disabilities unless such criteria can be shown to be necessary for the provision of the aid, benefit, service, training, program or activity being offered.
 |  |  |
| * + 1. The recipient must not place a surcharge on an individual with a disability to cover the cost of measures such as provision of auxiliary aids.
 |  |  |
| * + 1. The recipient must not discriminate against an individual or an entity because of the known disability of an individual with whom the individual or entity is known to have a relationship or an association.
 |  |  |
| * + 1. An individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that such individual chooses not to accept.
 |  |  |
| * 1. PROVIDE REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH DISABILITIES

Does the recipient provide reasonable accommodations regarding registration for and the provision of aid, benefits, services or training, including core, intensive, training, and support services to qualified individuals with disabilities? [[29 CFR part §38.14](https://www.ecfr.gov/cgi-bin/text-idx?SID=e40950c108877e4d0e13b2deef1bb35b&mc=true&node=se29.1.38_114&rgn=div8)]; *see also* [[29 CFR part §32.13]](https://www.ecfr.gov/cgi-bin/text-idx?SID=7a6bcd7a3073287346e11cf119b43cc5&mc=true&node=se29.1.32_113&rgn=div8) |  |  |
| * 1. PROVIDE REASONABLE MODIFICATIONS OF POLICIES PRACTICES, AND PROCEDURES

Does the recipient provide reasonable modifications regarding its policies, practices, and procedures for the registration for and provision of core, intensive, training, and support services to individuals with disabilities? [[29 CFR 38.14]](https://www.ecfr.gov/cgi-bin/text-idx?SID=1512e9a079276b99bf71a4a52fcc3a8a&mc=true&node=se29.1.38_114&rgn=div8) |  |  |

