

# ***Annual LAO Compliance Report for 2024-2025 War Memorial (WAR)***

## **SUMMARY OF COMPLIANCE CHANGES**

### **1. FY 2024-2025**

1. Please provide a summary of all language access changes in your Department since FY 2023-2024.

#### **SUMMARY OF COMPLIANCE REPORT CHANGES & KEY BARRIERS**

A. Explain changes in strategies and procedures to improve language access and/or comply with the LAO (as amended in 2024), and indicate whether these changes have improved the Department's language access services from the previous year.

<b>Description of Change</b>	<b>Improved Language Access Services?</b>
Implementation of Evolv patron screening system, bilingual signage in Chinese, Filipino and Spanish.	Yes

B. Indicate any key barriers that have prevented your Department from achieving your LAO goals and any proposed solutions.

<b>Barriers</b>	<b>Proposed Solutions</b>

## II. DEPARTMENTAL GOALS

### 2. Assessment of Progress in Meeting Previous Year's Goals

Please provide an update on how your department is meeting your current goals. These are the goals that your department indicated in last year's report.

While not yet live, significant progress has been made to establish an [SF.gov](#) website for the War Memorial that is separate and distinct from the the SF War [Memorial.org](#) website which is managed by the Foundation. As part of the development process, the website will be fully language compliant.

### 3. Goals for Fiscal Year 2025-2026

Please provide a description of your department's Language Access Ordinance goals for Fiscal Year 2025-2026 (bullet points).

- Establish a War Memorial-specific Department-Level policy for employee's to engage in the City's process to become certified as bilingual.
- Review all Department Bilingual signage and update as necessary.
- Go live with War Memorial [sf.gov](#) website

## III. CLIENT INFORMATION

### 4. Primary/Preferred Language Information

Do you collect and record primary/preferred language data on clients as part of your intake or application process?

Yes

### 5. Data Collection Method

What method did you use to determine the number and percentage of limited English proficient (LEP) persons who actually used your department's services citywide during FY 2024-2025

*See OCEIA Guidance, Section I*

\* You may measure this information by: 1) analyzing information collected during the Department's intake process for all clients; or 2) conducting an annual survey of all contacts with the public made by the Department during a period of at least two weeks; or 3) analyzing and calculating the annual total number of requests for telephonic translation (interpretation) services. If you use the survey method, please pro-rate your results to produce estimated totals for the full year. For example: data from a two-week survey should be multiplied by 26; data from a one-month survey should be multiplied by 12.

Please provide the method you used to determine the number LEP persons actually served.

a.  Intake      b.  Annual Survey      c.  Number of telephonic interpretation requests

Description (Optional)

## 6. Number of LEP Persons who Used Department's Services During FY 2024-2025"

a. Please indicate the total number of clients who used the Department's services and the total number of LEP persons who used your department's services city wide during FY 2024-2025.

Do not leave blank. For numeric fields, enter 0 if none

### ***See Guidance, Section I***

\* You may measure this information by: 1) analyzing information collected during the Department's intake process for all clients; or 2) conducting an annual survey of all contacts with the public made by the Department during a period of at least two weeks; or 3) analyzing and calculating the annual total number of requests for telephonic translation (interpretation) services.

If you use the survey method, please pro-rate your results to produce estimated totals for the full year. For example: data from a two-week survey should be multiplied by 26; data from a one-month survey should be multiplied by 12.

TOTAL CLIENTS (#)	LEP CLIENTS (#)	LEP CLIENTS BY LANGUAGE (#) ?						
		CAN	FIL	MDRN	RUS	SPN	VIET	Other
	0	0	0	0	0	0	0	0 Other

Key: CAN = Cantonese

FIL = Filipino (Tagalog)

MDRN = Mandarin

RUS = Russian

SPN = Spanish

VIET = Vietnamese

Please indicate the number of clients served in other languages:

LANGUAGE	LEP CLIENTS (#)

If your Department reported significant increases or decreases compared to the numbers reported last year, please explain the reason for the change: \_\_\_\_\_

## IV. DATA ON TRANSLATION AND INTERPRETATION DURING FY 2024-2025

## 7. Translated Written Materials

a) Please indicate how many of the Department's materials (e.g. applications, forms, notices of rights, program material, web and other digital content, etc.) have been translated into each of the following languages during the fiscal year.

Language	Total Materials	CHN	FIL	RUS	SPN	VIET	Other #1 (specify)	Description
2024-25 Translated Materials	11	11	11		11			
Number of Vital Documents	4	4	4		4			

b) Please submit a cumulative list of all of the Department's written materials (e.g. applications, forms, notices of rights, program material, web or other digital content, etc.) that have been translated, the language(s) into which they have been translated, and the persons who have reviewed the translated materials for accuracy and appropriateness.

