

CITY OF LOS ANGELES

CALIFORNIA

COMMUNITY DEVELOPMENT
DEPARTMENT

215 W. 6TH STREET
LOS ANGELES, CA 90014

LILLIAN KAWASAKI
GENERAL MANAGER



JAMES K. HAHN
MAYOR

DATE: February 25, 2002

TO: All WIA Youth Contractors, Joints and Leads

FROM: Ann Giagni, Director
WorkForce Development Division

SUBJECT: WIA DIRECTIVE 02-39
LIMITED ENGLISH PROFICIENT (LEP) REQUIREMENTS

As a recipient of federal and state funding, all WorkSource Centers are mandated to provide access to Limited English Proficient speakers (LEP clients.) This fall, the city will be monitored, and if found to be out of compliance, may suffer sanctions and/or lost of funding.

The first step in documenting our compliance is the attached survey. Please fill out this survey and return it with the requested materials by **Friday, March 8, 2002**. You may also complete the survey by electronic mail. Use the calendar year, January-December, 2001 for your answers.

The second step is to designate a LEP Coordinator who will serve as the monitor, coordinator and contact person for your Youth Center.

Finally, mail this survey and include two copies of any internal and external documents/materials which your Youth Center uses in English or any other language. (See list below.) Materials from all the Youth Centers will be reviewed and evaluated. A uniform look will be developed and translated materials will be made available for your use.

After all the materials have been reviewed and evaluated, a series of focus/brainstorming workshops will be organized to summarize your best thinking and ideas. From these brainstorming groups, we will identify and begin to implement best practice and ideas. This LEP survey will be implemented once a year from now on.

If you have any questions, contact Susan Fong at (213) 473-0307.

Requested materials:

- *Marketing materials
- *Internal Application Forms
- *Orientation Materials
- *Any other forms which are routinely distributed and/or used with customers



C. STAFFING

Language	# of Staff Who Translate		# of Intake Staff Who Translate	
	Certified Bi-lingual (check)	Non-certified Bi-lingual (check)	Certified Bi-lingual (check)	Non-Certified Bi-lingual (check)
Spanish				
Chinese				
Armenian				
Cambodian				
Korean				
Russian				
Vietnamese				
Tagalog				
Other				

D. PROJECTED LANGUAGE NEEDS

1. Based on changing the demographics of your service area in the next two years, what language population do you expect to serve, that you are **not currently** serving? Rank language in order of priority.

RANK LANGUAGE IN ORDER OF PRIORITY

Language	Rank	Projected # of New Staff	Translated Materials Needed (check)
Chinese			
Armenian			
Korean			
Vietnamese			
Russian			
Tagalog			
Japanese			
Spanish			
French			
Other			

1. Describe if any your **future written** translation needs:

2. Describe if any your **future oral** translation needs:

3. Based on your experience what kind of translation and materials would you need for the parents of your youth clients?

E. COMMENTS:

Please Print Name

Signature

Title

Date

E-Mail Address

Phone Number

Fax Number

Designated LEP Contact