SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

EQUAL OPPORTUNITY

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EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING EMPLOYEE – STAFF INTERVIEW

The employee name will not be part of the review record, only the nature of the response.

Employ Employ	ee: ee's function in the office:
Intervie	wer:
Locatio	n: Date:
Section	I – Equal Services to an LEP individual
1.	What is your understanding of the definition of Limited English Proficient (LEP)?
2.	Describe the process to serve participants participating in WIOA programs:
	 What is the process to serve a participant who is Limited English Proficient (LEP)? a. What auxiliary aid do you use (Answer: CTS Language Link)? b. Is the auxiliary aid readily available (number in the interviewee's work area)? c. Do you know the Language Link Account # and Dial # for your office? d. What do you do if you do not recognize the language the LEP individual speaks (i.e., I speak cards)? e. What arrangements are made to provide services to limited English proficient individuals? (Identify staff and partners used to help customers) f. Is the process described give LEP individuals equal access to participate in WIOA programs offered to non-LEP individuals?
4.	Are you aware of languages spoken by customers in this area who are limited English proficient – list them?
	Is there a process for collecting LEP data in SDWORKS – explain the process? How often do you provide services to LEP participants?
7.	Where do you obtain the LWIOA's policies, procedures or guidance regarding limited English proficiency?
8.	Do you have any questions on how to serve limited English proficient individuals?

	If so, what are they?	
	Section I Reviewer Summary:	
Section II –Equal services to an Individual who is deaf, hard-of-hearing, deaf-blind, and or speech disabled		
9.	 What is the process to serve participants who are deaf, hard-of-hearing, deaf-blind, and or speech disabled? a. What auxiliary aid do you use (Answer: SD Relay)? b. Is the auxiliary aid readily available (number in the interviewee's work area)? c. What arrangements are made to provide services to the visually impaired, deaf clients, and non-ambulatory clients? (Please be specific) d. Is the process described give individuals who are deaf, have hearing impairments, or speech disabilities needing interpreter services equal access to participate in WIOA programs offered to non-LEP individuals? 	
10.	What do you do if a person comes in with a need for an American Sign Language interpreter?	
11.	How often do you provide services to participants that are deaf, hard-of-hearing, deaf-blind, and or speech disabled?	
12.	Do you know who to ask when you have a question about services to individuals with a disability?	
	Please explain and be specific.	
13.	Are you aware of local policies and procedures regarding individuals with disabilities? Where do you find the policies, procedures or information?	
14.	Do you have any questions on how to serve individuals with disabilities? If so, what are they?	
	Section II Reviewer Summary:	
Section	n III – Discrimination Complaints	
15.	What do you do if a client tells you that he or she feels they have been discriminated against by you or someone in your office because of his or her race/ethnicity, color, religion, sex, national origin, age, disability, political affiliations or belief, or for WIOA Title I program beneficiaries, his or her citizenship or participation in a WIOA Title I financially-assisted program?	
	Do you know what his or her rights are? Please explain.	

16. What do you do if you feel you have been discriminated against because of your race/ethnicity, color, religion, sex, national origin, age, disability, political affiliation or belief, or for WIA Title I program
beneficiaries, citizenship or participation in a WIA Title I financially assisted program?
Do you know what your rights are? Please explain.
17. What training have you received regarding Equal Opportunity requirements related to your work?
When and where?
18. Does your local supervisor or manager discuss equal opportunity and equal access for clients with the staff?
19. Do you have any questions or comments?
Section III Reviewer Summary:
Section VI: File Review Revise File Review questions to focus on any areas of concerns identified during the Data Analysis or File Review. The questions below are an example of questions focused on the area of concern identified during a data analysis regarding enrolling individuals protected by age (40 and older).
20. Describe the process for when you offer WIOA Services to an individual.
21. What age group do you feel is more likely to be enrolled in WIOA (youth (15-20), young adult (21-39), middle age adult (40-50), and older (51-64))? Explain:
22. Do you feel there are unique challenges for enrolling in WIOA based on age groups (youth (15-20), young adult (21-39), middle age adult (40-50), and older (51-64)?
23. List case files the interviewee is assigned to:
a. Have employee describe the case to you:
i. Did he/she qualify for WIOA services? Yes No No
ii. Were they offered WIOA services? Yes No No
iii. If qualified and offered, did they receive WIOA services? Yes No No
iv. If iii. is no, what was the reason for not being enrolled?v. If qualified and not offered WIOA services, give reason WIOA services were not offered.
v. If qualified and not offered WIOA services, give reason WIOA services were not offered.
24. Do you include medical and or disability information in case notes? Yes No No
Section IV Reviewer Summary:
Reviewer's overall summary of interview: