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Evaluating the Accessibility of American Job Centers for People with Disabilities

Final Report

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ACKNOWLEDGMENTS

IMPAQ International is pleased to provide rigorous research on the accessibility of American Job Centers (AJCs) for people with disabilities. It is our hope that the information provided by this study can be used to improve policies and practices that will ensure people with disabilities are able to receive the same level of workforce services as those without disabilities. This project greatly benefited from the experience and expertise of the subject matter experts from our partner organizations: the Burton Blatt Institute (BBI) at Syracuse University and Universal Designers and Associates (UD&C). In particular, Michael Morris and Mary Killeen from BBI and Lee Swinscoe from UD&C made vital contributions throughout this project and provided invaluable insights related to measuring accessibility and contextualizing the results.

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EXECUTIVE SUMMARY

In 2012, the US Department of Labor's (DOL) Chief Evaluation Office (CEO) contracted with IMPAQ International, LLC and its partners, the Burton Blatt Institute (BBI) and Universal Designers and Consultants (UD&C), to measure the accessibility of American Job Centers (AJC) for people with disabilities. The bulk of previous research on AJC accessibility involved case studies or limited surveys focused on specific issues. Prior to this study, there had been no comprehensive survey of AJCs. In addition, the majority of earlier studies focused on compliance checklists, rather than a broader concept of accessibility that focuses on usability.

The main objective of this study is to rigorously measure the accessibility of the nation's AJC system to people with disabilities and, based on this information, make recommendations for improvements, as appropriate. This study addresses the following primary research questions:

- To what degree do AJCs provide accessible services to people with disabilities (overall accessibility)?
- How does this vary by the type of accessibility (physical, programmatic, and communication)?
- How does accessibility vary by the characteristics of AJCs (e.g., affiliate vs. comprehensive or urban vs. non-urban)?

Conceptual Framework for Assessing the Accessibility of AJCs

In this study, degree of accessibility is defined as whether or not a person with a disability can meaningfully receive, participate in, and benefit from services offered by the AJC system.[1] An AJC may meet the minimum requirements for accessibility, but a person with a disability may still face barriers in accessing services that persons without disabilities do not face. Hence, measuring accessibility of the AJC system must include whether AJCs offer information, explanation, and support, with the necessary accommodations, to enable a person with multiple barriers to employment to take advantage of the full range of services offered by the AJC–self-service, staff-assisted services, and training. Overall, our approach is centered on this working definition of accessibility, and therefore this study distinguishes itself from previous compliance-focused evaluations.

[1] Although this study was initially developed under the Workforce Investment Act (WIA), the findings and recommendations of this report are relevant to, and fully support, the goals of the Workforce Innovation and Opportunity Act (WIOA) – which became the governing workforce legislation in July 2015, approximately three years after the start of this research – with regard to the accessibility of the AJCs to people with disabilities.

Our approach to measuring AJC accessibility focuses on the three domains found in the Workforce Investment Act (WIA)/Workforce Innovation and Opportunity Act (WIOA) requirements and specified in the scope of work for this project:

- *Physical accessibility* refers to the extent to which facilities are designed, constructed, or altered so that they are accessible and usable by people with disabilities.
- *Communications accessibility* refers to the extent to which Center staff and partner agencies are able to communicate with people with disabilities as effectively as with others.
- *Programmatic accessibility* refers to the extent to which people with disabilities have access to the full range of services available to all AJC customers regardless of disability.

Overview of the Study Design

Data collection for this study included a web-based survey and data from in-person site visits to assess the level of AJC accessibility for people with disabilities. The web-based survey was administered to all of the estimated 2,453 comprehensive and affiliate AJCs. In-person data collection visits were then conducted at 100 randomly selected AJCs. The site visits focused on the same accessibility topics as those included on the survey. In addition, we conducted nine focus groups with people with disabilities as part of the in-person data collection visits.

Exhibit A. Four Levels of Accessibility

We used information from both the survey and site visits to create accessibility scores for each AJC. We generated these scores using Item Response Theory (IRT). This approach allowed us to verify the psychometric validity of the survey items and account for biases that may have been introduced in the data collection process. In conducting the study, we recognized that many AJCs were still working towards full accessibility; accordingly, we went beyond simply defining centers as "accessible" or "not accessible" and included a level of "partially accessible" as well. After visiting several AJCs that seemed to go above and beyond basic accessibility requirements, we also considered whether to also identify centers that were "exemplary." Consultation with DOL and a standard-setting panel of disability and methodology experts confirmed the appropriateness of using four levels of accessibility, as shown in Exhibit A. Four categories were determined to be optimal to reflect the fact that many AJCs have implemented some aspects of accessibility but are still working towards full accessibility, and some seemed to go above and beyond basic accessibility requirements. The ratings from the IRT were then reviewed by the standard setting panel and used to break down the two major categories of "fully accessible" and "not fully accessible" AJCs into these four levels of accessibility.

Study Findings

To address the study's research questions, we followed the process described above to define levels of accessibility. The IMPAQ team and the standard-setting panel of experts grouped AJCs into two major categories: 1) fully accessible (comprised of accessible and exemplary); and 2) not fully accessible (comprised of not accessible and partially accessible).[2]

Study Question #1: To what degree do AJCs provide accessible services to people with disabilities?

- Almost two-thirds (63%) of AJCs were "not fully accessible" to people with disabilities. This implies that across the majority of AJCs in our analysis, at least some people with disabilities could not meaningfully participate[3] in and benefit from services to the same extent as those without disabilities in each domain of accessibility.
- Among the AJCs that were classified as "not fully accessible," only one center was rated "not accessible" in all three domains. The other centers were "partially accessible." This means that although these centers present substantial barriers to services for people with disabilities, making the necessary improvements to become accessible may require fewer resources than if these AJCs were not accessible at all.

[2] We applied this process to the 1,382 AJCs for which we had data from the web survey and/or site visits.

[3] Throughout this report, we are using descriptions and terminology for accessibility and disability that reflect the flexibility built-in to the language in disability literature and legislation. This includes "meaningful participation," which is used in the WIA Section 188 Disability Checklist.

- At the other end of the distribution, just over a third of AJCs (37%) were classified as "fully accessible" to people with disabilities across all three domains of accessibility. One percent of these AJCs were classified as "exemplary," having made additional efforts beyond basic accessibility to ensure that people with disabilities can participate in services to the same extent and essentially the same way as people without disabilities.

Study Question #2: How does accessibility vary by type (physical, communication, and programmatic)?

Exhibit B shows the percentage of AJCs determined to be fully accessible in each domain and overall. It shows that almost all centers are physically accessible, most are communications accessible, and close to half are programmatically accessible. It shows that 37 percent of AJCs are accessible across all three domains. Exhibit C provides additional detail showing all four levels of accessibility for each domain and overall across all three domains.

Exhibit B. AJC Center Accessibility

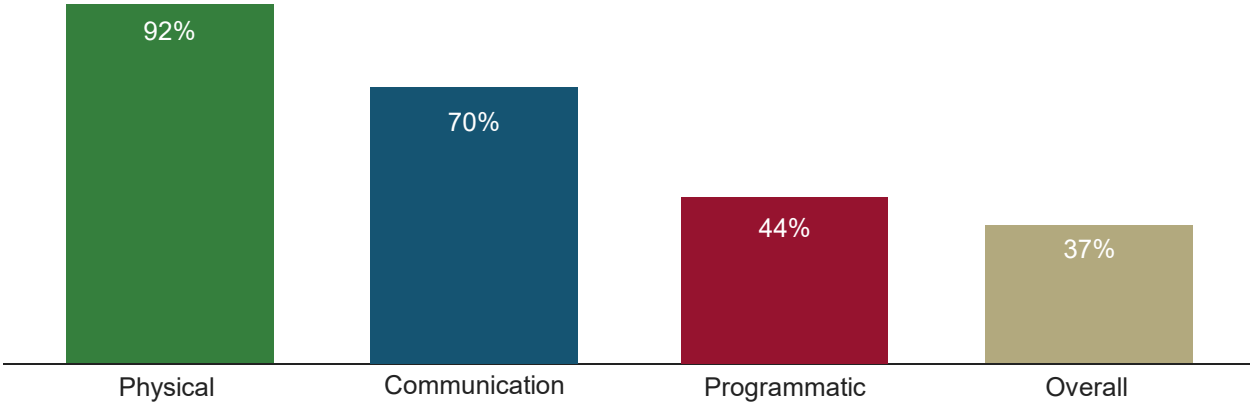
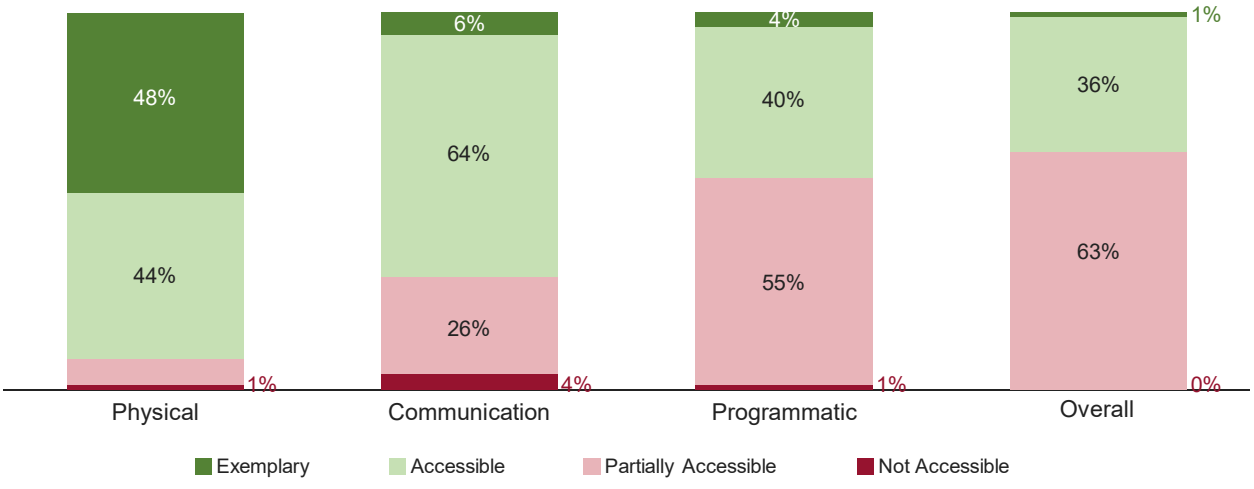


Exhibit C. Four Levels of AJC Accessibility



Physical Accessibility

- A higher portion of AJCs were "fully accessible" in the physical domain than were "fully accessible" in the programmatic and communication domains. Only eight percent of AJCs were not fully physically accessible. The majority of the not fully physically accessible AJCs (90%) were at least "partially accessible."
- Almost half of all AJCs (48%) were categorized as "exemplary" in this domain. This may be due in part to the nature of physical accessibility and the standard setting process. In contrast to the communications and programmatic domains, where accessibility can be achieved through a range of approaches, physical barriers are more concrete and are either absent or present and in need of removal. This suggests that the "exemplary" category may not be as relevant for the physical domain.

Communications Accessibility

- AJCs were categorized as "fully accessible" in about three-quarters (70%) of Centers in this domain, with about one-third (30%) categorized as "not fully accessible."
- The majority of the "not fully accessible" AJCs were at least "partially accessible," with very few AJCs (4%) categorized as "not accessible."
- A small percentage (6%) of AJCs were categorized as "exemplary" in the communications domain.

Programmatic Accessibility

- Compared to the other domains, fewer AJCs were "fully accessible" in the programmatic domain. This may be due to the complexity of the range of service delivery approaches associated with providing full programmatic accessibility.[4] Fewer than half (40%) of all AJCs fell into the "fully accessible" category. These findings suggest that at the majority of AJCs in our study, some people with disabilities encountered substantial barriers to participating in and benefiting from the full range of AJC services.
- Among the AJCs that were not categorized as "fully accessible," almost all were categorized as "partially accessible" (98%). This suggests that while improvements are needed to ensure accessibility for people with disabilities, even AJCs that are not fully accessible may not have to make a large number of changes to become fully accessible.
- Only a very small percentage (4%) of AJCs were categorized as "exemplary" in the programmatic domain.

[4] This understanding is based on the research team's collective experience studying accessibility and workforce services, knowledge gained through the literature review, our development of measures in this domain, and qualitative assessments of information gathered in the site visits.

Study Question #3: How does accessibility vary by the characteristics of AJCs?

The major differences[5] in accessibility across different types of AJCs include:

- Urban AJCs were more likely to be "accessible" than non-urban AJCs. Fewer rural AJCs have achieved "full accessibility" than those that serve mostly urban or mostly suburban communities (31% vs. 43% and 48%).
- Comprehensive AJCs were more likely to be "fully accessible" than affiliate AJCs (41% vs. 26%).
- AJCs operated by for-profit firms, or mixed consortia of public and private agencies, were more likely to be "fully accessible" than publicly operated AJCs (44% and 45% vs. 34%).
- Northeastern AJCs tend to have higher programmatic accessibility scores than AJCs in the other regions (57% vs. 43% in Midwest, 41% in South and 41% in West). Neither physical accessibility nor communications accessibility seemed to vary significantly across regions.
- AJCs serving a larger number of customers were more likely to be fully accessible than smaller AJCs (52% of AJCs with over 10,000 customers vs. 28% with 1,000 or fewer, 32% with 1,001-5,000, and 36% with 5,001-10,000).

Recommendations

One key observation made from conducting this study is that many workforce system staff are eager for more information and guidance about accessibility. It seems evident that while much progress has been made, there is a clear role for DOL in providing guidance and technical assistance as the centers continue on their path toward full accessibility to customers with disabilities. Looking across the whole study, we identified themes with regard to improving accessibility based on a combination of survey results, notes from the 100 site visits, documentation from the anchor calls,[6] and the focus group discussions. Additional discussion of target areas for improvement is provided in the full report.

Physical accessibility. The vast majority of AJCs are already physically accessible. Among those that are not, our site visit interviews suggest that they have little control over the accessibility of the building in which they reside (e.g., government buildings). Directors of these AJCs may not be aware that there could be small things they might do to improve accessibility. To support such efforts, DOL could provide guidance on ways to improve accessibility that go beyond the physical

[5] Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

[6] Anchor calls are structured debriefing sessions that were conducted (and documented) immediately after each of the 100 site visits. These are described in the full report.

structure, such as making sure aisles are kept clear of furniture, or installing a doorbell that customers can push for assistance if the entrance has no power door.

Communications accessibility. During site visit interviews, centers identified limited budgets and limited staff training and knowledge as obstacles to providing key elements of communications accessibility, such as sign language interpreters or materials in alternate formats. DOL may want to consider providing additional guidance and staff training materials on serving individuals with communication disabilities, as well as on how to build in these kinds of expenses into AJCs' regular operating budgets.

Programmatic accessibility. Programmatic accessibility is the domain where the biggest changes are needed to improve accessibility of the workforce system to people with disabilities. With only 37 percent of the centers rated as accessible in this domain, center outreach and service delivery practices appear to be the highest priority areas where DOL might best focus resources for improvement. This might include a range of strategies such as broadly disseminating key findings of this study, developing a grant initiative focused specifically on improving center accessibility, creating a community of practice among workforce professionals working toward increased accessibility, and developing accessibility checklists, training materials, tip sheets, and guidance materials.

As noted above, based on a combination of survey results and documentation from the 100 site visits, the anchor calls, and the focus group discussions, we identified specific areas where AJCs' accessibility could be improved. Areas where Federal support could help AJCs improve their programmatic accessibility include:

- *Awareness and Training:* The need for training may be particularly significant in the context of programmatic accessibility. In order to provide programmatically accessible services to all customers, including people with disabilities, staff who have contact with customers should have an understanding of what it means for services to be programmatically accessible to individuals with a wide range of different types of disabilities and associated employment barriers. During site visit interviews, we found differences in knowledge about what it means to be "programmatically accessible." We found that many staff were willing to do whatever it took to help their customers. AJCs could be encouraged to offer centralized, widely available, basic training to staff who deliver services under WIOA and programs delivered through AJCs, to increase their awareness, knowledge, and skills for serving customers with disabilities.
- *Staffing:* From our site visits and focus groups we observed that AJCs that have a disability "expert" on staff (other than Vocational Rehabilitation), seem to be more savvy about accessibility overall. We observed that this appeared to be even more pronounced among AJCs with staff which included individuals with disabilities. In addition to providing a resource for the AJC, we learned that a staff member who has personal experience with disability was thought to provide an example, both for the other staff and for the customers themselves, of someone with a disability who has met success in employment.

Encouraging state and local agencies to pro-actively recruit people with disabilities for staff positions may be useful for diversifying the type of disability expertise on staff.

- *Benefits counseling:* AJC staff expressed to us their appreciation for benefit experts, even when the counselor had a limited (but regular) presence at the center. Many interview respondents indicated that the need for benefits counseling is not only at the beginning of the job search process, but is persistent and ongoing, all the way through to potential overpayments, once job seekers become employed. AJCs could be encouraged to include expert counseling provided by trained benefits counselors in work incentives for customers who are looking for employment while receiving public benefits (i.e., Supplemental Security Income, Social Security Disability Insurance, Unemployment Insurance, and Medicaid).
- *Collaboration:* AJCs are encouraged by DOL and other federal and state agencies to collaborate with other local entities to maximize the scope and fit of services that they offer people with disabilities; this encouragement is embedded, for example, in the DOL's Disability Employment Initiative grants to states. Researchers heard from AJC staff a desire for more support for collaboration at the local level, as well as more visibility for collaboration that takes place at the federal level. Not only can collaboration at the federal level serve as a model for local-level collaboration, it can also be leveraged by AJCs, providing a starting point for developing local linkages.
- *Outreach:* Site interviews also suggested that people with disabilities rarely contact many of the centers and, among AJCs that regularly conduct outreach to people with disabilities, very few do targeted outreach to the disability community. Support for outreach, and targeted outreach in particular, may make AJCs more accessible to people with disabilities. This outreach would help make sure the community knows of their services and their commitment to provide accommodations to ensure equal access to services. Parallel to an effort supporting outreach at the center-level, DOL could support an outreach campaign at the national level to increase awareness of AJC services among the disability community.
- *Involving People with Disabilities in AJC Accessibility:* People with disabilities can bring valuable knowledge and first-hand experience to AJC's efforts to maximize accessibility. Few AJCs reported that they made a point of actively involving people with disabilities in the ongoing work of making the AJCs more accessible. AJCs can take advantage of this expertise by making a point of actively involving people with disabilities in the ongoing work of making the AJCs more accessible. AJCs can also consult with people with disabilities for ideas on how to improve outreach to the disability community. In addition to providing technical assistance and guidance to centers to encourage such an effort, DOL could support a nationwide campaign about including people with disabilities in the public workforce system that would target states, workforce development boards, and AJCs. This campaign could highlight that serving people with disabilities works and need not undermine AJCs' outcomes statistics or funding.

1. INTRODUCTION

In 2012, the U.S. Department of Labor's (DOL) Chief Evaluation Office (CEO), contracted with IMPAQ International, LLC (IMPAQ) and its partners, the Burton Blatt Institute (BBI) and Universal Designers and Consultants (UD&C), to measure the accessibility of American Job Centers (AJC) for people with disabilities. At that time, studies of AJCs had generally not used rigorous methods to measure their accessibility and had not developed the data needed to assess adequately whether AJCs were accessible to people with disabilities. In addition, most studies focused on compliance checklists rather than on a broader concept of accessibility that emphasizes usability (see section 1.3).

The IMPAQ team's main objective in conducting the present study was to rigorously measure the accessibility of the nation's AJC system to people with disabilities and, as appropriate, recommend improvements. In this study the IMPAQ team addressed the following primary research questions:

- To what degree do AJCs provide accessible services to people with disabilities (overall accessibility)?
- How do AJCs' accessibility vary by the type of accessibility (physical, programmatic, and communication)?
- How do AJCs' accessibility vary according to their characteristics (e.g., affiliate vs. comprehensive or urban vs. non-urban)?

The IMPAQ team does not intend the findings from this study to be used for compliance or enforcement purposes, and, therefore, has presented all information in aggregate.[1]

1.1. Background and Overview

In this section, we provide the context for the study's importance, design, and implementation. We first describe the employment status of people with disabilities and the role of the AJC in supporting the employment of people with disabilities. Next, we provide the conceptual framework we used to assess the accessibility of AJCs and approaches to measure their accessibility. We then describe the implications of the framework and approach for the study's design.

[1] All data collection tools for this study were OMB-approved and, per OMB, ensured respondents that data would be kept confidential and used only for purposes of this study. Respondents were told explicitly that their responses would not be shared with DOL or anyone else in any way that could identify them or their Center.

1.1.1. People with Disabilities and Employment

In the workplace, many people with disabilities perform work that is indistinguishable from their peers who do not have disabilities. Often, they need only minor accommodations to be productive workforce members, such as flexible work hours, which their employers' current policies already may accommodate. Despite this, statistics on the employment of people with disabilities are consistently dismal. According to DOL's Office of Disability Employment Policy (ODEP),[2] more than three times as many people with disabilities ages 16-64 (68.7%) are not participating in the workforce, compared to people without disabilities (19.8%). The key element here is "Not Participating," which means that an individual is not employed *nor is he or she actively seeking employment.* Furthermore, while the U.S. employment picture improved overall in 2016, the unemployment rate for people with disabilities (8.7%) continued to be almost double that of persons without disabilities (4.6%).[3]

1.1.2. Role of AJCs in Providing Employment Services for People with Disabilities

The system of AJCs–formerly called One Stop Career Centers–was established by the Workforce Investment Act (WIA) of 1998.[4] Many of the programs delivered through the AJC system operate within DOL's Employment and Training Administration (ETA), whose mission is "to contribute to the more efficient functioning of the U.S. labor market by providing high quality job training, employment, labor market information, and income maintenance services primarily through state and local workforce development systems."[5] The American Job Center system is regulated under WIOA through 20 CFR 678, rules jointly published by the Departments of Labor and Education.

There are two other offices within DOL that also play a significant role in this area. First, DOL's Office of Disability Employment Policy (ODEP) was established to help ensure that people with disabilities are fully integrated into the 21st century workforce. ODEP's mission is to "develop and influence disability employment-related policies and practices to increase the employment of people with disabilities."[6] ODEP works with other Federal agencies to ensure that people with disabilities have meaningful access to employment and training programs and services offered by public systems, as well as private organizations and employers. This includes working with ETA to ensure people with disabilities have the same access to the programs and services of the AJCs as people without disabilities. Second, DOL's Civil Rights Center (CRC) enforces civil rights laws to

[2] U.S. Department of Labor, Office of Disability Employment Policy (ODEP) Home Page, September 2016 Disability Employment Statistics. Retrieved from: Link to ODEP Home Page on DOL website, accessed 10/31/16.

[3] Office of Disability Employment Policy. Retrieved from: Link to ODEP Home Page on DOL website , accessed 10/31/16.

[4] "Workforce Investment Act of 1998." Department of Labor. August 7, 1998. Link to WIA Law page on DOL-ETA website

[5] U.S. Department of Labor, *ETA Mission,* January, 2010. Link to ETA mission on DOL website

[6] Office of Disability Employment Policy, Link to About ODEP page on DOL website, accessed 6/23/16.

protect the employment rights of people with disabilities who participate in AJCs, or any other DOL-funded programs or activities. The CRC investigates and adjudicates discrimination complaints, conducts compliance reviews, provides technical assistance and training, and develops and publishes civil rights regulations, policies, and guidance.[7]

Under WIA, AJCs were charged with providing employment and training services to youth and adult jobseekers through several employment and training programs delivered through comprehensive and affiliate AJCs across the country, notably the WIA Title I Adult, Dislocated Worker, and Youth programs as well as WIA Title III Employment Services. In December 2014, just before the IMPAQ team began to collect data for this project, there were 1,679 comprehensive and 774 affiliate AJCs.[8,9] The WIA Title I Adult and Dislocated Worker programs offered the following three different levels of services to jobseekers, including people with disabilities:

- "Core services," which include outreach, job search and placement assistance, and labor market information available to all job seekers,
- "Intensive services," which include more comprehensive assessments, development of individual employment plans, and counseling and career planning; and,
- "Training services," which include occupational training and training in basic skills, use of an 'individual training account' in selecting an appropriate training program from a qualified training provider,"[10] and links to job opportunities in their communities for customers.

These different service levels established under WIA were eliminated when the Workforce Innovation and Opportunity Act (WIOA) became the governing workforce legislation in July 2015,[11] permitting customers to move more fluidly across different types of AJC services.[12]

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[7] U.S. Department of Labor, Civil Rights Center. (n.d.) Retrieved from Link to Civil Rights Center page on DOL website

[8] Per DOL data provided to IMPAQ.

[9] The comprehensive AJCs in this study provided a full array of employment and training related services for workers, youth, and businesses, including Adult, Dislocated Worker, and Youth Programs (WIA Title I), Youth Opportunity Grants, Job Corps, Native American Programs, Migrant/Seasonal Farm Worker Programs, Veterans' Workforce Investment Program II, Wagner-Peyser Program, Adult Education & Literacy Activities, Vocational Rehabilitation Programs, Welfare-to-Work Grants Program, Senior Community Service Employment, Post-Secondary Vocational Education, Trade Adjustment Assistance & NAFTA, Veterans' Education & Training Services, Community Services Block Grant Act, HUD Employment & Training Programs, and Unemployment Insurance (29 U.S.C. § 2841(b); National Skills Coalition, 2011). "Affiliate" One-Stop Career Centers typically provided a more limited range of employment and training related services for workers, youth, and businesses.

[10] U.S. Department of Labor, Employment and Training Administration. (n.d.) *The Workforce Investment Act of 1998 (WIA)*, WIA Final Regulations 8/11/2000. Retrieved from: Link to WIA Final Rule page on DOL website

[11] Workforce Innovation and Opportunity Act, Public Law No: 113-128, June 2014.

[12] The three WIA service levels are reflected in the instruments developed for this study, however, as instrument development and data collection associated with the study were essentially complete prior to the passage of WIOA. (the last site visits were in September 2015). It should be noted that the findings and recommendations of this report are relevant to, and fully support, the goals of WIOA with regard to the accessibility of the AJCs to PWD.

Both WIA and WIOA require AJCs to be universally accessible to all job seekers, including job seekers with disabilities. By law, the AJC system must ensure that its programs, services, and facilities provide programmatic, communication, and physical accessibility to all qualified people with disabilities[13] under Section 188 of both WIOA and WIA, Section 504 of the Rehabilitation Act, and Titles II and III of the Americans with Disabilities Act (ADA). Section 188 is the main legal authority providing for nondiscrimination and equal opportunity to persons with disabilities participating in programs and activities operated by the AJC system. It prohibits discrimination on the basis of disability, and states that:

> *No individual shall 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 such program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief*.

As further specified in the WIA Final Regulations (2000), universal access implies that "any individual will have access to the One-Stop system and to core employment-related services" (p. 49294). In addition, the Civil Rights Center (CRC), Office of the Assistant Secretary for Administration and Management (OASAM) of DOL, developed the "WIA Section 188 Disability Checklist" as sub-regulatory guidance to help ensure nondiscrimination and equal opportunity to people with disabilities participating in programs and activities operated by the AJC delivery system.[14] WIOA took additional steps to ensure that services are accessible by people with disabilities, including a requirement that AJC certification criteria include physical and programmatic accessibility assessments.

1.2. Conceptual Framework to Assess the Accessibility of AJCs

In this study, we assessed the level of accessibility of AJCs to people with disabilities. In performing this assessment, we defined degree of accessibility as whether a person with a

[13] The terms "disability" and "qualified individual with a disability" are defined in the Americans with Disabilities Amendments Act (ADAAA), WIOA Section 188, and Sections 501, 503, and 504 of the Rehabilitation Act. The ADAAA, 42 U.S.C. § 12102, defines disability as "(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment." Section 188 of the WIOA holds a similar definition (see 29 CFR part 37.4) and is meant to be congruent with the Rehabilitation Act, and was modeled after the Title II ADA Regulations, which will be amended according to the ADAAA. For purposes of this report, the term "people with disabilities" includes, but is not limited to, people with visible as well as non-visible physical and mental disabilities. Impairments that may be and cause disabilities include contagious and noncontagious diseases and conditions such as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; polio; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional or mental illness; specific learning disabilities; HIV disease (whether symptomatic or asymptomatic); tuberculosis; and alcoholism.

[14] As noted, instrument development and data collection associated with the study were completed under WIA.

disability can meaningfully receive,[15] participate in, and benefit from services offered by the AJC system. An AJC may meet the minimum requirements for accessibility, such as having accessible parking spaces, a wheelchair-friendly building, and assistive technology, but still impose barriers on a person with a disability who seeks to access services (such as attending workshops and meetings) that persons without disabilities do not face. Hence, our assessment of the accessibility of the AJC system included assessing whether AJCs offer information, explanation, and support, with the necessary accommodations, to enable a person who has multiple barriers to employment to take advantage of the full range of services offered by the AJC. For the purposes of this report, we understand accessibility and define it to mean that people with disabilities are able to effectively access the services offered by the AJC to increase their skill levels and become qualified for gaining and/or maintaining employment.

1.2.1. Compliance vs. Accessibility

The WIA Section 188 Disability Checklist[16] provides guidance regarding the minimum requirements an AJC must meet to be considered accessible and receive funding, and establishes standards (e.g., Americans with Disabilities Act Accessibility Guidelines, Universal Federal Accessibility Standards) to assess compliance in order to increase accessibility and inclusiveness. While the checklist is informative and useful when assessing AJC accessibility, it is only one part of an overall assessment of accessibility.

In this study, the IMPAQ team, in addition to assessing AJCs' compliance issues in some areas (e.g., whether AJCs have adaptive technology for computers in the resource room), also examined the extent to which AJCs made services available to and useable by people with disabilities (e.g., whether AJC staff are trained in assisting customers to use the adaptive technology). On the other hand, we did not include in this study certain aspects of compliance, such as WIOA Section 188 requirements for written policies and complaint procedures, as they represent aspects of program administration rather than usability. Overall, our approach centered on our working definition of accessibility, which distinguishes this study from existing compliance-focused evaluations.

1.2.2. Accessibility Domains

We measured AJC accessibility by focusing on three domains found in the WIA/WIOA requirements and specified in the scope of work for this project:[17] 1) physical; 2) communications; and 3) programmatic accessibility. In developing our study instruments, we

[15] Throughout this report, we are using descriptions and terminology for accessibility and disability such as "meaningful" and "reasonable" that reflect the flexibility built-in to the language of the disability literature and legislation. "Meaningful participation," for example, is used in the WIA Section 188 Disability Checklist.

[16] U.S. Department of Labor Civil Rights Center. WIA Section 188 Disability Checklist. Link to CRC Section 188 page on DOL website Last accessed November 3, 2016

[17] The literature on measuring accessibility in the workforce system generally supports use of these domains, for example, Law, Health, Policy, and Disability Center (2002) and Alabama MAPS (2005).

established that each item that we used to measure accessibility related to one or more of these domains. Our method also accounted for the ways in which AJCs are able to serve individuals with disabilities across the full spectrum of physical, sensory, learning, mental, cognitive, and emotional disabilities. We describe the three accessibility domains below.

Physical Accessibility. Physical accessibility most consistently is defined and evaluated according to standards associated with the Architectural Barriers Act, ADA, and other laws. From these perspectives, physical access includes items such as barrier-free entry to a building, a room, and physical space or area. Accordingly, in this study physical accessibility refers not only to the presence of accessibility features such as ramps and accessible parking, but also the usability of AJCs' space for people with disabilities.

> *Physical accessibility* refers to the extent to which facilities are designed, constructed, or altered so that they are accessible and usable by PWD.

To determine whether an AJC is physically accessible, we determined whether people with disabilities could:

- Enter the building
- Navigate the building
- Use signs to get where he or she wants to go
- Get around using a wheelchair, and
- Get through doors.

Communications Accessibility. In addition to accessing and navigating the AJC, an AJC's customers must be able to communicate effectively with staff to take advantage of the services offered. Communication in the context of AJCs includes the various modes and formats in which staff and customers interact and exchange information, outreach conducted by AJCs in local communities to raise awareness about resources and offer information, and processes for people with disabilities to participate in AJC services or facilitate the transition between different types of services. An AJC's ability to communicate effectively with people with disabilities is essential to enable people with disabilities to learn about and participate in the full range of the AJC's offerings. Depending on an individual's disability, a customer may be unable to use or fully participate in services if the AJC does not have or provide access to the necessary assistive technology, accessible computers and workstations, assistive and accessible software, and augmentative communication devices.

> *Communications accessibility* refers to the extent to which Center staff and partner agencies are able to communicate with PWD as effectively as with others.

Sometimes, even when AJCs have assistive technology to make communications accessible, staff are not aware of its presence or how it can be used. To ensure that communications are

accessible, the AJC must present information in various formats, make available assistive technology, and train staff to use that technology.

Programmatic Accessibility. When organizations attempt to make their services accessible to people with disabilities, they often emphasize physical and communications accessibility. While these are essential for people who have visual, hearing, or mobility impairments, individuals with disabilities may have other barriers than physical or communications barriers. If AJCs' staff are unfamiliar with how learning disabilities, cognitive disabilities, mental health issues, developmental disabilities, head injuries, and epilepsy influence their customers' needs, they may not provide appropriate accommodations or may make assumptions that steer customers away from certain services or programs.

> *Programmatic accessibility* refers to the extent to which PWD have access to the full range of services available to all AJC customers regardless of disability (e.g., core, intensive, and training).

To ensure that their programs are accessible, AJCs must design their services and train staff to understand and anticipate the needs of a broad diversity of people with disabilities. To make services accessible to each customer, the AJC must take a proactive, customized approach to respond to the individual's needs. AJCs can take a holistic approach to serve people with disabilities programmatically through activities such as:

- Train staff on how to assess people with disabilities' basic needs and etiquette regarding working with people with a wide range of disabilities,
- Create an atmosphere in which people with disabilities feel welcome and are comfortable asking for assistance,
- Provide information on job accommodations, including assistive technology,
- Tailor job search assistance for people with disabilities,
- Provide information on the impact of employment on Supplemental Security Income (SSI)/ Supplemental Security Disability Insurance (SSDI)and health care benefits,
- Offer an overview of the process for people with disabilities to transition from school to adult life, and the role of the AJC in this process, and
- Provide ideas to address the transportation needs of people with disabilities, which poses a significant barrier to employment for many.

1.3. Approaches to Measure AJCs' Accessibility

As a first step in designing and developing this study, we conducted a literature review to identify key issues and constructs, and to review previous measures and data collection instruments

related to AJCs' accessibility that other studies tested and validated.[18] We identified two common limitations in previous tools that researchers used to collect data from the AJCs themselves. First, they tend to focus on compliance rather than on the broader range of accessibility considerations. Second, they generally have not been rigorously tested or validated so their psychometric properties[19] are unknown. Still, for the most part, these tools offer examples of items with construct and face validity that influenced our development of our instruments to measure accessibility.

We present a brief review of previous studies that measured AJCs' accessibility from both the customers' and AJCs' perspectives, and identify methodologies that are relevant to understand and measure accessibility using the current study's conceptual framework. For further detail on our review of previous approaches that researchers used to measure AJCs' accessibility, please see ***Appendix A: Approaches to Measuring AJC Accessibility***.

1.3.1. Measuring Customers' Accessibility Experience

Past research has included various approaches that focus on AJCs' customers' experiences (e.g., Boeltzig et al., 2004; Hall & Parker, 2005; Gervey et al. 2007; and Timmons et al., 2007). These approaches were customized to each participant's specific disability or set of disabilities, and used research methods that included site visits, in-depth interviews, focus groups, mystery shoppers, and customer satisfaction surveys. In the reviewed literature, many examples of inaccessibility became manifest when people with disabilities reported on how welcome they were made to feel, the assistance they received onsite, whether staff knew how to support the use of assistive technology, and how suitably the AJC was located.

Researchers commonly evaluated the customer's experience by employing a questionnaire or checklist that addresses different categories of accessibility. More than a decade ago, the Law, Health Policy and Disability Center at the University of Iowa developed the "One-Stop Customer Report Card" to evaluate consumer satisfaction with an AJC's physical, programmatic, and communication accessibility. The Report Card contains more than 80 items, in the following seven categories: physical accessibility of facility, access to services, work areas and equipment, materials and written information, obtaining services, employment service delivery, and an overall rating category. Gervey and Gao (2009) developed the Universal One-Stop Career Center Customer Satisfaction questionnaire by modifying the Report Card so that it could be used with persons without disabilities as well, enabling researchers to compare the experiences of persons with and without disabilities.

In each of the studies we reviewed, researchers had collected descriptive data—researchers did not apply psychometrics to develop or analyze the surveys, nor did they produce a measurement score on the degree of programmatic accessibility within AJCs. Although researchers' data

[18] The full literature review, *Draft Literature Review for Evaluating the Accessibility of American Job Centers for People with Disabilities*, was developed as a stand-alone document that was submitted under separate cover to DOL.

[19] "Psychometric properties" refers to measures of an instrument's rigor, including but not limited to different types of reliability and validity.

collection methods sometimes included quantitative customer survey data, most of the research in this area focused on qualitative data from in-depth interviews and focus groups with customers and AJC staff. It also included site visit reports by "mystery shoppers"—actors with disabilities enlisted to use AJC services in the same way they would if they were actually seeking employment. Researchers' emphasis on descriptive data collection likely resulted from the nature of programmatic accessibility—experienced by the customer in the context of interactions with AJC staff and dependent upon the attitudes, understanding, experience, and etiquette of staff concerning the experience of disability in all of its multiple forms.

1.3.2. Measures of Accessibility from the Centers' Perspective

In the past, researchers have used many different tools and instruments to assess AJC's efforts to accommodate customers and potential customers with disabilities. These assessment tools have been used primarily to determine AJCs' legal compliance with the ADA and WIA Section 188 rather than to evaluate more broadly the extent to which people with disabilities can access and use AJCs. In particular, in 2003 DOL developed the WIA Section 188 Disability Checklist to assess AJCs' compliance with the requirement for non-discrimination towards people with disabilities. Additionally, in an effort to provide frameworks, guidelines, and standards to help AJCs make their facilities, resources, and services accessible, several projects have developed compliance and evaluation checklists to assess the physical, programmatic, and communications accessibility of AJCs. DOL, the Rehabilitation Services Administration within the Department of Education, and other agencies have funded tools that have been used to conduct evaluations (such as Alabama's Career Center System, or the Law, Health Policy, and Disability Center's One-Stop Customer Report Card). Such evaluation and compliance checklists play an important role in documenting the extent to which an AJC is implementing the disability non-discrimination requirements of WIA/WIOA.

DOL also has published two self-assessment tools on its website for use by AJCs' staff, the Existing Facilities Checklist[20] and Customer Service/Accommodation Practices.[21] These checklists focus primarily on compliance; however, they are less detailed and less comprehensive than the Section 188 checklist. Many state labor agencies and/or state WIBs also have developed their own checklists that someone at the state level can use to assess the accessibility of local centers, or AJCs can use as a self-assessment tool. For example, New York's labor agency contracted with Cornell University to develop Universal Access-NY, an online planning toolkit, where a One-Stop Delivery System could continuously assess its practices, and develop work plans to improve physical and programmatic accessibility. The self-assessment portion of the online toolkit was made up of 76 indicators in five categories, each with three to five subcategories. The Institute for Community Inclusion created two self-assessment tools as part of their One-Stop Disability Resource Manual (Hoff, et al.). One is a Service Accessibility Checklist and the other is a Facilities Checklist. The Facilities Checklist includes 90 items in six domains including: 1) entrance accessibility; 2) access to goods and services; 3) telephones; 4) usability of rest rooms; 5) signage;

[20] https://www.doleta.gov/disability/htmldocs/efc.html
[21] https://www.doleta.gov/disability/htmldocs/csap.html

and 6) additional access (drinking fountains). The Service Accessibility Checklist includes a thoughtful range of 86 programmatic access areas specific to the workforce system.

1.4. Implications for the Current Study Design

The bulk of previous research on AJC accessibility involved case studies or limited surveys focused on specific issues; no research or comprehensive survey of AJCs examined all aspects of accessibility. While the existing literature provides evidence, documents accessibility challenges, and provides suggestions for how best to measure and assess accessibility, it cannot serve as the basis for estimates about overall accessibility of AJCs across the country. Therefore, this study was critical to accomplish the following:

- Complement the previous, less comprehensive studies that have been conducted,
- Estimate accessibility across AJCs nationwide and document the degree to which accessibility challenges that have been identified at local levels do or do not persist across the entire system, and
- Assess whether people with disabilities can access the full range of AJC services.

Based on our review of the literature, we found that the majority of the studies and assessment tools for examining AJCs' accessibility used checklists and evaluation questions that focused more on determining compliance status than measuring level of accessibility. For the most part, however, these instruments provide examples of items with construct and face validity that we considered when we developed our instrument to measure accessibility.

While previous studies describe the experiences of AJCs' customers with disabilities, they provided limited insight into whether people with disabilities can meaningfully benefit from the range of services offered at AJCs. Accordingly, we further investigated the extent to which a participant knows about and can successfully use and benefit from those services. In this study, we identified the degree to which the AJCs accommodate the needs of people with disabilities and the gaps in accessibility that prevent AJCs' customers with disabilities from obtaining and receiving services in an equitable manner.

Additionally, previous literature often fell short of capturing context or explanatory detail. This underscores the importance of designing mixed methods studies that incorporate quantitative and qualitative modes of data collection. It also highlights the importance of gathering insight both from AJCs' staff and customers. Our technical working group (TWG) further emphasized the importance of incorporating the typically unheard customer voice. We considered whether to use such methods as employing trained "mystery shoppers" to observe accessibility practices at AJCs. However, we determined that AJCs' directors, assisted by other staff as necessary, could

describe more appropriately different aspects of AJCs' facilities, services, and practices[22] through a web-based survey. We recognized that AJCs' directors may not necessarily be "experts" in accessibility and that they might provide socially desirable responses; accordingly, we decided to conduct site visit interviews with program staff and architectural accessibility assessments at selected sites to validate AJCs' responses to the survey. Finally, we decided to conduct focus groups with AJCs' customers with disabilities to gather their important perspective. In the following sections of this report, we provide a detailed discussion of our methodology, including our approaches to data collection and analysis (Chapter 2). We then present our findings related to AJCs' accessibility along with recommendations to improve accessibility (Chapter 3). Finally, in the conclusion (Chapter 4), we discuss the implications of the findings and the limitations of this study, and we offer recommendations for future research.

[22] Further, it was recognized the Center directors themselves may not always be privy to the day-to-day implementation of Center policies. Therefore, they were encouraged to request assistance from other staff, as needed, to provide the most accurate response to questions as possible.

2. METHODOLOGY

In this section, we describe our approach to measure the accessibility of AJCs. We designed our approach to provide a comprehensive assessment of the physical, programmatic, and communications accessibility of the AJC system while taking into account the full range of disabilities, access to *all* levels of services, and all elements of customers' flow through the workforce system.

2.1. Overview of the Study Design

We collected data for this study through both a web-based survey and in-person site visits to assess the level of AJC accessibility for people with disabilities. We administered the web-based survey to all of the estimated 2,453[23] comprehensive and affiliate AJCs. We conducted in-person data collection at 100 randomly selected AJCs, including both interviews with 4-10 program staff (depending on the size and organizational structure of the AJC) and architectural accessibility assessments. During the site visits, we focused on the same accessibility topics as those included in the survey. In addition, we conducted nine focus groups with 76 people with disabilities as part of the in-person data collection visits.