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| --- | --- | --- |
| * 1. ADMINISTER PROGRAMS AND ACTIVITIES IN THE MOST INTEGRATED SETTING APPROPRIATE
 |  |  |
| * + 1. Does the recipient administer its programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities? [[29 CFR part §38.12 (d)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ccba3f8caa3e8e99429d5611795bf59&mc=true&node=se29.1.38_112&rgn=div8)
 |  |  |
| * + 1. Does the recipient not provide different, segregated, or separate aid, benefits, services, or training to individuals with disabilities or any class of individuals with disabilities unless such action is necessary to provide qualified individuals with disabilities with aid, benefits, services, or training that are as effective as those provided to others? [[29 CFR part §38.12(a)(4)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ccba3f8caa3e8e99429d5611795bf59&mc=true&node=se29.1.38_112&rgn=div8)
 |  |  |
| * + 1. Does the recipient permit a qualified individual with a disability the opportunity to participate in WIOA Title I-financially assisted programs and activities despite the existence of permissibly separate or different programs or activities? [[29 CFR 38.12(c)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ccba3f8caa3e8e99429d5611795bf59&mc=true&node=se29.1.38_112&rgn=div8)
 |  |  |
| * 1. ABLE TO COMMUNICATE WITH PERSONS WITH DISABILITIES AS EFFECTIVELY AS WITH OTHERS
 |  |  |
| * + 1. Are steps being taken to ensure that communications with individuals with disabilities are as effective as communications with others? [[29 CFR part §38.15]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ccba3f8caa3e8e99429d5611795bf59&mc=true&node=se29.1.38_115&rgn=div8)
 |  |  |
| * + 1. Does the recipient furnish appropriate auxiliary aids and services where necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, the WIOA Title I-financially assisted program or activity? Does the recipient give primary consideration to the requests of the individual with a disability when determining what type of auxiliary aid or service is appropriate[? [29 CFR part §38.15(a)(2)(i) and (ii)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ccba3f8caa3e8e99429d5611795bf59&mc=true&node=se29.1.38_115&rgn=div8)
 |  |  |
| * + 1. Where a recipient communicates by telephone with beneficiaries and others, does the recipient use telecommunication devices for individuals with hearing impairments (TDDs/TTYs) or equally effective communication systems, such as telephone relay services? [[29 CFR part §38.15(b)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ccba3f8caa3e8e99429d5611795bf59&mc=true&node=se29.1.38_115&rgn=div8)
 |  |  |
| * + 1. Does the recipient ensure that interested individuals, including individuals with visual and hearing impairments, can obtain information as to the existence or location of accessible services, activities, and facilities, including the provision of appropriate signage at the primary entrances to its inaccessible facilities? [[29 CFR part §38.15(c)(1) and (2)(i)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=6ff9d5140c0745775ff1eb749ad0ebab&mc=true&node=se29.1.38_115&rgn=div8)
 |  |  |
| * 1. PROVIDE PROGRAMMATIC ACCESSIBILITY FOR PERSONS WITH DISABILITIES
 |  |  |
| * + 1. Is the recipient operating each program or activity so that the program or activity, when viewed in its entirety, is readily accessible to qualified individuals with disabilities? [[29 CFR 32.27(a)](https://www.ecfr.gov/cgi-bin/text-idx?SID=1b60d364e1cd53a2c7af238c5bf8874e&mc=true&node=se29.1.32_127&rgn=div8) and [29 CFR 38.3(b).](https://www.ecfr.gov/cgi-bin/text-idx?SID=6ff9d5140c0745775ff1eb749ad0ebab&mc=true&node=se29.1.38_13&rgn=div8)
 |  |  |
| * + 1. Does the recipient comply with its obligation to operate its program or activity so that, when viewed in its entirety, it is readily accessible to qualified individuals with disabilities, through such means as redesign of equipment, reassignment of classes or other services to accessible buildings, assignment of aides to beneficiaries, home visits, delivery of services at alternative accessible sites, alteration of existing facilities and construction of new facilities in conformance with standards for new construction, or any other method that results in making its program or activity accessible to individuals with disabilities? In choosing among available methods, does the recipient give priority to those methods that offer programs and activities to individuals with disabilities in the most integrated setting appropriate? [[29 CFR part 38.27(c)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=fc9d1e956b176cf885813ac0f9a64f15&mc=true&node=se29.1.32_127&rgn=div8)
 |  |  |
| * 1. PROVIDE ARCHITECTURAL ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES
 |  |  |
| * + 1. Is each facility or part of a facility constructed by, on behalf of, or for the use of a recipient designed and constructed in such a manner that the facility or part of the facility is readily accessible to and usable by qualified individuals with disabilities? [29 [CFR part §32.28(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=fc9d1e956b176cf885813ac0f9a64f15&mc=true&node=se29.1.32_128&rgn=div8) and [[29 CFR part §38.13(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=67f669f8a3a23526f0633d7259eba37d&mc=true&node=se29.1.38_113&rgn=div8), [[28 CFR part §35.151New Construction and Alterations]](https://www.ecfr.gov/cgi-bin/text-idx?SID=1ad026a6e4f8c4ae898328a5583c0fd3&node=se28.1.35_1151&rgn=div8) or [Uniform Federal Accessibility Standards Architectural Barriers Act, 42 U.S.C., 4151- 4157](https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-aba-standards/ufas)
 |  |  |
| * + 1. Is each facility or part of a facility which is altered by, on behalf of, or for the use of a recipient in a manner that affects or could affect the usability of the facility or part of the facility altered in such a manner that the altered portion of the facility is readily accessible to and usable by qualified individuals with disabilities? [29 [CFR part §32.28(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=fc9d1e956b176cf885813ac0f9a64f15&mc=true&node=se29.1.32_128&rgn=div8) and [[29 CFR part §38.13(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=67f669f8a3a23526f0633d7259eba37d&mc=true&node=se29.1.38_113&rgn=div8), [[28 CFR part §35.151New Construction and Alterations]](https://www.ecfr.gov/cgi-bin/text-idx?SID=1ad026a6e4f8c4ae898328a5583c0fd3&node=se28.1.35_1151&rgn=div8) or [Uniform Federal Accessibility Standards Architectural Barriers Act, 42 U.S.C., 4151- 4157](https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-aba-standards/ufas)
 |  |  |
| * + 1. Does the design, construction, or alteration of facilities meet the most current standards for physical accessibility prescribed by the General Services Administration under the Architectural Barriers Act or does the recipient adopt alternative standards when it is clearly evident that equivalent or greater access to the facility or part of the facility is thereby provided? [29 [CFR part §32.28(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=fc9d1e956b176cf885813ac0f9a64f15&mc=true&node=se29.1.32_128&rgn=div8) and [[29 CFR part §38.13(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=67f669f8a3a23526f0633d7259eba37d&mc=true&node=se29.1.38_113&rgn=div8), [[28 CFR part §35.151New Construction and Alterations]](https://www.ecfr.gov/cgi-bin/text-idx?SID=1ad026a6e4f8c4ae898328a5583c0fd3&node=se28.1.35_1151&rgn=div8) or [Uniform Federal Accessibility Standards Architectural Barriers Act, 42 U.S.C., 4151- 4157](https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-aba-standards/ufas)
 |  |  |

|  |  |  |
| --- | --- | --- |
| * 1. EMPLOYMENT PRACTICES [[29 CFR part §38.18](https://www.ecfr.gov/cgi-bin/text-idx?SID=a1a05881a2978cb361e044848f79314a&mc=true&node=se29.1.38_118&rgn=div8)]
 |  |  |
| * + 1. Nondiscrimination In General