<p>Please upload your Translated Materials Log as an Excel file</p>	<p>Your file is uploaded  <a href="#">Download Blank Excel Template</a></p>
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If there are major increases or decreases in the reported numbers compared to last year's report, please explain the reason for the change: \_\_\_\_\_

## 8. Telephone-Based Language Services

Describe any telephone-based Language services used for FY 2024-2025 (July 1 through June 30). Please include information on call volumes and language use. If your department uses multiple telephone-based interpretation services, which may include LanguageLine Solutions, other vendors, or internal staff, please indicate each on a separate line.

Do not leave blank. For numeric fields, enter 0 if none.

		0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	

If your Department reported significant increases or decreases compared to the numbers reported last year, please explain the reason for the change: \_\_\_\_\_

## 9. In-Person Interpretation Services

How many times did multilingual employees provide in-person interpretation and in-language services) in FY 2024-2025 (July 1 through June 30)? Please include information on the number of times in-person interpretation and in-language services was provided in each language.

Do not leave blank. For numeric fields, enter 0 if none

*See Guidance, Section II (c)*

Total	Number of Times Interpretation Provided, by Language							
	CAN	FIL	MDRN	RUS	SPN	VIET	Other #1 (Specify)	Other #2 (Specify)
0								

Description (Optional) \_\_\_\_\_

If your Department reported significant increases or decreases compared to the numbers reported last year, please explain the reason for the change: \_\_\_\_\_

## 10. Oral Interpretation at Public Meetings

How often did your Department provide oral interpretation at public meetings or hearings during FY 2024-2025? Please indicate the number of meetings/hearings and languages provided and whether vendors or multilingual employees were used.

Do not leave blank. For numeric fields, enter 0 if none.

Number of Interpreted hearings/meetings	0
Total Number of LEP Attendees	0
Interpretation provided by	<input type="checkbox"/> Vendors <input type="checkbox"/> multilingual Employees <input type="checkbox"/> Other(describe)
Interpretation	<input type="checkbox"/> Cantonese

provided in (languages)	<input type="checkbox"/> Filipino <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (describe) _____
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If there are major increases or decreases in the reported numbers compared to last year's report, please explain the reason for the change: \_\_\_\_\_

## V. MULTILINGUAL STAFFING AND TRAINING

### 11. Multilingual Employees

a) How many multilingual public contact employees does your department have, and how many have had their multilingual skills tested and certified by the Department of Human Resources (DHR)? Indicate the language(s) spoken by certified multilingual employees and all multilingual employees.

	Total Number	Number of Multilingual Staff, by Languages						
		CAN	FIL	MDRN	RUS	SPN	VIET	Other
<b>Certified Multilingual Public Contact Employee</b>	0							
<b>Total Multilingual Public Contact Employee</b>	19	3	2	1	3	3	0	7
<b>All Public Contact Employees</b>								
<b>All Certified Multilingual Employees (public contact and non-public contact)</b>								

Description (Optional) \_\_\_\_\_

Please provide a roster of all your department's Multilingual Employees (including those employees who are self-designated as competent in a language other than English). Use additional pages as needed. See Roster of Multilingual Employees from OCEIA.

<b>ROSTER OF MULTILINGUAL EMPLOYEES</b>				
<b>Name</b>	<b>Title</b>	<b>Office Location</b>	<b>Languages (other than English)</b>	<b>DHR Certified? (Y/N)</b>

Please upload your Roster of Multilingual Employees as an Excel file	Your file is uploaded  <a href="#">Download Blank Excel Template</a>
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b) Assess the number of additional multilingual employees needed in FY 2025-2026 and beyond to meet the requirements of the Language Access Ordinance.

Is the current number of multilingual employees adequate to meet LAO requirements?	If no, indicate the number of additional multilingual employees needed and corresponding language(s)

If you have indicated that the number of multilingual employees in your Department is inadequate to meet the requirements of the Language Access Ordinance, please state your Department's plans to meet those requirements

## 12. Employee Development and Training

a) Which of the following methods does your Department use to verify the quality of multilingual employees' language proficiency skills?

<input type="checkbox"/>	DHR multilingual certification
<input type="checkbox"/>	External certification process
<input type="checkbox"/>	

<input type="checkbox"/>	Other method (describe):
<input checked="" type="checkbox"/>	Our Department does not have a method to verify the quality of multilingual employees' language proficiency skills

**b) Does your Department offer training for public contact staff on how to provide language assistance services to LEP individuals?**

Yes
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In-person training on functionality of language line and dedicated laptop for use with ASL individuals.
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## VI. LANGUAGE SERVICE AND COMMUNICATION PROTOCOLS

### 13. Language Access Policies

Please provide a brief summary of your Department's procedures for providing services to LEP persons, using the boxes below.