We used information from both the survey and site visits to create accessibility scores for each AJC. We generated these ratings using Item Response Theory (IRT) as described in Section 2.3.1 below. This approach enabled us to verify the psychometric validity of the survey items and account for biases that may have been introduced in the data collection process. A standard setting panel of disability and methodology experts then reviewed the ratings from the IRT and assigned AJCs to categories or levels of accessibility. In Section 3, we present our findings regarding the distribution of AJCs across these accessibility levels.

In site visit interviews, we went into some depth to understand the service delivery practices and accessibility features that respondents reported on the surveys. The information from the site visits together with input from focus group participants provided us with valuable qualitative information. We used this information to provide examples of the kinds of barriers and accessibility practices in place in the AJCs and highlight some areas in which AJCs can improve their accessibility to individuals who have a wide range of disabilities.

[23] The list of AJCs was provided to IMPAQ by DOL/ETA in February 2014, and included data that last were verified in the verification cycle that occurred between July and December 2013. The total count of AJCs includes those on this list with the exception of any AJCs that contacted us during the survey period to inform us that they had closed prior to the survey fielding period, any AJCs that we identified as duplicates, and any AJCs that we identified as being learning or education centers that did not offer workforce services.

2.2. Data Collection

In this section we describe the data collection activities that we used to develop our measure of AJC accessibility including the following:

- A web-based survey distributed to all 2,453 AJC directors,
- Site visits to 100 randomly selected AJCs, which included interviews with staff and physical accessibility assessments,
- Focus groups at nine AJCs with 76 AJC customers.

The survey data provided us with a comprehensive overview of the accessibility of AJCs, while the site visit information enabled us to assess validity and account for socially desirable response (SDR)[24] bias in the AJCs' self-reported survey data. As described in Section 2.3, we integrated these data into the IRT analysis to categorize AJCs into accessibility categories. The focus group data provided some additional descriptive information about the accessibility of AJCs from the perspective of their customers with disabilities. We did not include this information in the IRT analysis.

2.2.1. Survey

We designed the web-based survey to obtain data directly from AJCs' directors (and other staff members, as needed) to measure the level of accessibility of the AJCs across the spectrum of accessibility domains and subdomains. We developed the survey instrument systematically to ensure that it had the appropriate content and construct representation, and to enable us to administer it to all AJCs nationwide and to maximize our response rate.

Survey Design and Development. To develop the instrument, we: 1) developed the conceptual framework for the instrument; 2) identified the theoretical domains that we had to address; and 3) generated items or selected existing items that we could adapt for use in a survey questionnaire or interview protocol. We then tested and refined the items by applying them in the field. We constructed the survey using a framework of three domains of accessibility and a set of subdomains (for a description of the domains and subdomains that we considered in designing the accessibility survey, see ***Appendix B: Study Domains and Subdomains***). The IMPAQ team reviewed existing instruments, and using formal content analysis techniques, organized questions and measures by domains/subdomains. Throughout development of the survey, we made an effort to take into account the full workforce system service delivery process and the full range of disabilities of AJCs' customers. Our Technical Work Group also provided feedback on the survey. We describe the steps we took to design and develop the AJC survey in detail in ***Appendix C: Survey Design and Development***.

[24] SDR refers to the tendency of respondents to provide responses that reflect positively on themselves.

Administration. We administered the Web-based AJC Accessibility Survey to all AJCs' directors between December 4, 2014 and March 3, 2015.[25] We provide a print version of the online survey in ***Appendix D: Center Director Survey with Frequencies***. While we fielded the survey, we took a number of steps to maximize survey response. Before the fielding period, DOL sent an email to all AJCs' directors notifying them of the upcoming survey.[26] Halfway through the response period, in January 2015, DOL also issued a training and employment notice (TEN) to inform the workforce development system of the AJC accessibility survey and subsequent site visits. Additionally, IMPAQ notified both the National Association of State Workforce Agencies and the National Association of Workforce Boards of the study and associated data collection. After we sent the survey to directors, we sent a weekly reminder email to those who had not yet completed the survey for each AJC.

Approximately one and a half months after we fielded the survey, we mailed a paper survey invitation letter to the director of each non-responding AJC.[27] The purpose of this letter was to reach directors who may not have seen the initial invitation or subsequent reminders. In this letter we described the study and provided a survey URL. It also included the TEN.

We conducted follow-up calls with 40 randomly selected non-responding AJCs.[28] During these calls, we reminded the directors of the survey and the related TEN. We also provided them with the survey's URL. If we discovered during these calls that the AJC's contact information was out of date, we updated it for subsequent contacts with the AJC.

Using the techniques described above, we achieved an overall response rate of 55 percent. We detail our analysis of survey response in Section 3.1.

2.2.2. Site Visits

In addition to the web-based survey, the IMPAQ team conducted 100 in-person data collection visits to randomly selected AJCs throughout the U.S. We conducted these visits between March and September 2015. We had the following four main goals in collecting data on-site:

- Obtain responses on closed-ended survey items to investigate the magnitude of social desirable response (SDR) to the web survey by AJC's staff,

[25] Throughout the survey administration period, whenever an email bounced back as undeliverable, IMPAQ staff attempted to find an alternate email address to send the survey information. This was done first by searching on the Center's website and if nothing was found, IMPAQ staff called the Center and requested an email address for the director. Whenever contact information was updated, the new contact information was incorporated into the survey sample file and the survey was resent to the correct email address or individual.

[26] Prior to fielding the survey, IMPAQ also sent an email to AJCs' directors who oversaw more than one AJC. This email notified these directors that they would receive one survey invitation for each AJC they oversaw and that they should complete a separate survey for each.

[27] We sent slightly different letters to those who had partially completed their surveys and those who had not completed any of the survey. Those who had partially completed the survey were asked to finish responding and be sure they clicked on the submit button.

[28] In order to avoid confusion, these included only those AJCs whose directors did not oversee multiple AJCs.

- Obtain responses to determine accessibility levels independent from survey responses to validate the survey instrument,
- Conduct visits to AJCs that did not respond to the survey to support the non-response analysis, and
- Collect in-depth qualitative information to further enhance the data collected through the web-based survey.

Sampling AJCs for Site Visits. In this study, we collected site visit data to evaluate biases and to validate the web-based survey results. To arrive at the number of in-person data collection visits that we required to assess bias associated with the web-based survey, IMPAQ conducted a simulation study that assessed the SDR effect (or respondent effect) for a range of 10 to 100 in-person data collection visits on a total of 32 questions.

The IMPAQ team's simulation results showed that the average biases of respondent effects approached the minimal level with a sample size of between 30 and 40. To ensure a sufficient sample size to detect a moderate level of bias, we chose to do 100 in-person data collection visits. We conducted 70 of these visits to gather data to conduct the SDR study; while we conducted 30 with AJCs that did not respond to the survey to gather data to address non-response bias. We discuss in more detail the simulation study and how we selected the AJCs for site visits in ***Appendix E: Sampling AJCs for Site Visits***.

Site Visit Training. Prior to participating in any site visit activities, researchers took part in an intensive three-day site visit training to familiarize themselves with the study, introduce data collection protocols and procedures, and facilitate inter-rater reliability. As part of this training, researchers spent a day visiting an AJC and using study protocols to conduct interviews with the types of AJC staff that they would interview during the actual study. During the final day of training, trainees reviewed any challenges and questions related to conducting the interviews or using qualitative data to complete the site visitor survey. IMPAQ conducted a brief follow-up training webinar approximately two months later to ensure that site visitors understood and retained the information provided during the three-day training.

Site Visit Administration. Each AJC site visit was conducted by a team of two experienced qualitative researchers from the IMPAQ team who are experts in workforce and disability issues.[29] Additionally, one physical accessibility expert from our partner, UD&C–an architectural firm that specializes in assessing facilities' physical compliance with ADA specifications–visited each of these AJCs on a separate occasion.

[29] In a few instances, the AJC had three or fewer staff members and only one qualitative researcher conducted the site visit.

The site visits consisted of a short tour of the AJC followed by individual interviews with the director and with staff members[30] who regularly saw customers. Each of these interviews lasted approximately one hour and was recorded with the respondent's permission. Researchers conducted interviews according to site visit protocols that reflected the questions included in the Web-based survey. This enabled the researchers to validate survey data while gathering more in-depth information related to each item.

AJC Staff Interviewed in Site Visits

- Case manager
- WIA representative
- Disability expert
- VR representative
- Veterans Representative
- Resource room staff

The site visit protocol also included questions that provided additional contextual information about the AJC's accessibility. The interview protocols were tailored to each type of respondent. For example, while we asked the AJC's director about a broad range of components of accessibility, we asked the vocational rehabilitation (VR) representative questions that we tailored more narrowly to his or her experience working with AJC staff and customers. The IMPAQ team's site visit interview guide is in ***Appendix F: Site Visit Protocol***.

Immediately following each site visit, the research team completed a site visitor survey based on the information gathered during the interviews. This survey included the same questions as the web-based survey that IMPAQ sent to AJCs. We asked site visitors to answer the same questions to enable us to compare the research team members' responses to AJCs' directors' responses. This process enabled us to adjust for SDR bias in the AJCs' accessibility scores during the IRT analysis.