Does the recipient prohibit discrimination on the basis of disability in employment practices engaged in by recipients? [[29 CFR part §38.18(a)(b)(c)(d)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=b260b5c50df9b8fbd2512735156e50cd&mc=true&node=se29.1.38_118&rgn=div8) |  |  |
| * + 1. Provide Reasonable Accommodation for Individuals with Disabilities. Does the recipient require the provision of reasonable accommodation, when appropriate? [[29 CFR part §38.14]](https://www.ecfr.gov/cgi-bin/text-idx?SID=b260b5c50df9b8fbd2512735156e50cd&mc=true&node=se29.1.38_114&rgn=div8) [[29 CFR 32.13]](https://www.ecfr.gov/cgi-bin/text-idx?SID=ff702d84b83fb11b9851c082dc65f501&mc=true&node=se29.1.32_113&rgn=div8)
 |  |  |
| * + 1. Provide for and Adhere to a Schedule to Evaluate Job Qualifications to Ensure That the Qualifications Do Not Discriminate on the Basis of Disability.

For employment, does the recipient review job qualifications to ensure that it does not use qualification standards, employment tests or other selection criteria that screen out or tend to screen out an individual with a disability on the basis of that disability, unless the standard, test or other selection criteria, as used, is job-related for the position in question and consistent with business necessity? [[29 CFR part §38.18(d)](https://www.ecfr.gov/cgi-bin/text-idx?SID=b260b5c50df9b8fbd2512735156e50cd&mc=true&node=se29.1.38_118&rgn=div8) and [29 CFR 32.14]](https://www.ecfr.gov/cgi-bin/text-idx?SID=f6755cbb2f44135678a8ab577d9550d7&mc=true&node=se29.1.32_114&rgn=div8)For employment-related training, does the recipient review selection criteria to ensure that they do not screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying the training unless the criteria can be shown to be necessary for the training being offered? [[29 CFR part §38.12(i)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=34c9740b95d4fc6cd9470493961fe7fb&mc=true&node=pt29.1.38&rgn=div5#se29.1.38_112) and [29 CFR part §32.14](https://www.ecfr.gov/cgi-bin/text-idx?SID=f6755cbb2f44135678a8ab577d9550d7&mc=true&node=se29.1.32_114&rgn=div8)]For employment and employment-related training, does the recipient select and administer employment and training tests that, when administered to an individual with a disability that impairs sensory, manual, or speaking skills, accurately reflect the skills, aptitude, or other factors that the test purports to measure, rather than reflecting the impaired sensory, manual, or speaking skills of the individual? [[29 CFR part §38.18(d)(e)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=0778156e72ead7f2f0de3505097102e3&mc=true&node=pt29.1.38&rgn=div5#se29.1.38_118) and [29 CFR 32.14]](https://www.ecfr.gov/cgi-bin/text-idx?SID=f6755cbb2f44135678a8ab577d9550d7&mc=true&node=se29.1.32_114&rgn=div8) |  |  |
| * + 1. Limit Pre-employment/Employment Medical Inquiries/Confidentiality

Does the recipient prohibit pre-employment inquiries and pre-selection inquiries regarding disability? [[29 CFR part §38.6(d)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=0778156e72ead7f2f0de3505097102e3&mc=true&node=pt29.1.38&rgn=div5#se29.1.38_16) and [[29 CFR 32.15]](https://www.ecfr.gov/cgi-bin/text-idx?SID=f66f6d4c18fd24c5a764270af6e5b356&mc=true&node=se29.1.32_115&rgn=div8) |  |  |