#### LANGUAGE ACCESS POLICIES AND PROTOCOLS

a) Does your department have a written Language Access Policy ?	Yes
b) Please provide a brief summary of the policy.	The War Memorial Language Access Policy is to ensure LEP Clients of the Department are able to access, understand, and participate in War Memorial programs and services. All LEP individuals conducting business with, or receiving services from, interpretation services telephonically by our Language Services Vendor or a member of the staff who is multilingual.
c) Please upload your department's full Language Access Policy.	Your file is uploaded 
d) Does your department work with clients in crisis or emergency situations ?	No
If yes, please describe the nature of crisis or emergency situations (e.g., fire, natural disaster, domestic violence, other).	
e) Does your department have a protocol for providing language access services to LEP persons in crisis or emergency situations?	No
If yes, please provide a brief summary of your Department's protocol for serving LEP persons in crisis or emergency situations,	

including the use of multilingual staff for assisting LEP persons and the translation of any warning signs.

## 14. Recorded Telephonic Messages

a) Please list any recorded telephonic messages that are available in languages other than English, and describe the content of recorded messages (e.g. office hours and location; information about programs and services; other types of assistance).

CONTENT OF RECORDED MESSAGE	LANGUAGE (Mark all boxes that apply)						
	CAN	FIL	MDRN	RUS	SPN	VIET	Other (specify)
Office Hours and Location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about Programs and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Assess the availability and quality of your department's recorded telephonic messages in languages other than English .

Adequate

Please explain.

The outgoing message is translated into Spanish, Filipino and Mandarin.

## 15. Telephonic Requests for Translation or Interpretation Services

a) Describe your Department's procedures for handling telephonic requests for translation or interpretation services.

The administrative staff who cover front desk and reception have a dual handset dedicated to the Language Line interpreters. Front Desk staff are trained on how to access the language line if an LEP person presents at the front desk.

b) Assess the quality of your department's procedures for handling telephonic requests for translation or interpretation services.

*See Guidance, Section IV (b)*

Adequate

**Please explain.**

We typically do not receive telephonic requests for translation as our office generally services licensee organizations who are renting out facilities, rather than the general public.

## **16. In-Person Requests for Translation or Interpretation Services**

a) Describe your Department's procedures for handling in-person requests for translation or interpretation services.

The administrative staff who cover front desk and reception have a dual handset dedicated to the Language Line interpreters. Front Desk staff are trained on how to access the language line if an LEP person presents at the front desk.

b) Assess the quality of your department's procedures for handling in-person requests for translation or interpretation services.

*See Guidance, Section IV (c)*

Adequate

**Please explain.**

The administrative staff who cover front desk and reception have a dual handset dedicated to the Language Line interpreters. Front Desk staff are trained on how to access the language line if an LEP person presents at the front desk.

## **17. Public Notices of Availability of Language Access Services**

a) For in-person or over-the-counter contacts, please indicate whether there is a visible notice posted in a public place informing LEP persons of their right to request translation or interpretation, and the languages that these notices are printed in.

Public notices are posted informing LEP persons of their right to request language access in the following languages:

<input checked="" type="checkbox"/>	Filipino
<input checked="" type="checkbox"/>	Chinese
<input type="checkbox"/>	Russian
<input checked="" type="checkbox"/>	Spanish
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other (describe below)

b) Assess the quality of the translation and visibility of your department's public notices of availability of language access services.

**See *Guidance, Section IV (d)***

Adequate
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**Please explain.**

There are signs at the Front Desk that indicate how to request language interpretations services. Additionally, all public meeting postings include multilingual information regarding the Accessible Meeting Policy and how to request accommodations for any public meeting. It also explains how to request translation service of minutes of public board meetings.

## **VII. BUDGET AND EXPENDITURES FOR LANGUAGE SERVICES**

### **18. Language Services Expenditures in FY 2024-2025**

Please provide the following information on the actual expenses for Language Services provisioning during the reporting period.

Language Access Services	FY 2024-2025 Actual Expenses
1. Compensatory pay for multilingual employees who perform multilingual services, excluding regular annual salary expenditures.	\$0.00
2. Telephonic interpretation services provided by vendors.	\$0.00
3. Document translation services provided by vendors.	\$0.00
4. Website translation services provided by vendors	\$0.00
5. On-site language interpretation services provided by vendors.	\$0.00

6. Other costs associated with providing language access services (e.g., grants, special programs, other.) Describe these expenses in question 18.b.	\$0.00
7. Total Language Services Expenses (add columns 1-5)	\$0.00

## 18 b. Other Costs: Description

Describe the expenses listed under “other costs associated with providing language access services” (line 6 above). Enter N/A if you reported no expenses in line 6 above.

## 18 c. Department's Total Operating Budget FY 2025-2026

\$22,564,652.00

## 19. Projected Language Services Budget in FY 2025-2026

What is your total projected budget to support progressive implementation of your Department's language service plan in FY 2025-2026 ?

*See Guidance, Section V (b)*

TOTAL	100.00
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Description (Optional)

We have a budget of \$100 budgeted for telephonic interpretations. We expect to spend to ensure the new [SF.gov](#) website is fully language compliant, and to implement Vietnamese Language signage.