Inter-rater Reliability

To ensure consistency in how site visitors rated the AJC's accessibility, each site visit team reviewed their responses to the site visitor survey during an "anchor call" after every visit. Three research team members who were involved in designing and testing the questionnaire were the anchors. During the anchor call, the site visitors and anchor discussed their survey responses and the justification for their ratings. The anchor then provided guidance to ensure that all site visit teams interpreted the questions and data consistently. The anchors held weekly calls to ensure that they were providing consistent guidance to site visitors.

In addition to the interviews, staff from UD&C visited each AJC to review the physical accessibility of the AJC. UD&C's visit occurred either on the same day as the interviews or within the two subsequent weeks. During the visit, UDC staff observed the physical space of the AJC, but did not interview either AJCs' staff or customers. Based on observations and measurements, UD&C staff completed a portion of the site visitor survey that mirrored the physical accessibility portion of the web-based survey.

[30] There were instances in which not all relevant respondents were available on the day of the site visit. In these instances, the site visit team conducted phone interviews with the staff member shortly after completing the visit.

Focus Groups. We also conducted focus groups with people with disabilities as part of the site visits at nine AJCs.[31] These focus groups provided the IMPAQ team the opportunity to hear perspectives of people with disabilities regarding the accessibility of that AJC. Focus groups were guided by a structured focus group protocol (see ***Appendix G: Focus Group Protocol***), which included topics such as:

- Accessing the AJC's facilities,
- Use of the AJC's website,
- Interactions with staff,
- Use of assistive technology,
- Usefulness of AJC's materials,
- Barriers or facilitators to receiving services, and
- Customers with disabilities' overall experience interacting with the AJC.

Focus groups ranged from three to 15 participants who used the center and who had a variety of types of disabilities. We offered participants a $40 gift card to thank them for taking part in the focus group. We provided the AJCs' staff who arranged the focus groups with a $40 gift card or a small meal for staff (such as pizza) to thank them for their assistance.

2.3. Analytic Approach

In this section, we describe how we created reliable and valid measures to analyze the level of accessibility of AJCs for people with disabilities. Below, we describe our analytic approaches that enabled us to achieve the following:

- Provide comparable measures of AJCs' accessibility across the two survey administration modes (self-reported and site visitors' assessments), while estimating the effect of socially desirable response bias and non-response bias,
- Produce summary measures of the accessibility of the AJCs and,
- Conduct validation studies to ensure the reliability and validity of the findings.

[31] Our goal was to conduct 10 focus groups, representing 10 percent of AJCs visited. When we invited AJCs to participate, many declined to participate in focus groups, giving as their reason that they did not serve any/many PWD and would not be able to recruit enough participants for a group. Even among AJCs that agreed to participate, many found it difficult to recruit enough individuals to host a group. While more than 10 AJCs initially agreed to participate in focus groups, there were a number of instances in which AJCs that previously had agreed to have focus groups cancelled them because they were unable to recruit participants.

2.3.1 Provide comparable measures of AJCs' accessibility across different survey administration modes

The conventional approach to survey measure development is based on Classical Test Theory (CTT), which uses the sum or average scores from survey items as the outcome measurement. Although the CTT approach has its merits in scale development, the IMPAQ team found that it was not ideal for this study because of: 1) the challenges associated with combining information from the AJCs' surveys with the data that we collected through site visits to assess and correct for any biases associated with SDR and non-response; and 2) the fact that not all items on the survey were equally important for measuring accessibility. We selected IRT, or Item Response Theory, as our analytic approach due to its flexibility and its ability to provide a more sophisticated approach to addressing these challenges. For a more detailed comparison of IRT vs. CTT methods of scale development see ***Appendix H: Classical Test Theory, Item Response Theory, and the Many Facet Rasch Model***.

Item Response Theory. To measure the accessibility of AJCs, IMPAQ selected an analytic method that could account for response bias by objectively comparing and evaluating accessibility between the two modes of survey administration: the self-report survey instrument completed by AJCs' directors and the site visitors' assessments. The IMPAQ team used an IRT approach because of its psychometric properties, which enabled the team to achieve this goal. The IRT model creates a measure of a construct on a continuum from a set of categorical responses. (For more detail on how the IRT model works, see van der Linden & Hambleton, 1997 and Embreston & Reise, 2000.)[32] For example, using IRT, the construct of English proficiency is measured by a set of reading, grammar, and writing items on a standardized test. In our study, the construct is the AJC's level of accessibility, which is measured by a set of survey items specifically targeted to measure accessibility by the domain of interest (e.g., physical, communication, and programmatic accessibility). We used IRT to assemble accessibility scores along a "ruler," which provided us a scale with which to measure accessibility.

Many-Facet Rasch Model. The type of IRT we applied is a Many-Facet Rasch Model, or MFRM. We used the MFRM to estimate accessibility levels, survey question difficulties, and socially desirable response (SDR) bias effects simultaneously. We defined the bias as the difference between the true values and estimated parameters. This model extends the basic IRT to facilitate responses with gradation (i.e., multiple response categories), in addition to simpler yes/no responses. MFRM also allows for factors or "facets" such as rater bias that may influence the individual outcomes. We assumed that each AJC had certain traits that described the AJC's accessibility to people with disabilities, namely physical, programmatic, and communication accessibility.

The bias facets of our model took into account two types of potential bias. First, there was bias associated with a possible tendency for AJCs' directors' responses to be influenced by their perception of the SDR to the survey questions. The second potential bias was created by the

[32] Van der Linden, W. & Hambleton, R. (Eds.). (1997). *Handbook of modern item response theory.* New York, NY: Springer-Verlag; Embreston, S. & Reise, S. (2000). *Item response theory for psychologists.* Mahwah,NJ: Lawrence Erlbaum Associates.

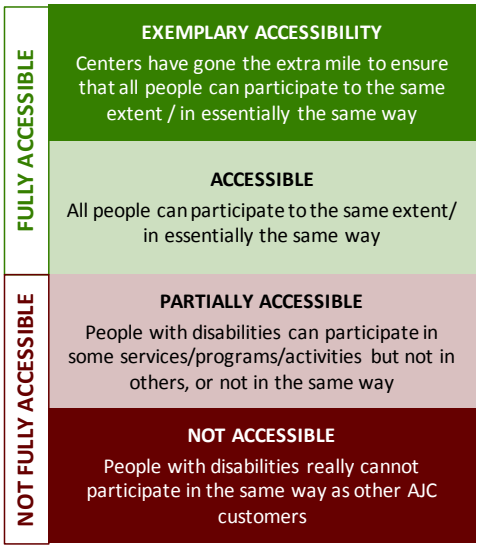
absence of responses from AJCs' directors who did not respond to the survey. This is typically referred to as survey non-response (SNR) bias. The team used MFRM to estimate the magnitude of bias within the IRT. The probability of a given response is a function of, among other things, the magnitude of SDR or SNR. ***Appendix I: IRT Method Using the Many-Facets Rasch Model***, provides additional detail about the MRFM model and how the team applied it to the analysis for this study. We determined the remaining model parameters by items on the survey.

Using the MFRM as our analytic method enabled us to simultaneously calibrate multiple parameters, including both the survey items and SDR/SNR effects. In other words, using a nested design, the IRT integrated the analysis of web-based surveys and site visitor data to produce a single scale of accessibility that accounted for different respondent types, missing responses, SDR, and SNR.

2.3.2. Producing summary measures of the accessibility of the AJC

The IMPAQ team used an IRT-based scale development approach described above to provide a continuous, multi-faceted measure of accessibility. The IMPAQ team recognizes that it is challenging for AJCs to achieve full accessibility across these domains for individuals who have a wide range of disabilities and potential barriers. This is especially true in the area of programmatic accessibility, which involves the full service delivery process, from outreach and intake to intensive services and vocational training. In conducting the study, we recognized that many AJCs were still working towards full accessibility; accordingly, we went beyond simply defining centers as "accessible" or "not accessible" and included a level of "partially accessible" as well. After visiting several AJCs that seemed to go above and beyond basic accessibility requirements, we decided to explore whether to also identify centers that were "exemplary." Consultation with DOL and a standard-setting panel of disability and methodology experts resulted in identifying the four levels of accessibility shown in Exhibit 1. Four categories were determined to be optimal to reflect the fact that many AJCs have implemented some aspects of accessibility but are still working towards full accessibility, and some seemed to go above and beyond basic accessibility requirements.

Exhibit 1. Four Levels of Accessibility



Setting Standards for Levels of Accessibility for Each Domain. To distinguish each of the four levels from each other, we ordered the survey items according to their IRT scores (or the extent to which each item contributed to the overall accessibility measure). We then used a Standard-Setting Panel to assess which items on the survey would best distinguish each of the levels of accessibility. We did this by establishing a "cut point" between each level and the one above or below it, as described below. We selected a total of seven subject matter experts to serve as the Standard Setting Panel based on their representation of different disciplines, varied amount of experience, as well as familiarity with people with disabilities accessing AJCs. Panelists included various stakeholders, including AJC staff, a user of AJCs who is a person with a disability, and measurement and content experts. (See ***Appendix J: Standard Setting Panelists*** for a list of the panelists and the type of expertise they brought to the panel.)