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| 1. ELEMENT 6: DATA AND INFORMATION COLLECTION AND MAINTENANCE
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| 1. ELEMENT 7: MONITOR FOR COMPLIANCE
 |  |  |
| * 1. Does the EO Officer monitor and investigate the recipient's activities, and the activities of the entities that receive WIOA Title I financial assistance from the recipient, to make sure that the recipient and its sub-recipients are not violating their nondiscrimination and equal opportunity obligations? [[29 CFR part §38.31(b)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ddbb60c4af81e51016a535eac7721a4&mc=true&node=se29.1.38_131&rgn=div8); [[29 CFR part §32.45(a)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=3e851f811c50f6df0dcfa282cf50ea50&mc=true&node=se29.1.32_145&rgn=div8)
 |  |  |
| * 1. Has the recipient conducted a self-evaluation in accordance with [[29 CFR 32.6(c)](https://www.ecfr.gov/cgi-bin/text-idx?SID=3e851f811c50f6df0dcfa282cf50ea50&mc=true&node=se29.1.32_16&rgn=div8)], [[29 CFR part §38.31(b) and (c)]](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ddbb60c4af81e51016a535eac7721a4&mc=true&node=pt29.1.38&rgn=div5#se29.1.38_131) (i.e., evaluate current policies and practices and their effects on persons with disabilities and take remedial steps to eliminate the effects of any discrimination, and consult with interested parties such as individuals with disabilities and organizations representing persons with disabilities)?
 |  |  |

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| --- | --- | --- |
| 1. ELEMENT 8: COMPLAINT PROCESSING PROCEDURES
 |  |  |
| Does the EO Officer develop and publish the recipient's procedures for processing discrimination complaints and make sure that those procedures are followed? [[29 CFR part §38.](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ddbb60c4af81e51016a535eac7721a4&mc=true&node=pt29.1.38&rgn=div5#se29.1.38_131)31(d); and [39 CFR part §§38.69 – 38.85](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ddbb60c4af81e51016a535eac7721a4&mc=true&node=pt29.1.38&rgn=div5#sg29.1.38_168.sg5).  |  |  |

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| 1. ELEMENT 9: CORRECTIVE ACTIONS/SANCTIONS
 |  |  |
| Does the EO Officer, after monitoring and investigating the recipient's activities and the activities of the entities that receive WIOA Title I financial assistance from the recipient, take corrective action to ensure that the recipient and its sub-recipients are not violating their nondiscrimination and equal opportunity obligations? [[29 CFR 38.90(b)];](https://www.ecfr.gov/cgi-bin/text-idx?SID=9ddbb60c4af81e51016a535eac7721a4&mc=true&node=pt29.1.38&rgn=div5#se29.1.38_189) |  |  |

# ATTACHMENT G - Statistical Analysis of Equal Opportunity Data of WIOA Program Applicants and Participants

## Customer Service Population Analysis

**Instructions for Completing Customer Service Population Analysis**

The purpose of the Customer Service Population Analysis (CSPA) is to determine if the recipient is serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Recipients should complete a separate CSPA data chart for each program checked on the Funded Programs Checklist.

**Step 1 – Prepare the Data Needed for Analysis**

* Define the geographic service area for the program/activity.
* Identify the data source(s) used to determine the eligible population likely to be served and the eligible population served and the time period for the data.

**Note:** If the eligible populations are the same for multiple programs, recipients can list multiple programs on the program/activity line.

**Step 2 – Complete the Columns for “Eligible Population in the Service Area”**

* In the "Number" column (A), record 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. You need to record the total number, and the number for each subgroup on the table.
* In the "Percent" column (B), **calculate the percent** of eligible participants in each category **by dividing the number of each category** (race/ethnicity, women, and persons with disability) likely to be encountered **by the total number of eligible population** likely to be encountered in the service area. (e.g. If the total eligible population in a program area is 5000 people, and 3500 of them are white, then 3500/5000 = .70, which is 70%. Record 70% in the percentage column.)

**Step 3 - Complete the Columns for “Registrants/Applicants in the Most Recent Program Year”**

* In the "Number" column (C), record the number of people who applied or registered for a program or service administered by a recipient. For purposes of reporting, use the number of applicants/registrants in the most recent program year.
* In the "Percent" column (D) **calculate the percent** of eligible applicants/registrants in each protected category **by dividing the number each category served** (e.g., race/ethnicity, women, and persons with disabilities) **by the total number of eligible population served** in the service area. (e.g. If 2500 people applied/registered, and 1750 of them are white, then 1750/2500 = .70, which is 70%. Record 70% in the percentage column.)

**Step 4 - Complete the "Percentage Difference of Applicants/Registrants " Column (E)**

* Calculate the difference between the **percent** of the eligible (Column B) and the **percent** of the population who applied/registered for the program being analyzed (Column D) for each line/category on the table. (e.g. If 70% of the eligible population is white, and 75% of the people who applied/registered for the program are white, 75%-70% = 5%. Record 5% in the percentage column.)

**Step 5 - Complete the Columns for “Participants in the Most Recent Program Year”**

* In the "Number" column (F), record the number of participants who are enrolled in a program or service administered by a recipient. For purposes of reporting, use the number of participants in the most recent program year.
* In the "Percent" column (G) **calculate the percent** of eligible participants in each protected category **by dividing the number each category served** (e.g., race/ethnicity, women, and persons with disabilities) **by the total number of eligible population served** in the service area. (e.g. If a program serves 2000 people, and 1750 of them are white, then 1750/2000 = .88, which is 88%. Record 88% in the percentage column.)

**Step 6 - Complete the "Percentage Difference" Column (E)**

* Calculate the difference between the **percent** of the eligible population to be served or encountered (Column B) and the **percent** of the population actually served in the program being analyzed (Column D) for each line/category on the table. (e.g. If 70% of the eligible population is white, and 88% of the people served in a program are white, 88%-70% = 18%. Record 18% in the percentage column.)

## Customer Service Population Analysis (CSPA) Data Chart

|  |  |
| --- | --- |
| **Program or Activity:** |  |
| **Service Area:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Eligible Population in the Service Area** |  | **Registrants/Applicants in the Most Recent Program Year** |  |  |  | **Participants in the Most Recent Program Year** |  |  |
| **Category** | **A****Number** | **B****Percentage** | **C****Number** | **D****Percentage**  | **E****Percentage Difference of Applicants/****Registrants** | **F****Number** | **G****Percentage** | **H****Percentage Difference of Participants** |
| Total Eligible Population |  | 100% |  |  | N/A |  | N/A |  |  | 100% | N/A |
| **Breakdown by Race** |  |  |  |  |  |  |  |  |  |  |
| White |   |   |  |  |   |  |  |  |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Black or African American |   |   |  |  |   |  |  |   |   |  |
| American Indian or Alaska Native |   |   |  |  |   |  |  |  |   |   |  |  |
| Asian |   |   |  |  |   |  |  |  |   |   |  |  |
| Native Hawaiian or Pacific Islander |   |   |  |  |   |  |  |  |   |   |  |  |
| More Than One Race |   |   |  |  |   |  |  |  |   |   |  |  |
|   |   |   |  |  |   |  |  |  |   |   |  |
| Subtotal, Non-White |   |   |  |  |   |  |  |  |   |   |  |  |
|   |  |  |  |   |  |  |  |  |  |
| Hispanic/Latino (Regardless of Race) |   |   |  |  |   |  |  |  |   |   |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Eligible Population in the Service Area** |  | **Registrants/Applicants in the Most Recent Program Year** |  |  |  | **Participants in the Most Recent Program Year** |  |  |
| **Category** | **A****Number** | **B****Percentage** | **C****Number** | **D****Percentage** | **E****Percentage Difference of Applicants/****Registrants** | **F****Number** | **G****Percentage** | **H****Percentage Difference of Participants** |
| **Breakdown by Sex** |  |  |  |  |   |  |   |  |  |  |
|  Female |   |   |  |  |  |  |  |   |   |   |  |  |  |
|  Male |   |   |  |  |  |  |   |   |   |  |  |  |
|  |   |   |  |  |  |  |   |   |   |  |  |  |
| **Disabilities** |   |   |  |  |  |   |   |   |  |  |  |
|   |   |   |  |  |  |   |   |   |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Example Demographic GroupUsing Total Eligible Population = 500Total Applied/Registered Population= 425Total Served Population = 395 | 250 | 250/500=**50%**  |  | 225 | 225/425 =**53%** |  | 53%-50%= **3%** |  | 180 | 180/395 =**46%** |  | 46%-50%=**-4%** |

|  |  |
| --- | --- |
| **Data Source(s):** |  |

## Customer Service Population Data Analysis

For any negative difference in percentage greater than -2% (e.g., -3%, -4%, etc.) in Column E and/or H, determine to what extent that result indicates the recipient may not be providing service to potentially eligible participants in those categories. In the example above, the percent difference of applicants/registrants is 3%, so research and analysis about that group is not necessary, **but**, the percent difference for participants is -4%, indicating that research and analysis about that group *is* necessary.

Click or tap here to enter text.

What actions can be implemented to try to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note**: Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

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

Click or tap here to enter text.

##