Prior to our meeting with the Standard Setting Panel, and based on input from the study's TWG and DOL, we proposed the four levels of accessibility shown in Exhibit 1 above to clearly separate the lowest and highest levels and to capture variation in the middle area. We developed proposed Accessibility Level Descriptors (ALDs) to provide a brief definition and expectations about physical features and service delivery processes that AJCs at a given accessibility level (e.g., Not Accessible, Partially Accessible, Accessible, and Exemplary) would be expected to have in place. Subject matter experts from IMPAQ and BBI identified key characteristics of AJCs at each of the four levels.

We used the Item Descriptor (ID) matching method[33] for the standard setting process. To use the ID matching method, the panelists reviewed survey questions associated with each measurement domain and the description of each proposed accessibility level. The panelists then assigned the question to a level and determined cut scores for each level. The IMPAQ team then translated these standards into cut points on the AJC accessibility scales.[34]

Facilitated by an independent consultant with expertise in the standard setting process, we followed a five-step process to set empirical standards or cut-scores based on survey data. We present each step briefly below. We added a sixth step, which we also describe below, to adjust the scores of any AJCs that lacked any of the accessibility features that we considered essential to accessibility.

- ***Step 1: Build consensus on Accessibility Level Description (ALD).*** The standard-setting panel reviewed and discussed the draft ALDs to achieve consensus on: 1) the ideal number of accessibility levels; and 2) the key characteristics that would best describe

[33] Cizek, G. J., & Bunch, M. B. (2007). Standard setting: A guide to establishing and evaluating performance standards on tests. Thousand Oaks, CA: Sage; Ferrara, S., Perie, M., & Johnson, E. (2002, September). Matching the judgmental task with standard setting panelist expertise: The Item-Descriptor (ID) Matching procedure. Invited colloquium for the Board on Testing and Assessment of the National Research Council, Washington, DC.

[34] One of the benefits of IRT- based models is that survey question difficulty levels and AJC center accessibility levels are placed on the same defined metric. Therefore, cut scores identified by the standard setting based on survey questions can readily be applied to assign AJC center ratings.

"exemplary," "accessible," "partially accessible," and "not accessible" AJCs. As shown in ***Appendix K: Accessibility Level Descriptors***, the descriptors used by the standard-setting panel were designed to describe the concepts of these four levels across the three accessibility domains. We did not develop separate ALDs for each domain.

- ***Step 2: Match survey questions to accessibility levels*.** Panel members were introduced to Ordered Item Booklets (OIBs). The OIBs present the survey items in order according to survey responses, among other factors. For example, the survey items were ranked according to those items that the most AJCs answered with a positive (more accessible) response to those that the least AJCs answered with a positive (more accessible) response. (This is equivalent to ordering literacy assessment items from least difficult to most difficult.) Three OIBs (one for each accessibility domain) were created based on the results of the IRT analysis. The OIBs varied in the number of items. Specifically, the Physical OIB included 26 items; the Communication OIB included 21 items; and the Programmatic OIB included 74 items. The goal in this step was for each panel member to individually match each question in the OIB to the appropriate level of accessibility (i.e., exemplary, accessible, partially accessible, not accessible), and make a record of the match on an "item map" designed to document this process.
- ***Step 3: Recommend cut-points.*** The panelists individually recommended accessibility level "cut points" or the point between a lower and higher accessibility level. After the panelists mapped all questions from the OIB to the ALDs, panelists individually identified a "threshold region," or the region that lies between the first item matched to a higher accessibility level, immediately after a consistent run of items matched to a lower accessibility level. After the panelists determined the region, panelists selected which item in the threshold region should serve as the cut point between one accessibility level and the next.
- ***Step 4: Discuss group data.*** Finally, after the panelists determined cut points individually, the entire panel met as a group to discuss their cut point recommendations. This step, which typically involves incorporating two rounds of feedback, is common in standard setting and helps panelists gain further clarity about the process and ensure a common understanding of the standard (Reckase, 2011).[35] Through the group discussion, the panelists better understood sources of variability in their recommendations; they did not seek to reach consensus. The panelists reviewed data from other panel members on the differences and similarities in accessibility levels and cut points.
- ***Step 5: Refine cut-points.*** During Rounds 2 and 3, the team asked panelists to reflect on their earlier accessibility levels and cut-points, as well as on their group discussion and the

[35] Reckase, M. (2011). Innovative Methods for Helping Standard Setting Participants to Perform Their Task: The Role of Feedback Regarding Consistency, Accuracy and Impact. In G.J. Cizek (Ed.), *Setting Performance Standards: Theory and Application,* 159-173. Mahwah: NJ. Erlbaum.

similarities and differences across panelists. The team also gave them the opportunity to move their cut points (up or down) based on whether items fit a particular accessibility level.

- ***Step 6: Apply "Make or Break" Items.*** The subject matter experts from IMPAQ and BBI identified a small number of items on the survey that seemed essential for AJCs to achieve accessibility. Specifically, we determined that regardless of the cut points determined by the standard-setting panel, we would not consider an AJC to be fully accessible if the AJC answered any of the following six questions with the provided response:

Survey Question	Survey Response
When your AJC conducts outreach activities, does it provide information about alternative ways to contact your center (e.g., the address of an accessible website, a TDD/TTY number, or the number for the telephone relay services)?	Rarely or not at all
During the service planning process, does AJC staff offer customers accommodations when completing skills assessments or other planning activities?	No, staff does not offer accommodations for skills assessments or service planning activities
Which statement best describes how your AJC works with other agencies and organizations to provide services and programs to people with disabilities?	We mostly refer people with disabilities out to other agencies and organizations with disability expertise.
Does your staff receive training focused on any of the following subjects? (Check all that apply)	None of the above
Does your AJC have at least one computer work station(s) for people with disabilities that has . . .?	Screen reading software = "No"
Can people with disabilities get from the AJC's entrance to the following areas inside your AJC without obstructions? (Without staff needing to move furniture or equipment?)	No

We referred to these items as "make or break" items, because any one of these items could bump an AJC out of the accessible or exemplary level down to the partially accessible level.

Developing an Overall Accessibility Rating. The IMPAQ team used the IRT and standard setting results to measure accessibility and respond to each of the research questions. To answer the first, broader study question, "To what degree do AJCs provide accessible services?" we developed an overall measure of accessibility. The overall AJC rating is a global indicator of an AJC's accessibility levels based on programmatic, communication, and physical accessibilities. Since AJCs may have different levels of accessibility in each domain, the overall score is a summary across the three domains. We used the following key rules to determine an AJC's overall accessibility based on the three domain scores:

1. If an AJC is "exemplary" in all three domains, then it is "exemplary" overall.
2. If an AJC is at least "accessible" in all three domains (and not exemplary in all three), then it is "accessible" overall.
3. If an AJC is "not accessible" in all three domains, then it is "not accessible" overall.

4. All other AJCs are “partially accessible.”

2.3.3. Validation Studies

The IMPAQ team assessed the validity of the IRT model using a variety of techniques including: 1) examining the infit and outfit statistics to assess whether we needed to remove any items from the model; and 2) comparing the results of the items on our survey findings on physical accessibility with those from a more comprehensive physical accessibility assessment used by our team members at UD&C. Below we provide a brief description of each of these two validation studies. For additional detail see ***Appendix L: Validation Studies***.

Infit and Outfit. The infit mean-square and the outfit mean-square measured how well the model predicted the observed data. To have a good overall fit, both infit and outfit scores needed to be near 1. While values in the communication domain varied much more significantly than the other domains, we found that the infit and outfit scores for all three domains were in the acceptable range (0.5 to 1.5). We determined that none of the individual items were outside the acceptable range, so no individual survey items warranted removal from the summary accessibility measures.

Comparison with UD&C Physical Accessibility Rating. When UD&C staff conducted site visits, they assessed the physical accessibility of an AJC using questions that mirrored the physical accessibility section of the IMPAQ survey. These values were included in the IRT model. In addition, UD&C staff also used a separate checklist that closely mirrored ADA requirements (for checklist, see ***Appendix L: Validation Studies***). This checklist included additional items not included on the survey. To assess the validity of our physical accessibility instrument, we compared the data obtained in the site visit using the physical accessibility items on the IMPAQ survey with that of the more detailed UD&C checklist. Since the UD&C ratings were on a discrete scale (values from 1 to 4, with half-steps allowed), and the IMPAQ IRT ratings were on a continuous, and open ended scale, rather than doing a direct distributional comparison, we compared quartiles. As a result, on average the physical accessibility scores differed less than one (quartile), suggesting a fairly high level of agreement between the data.

3. STUDY FINDINGS

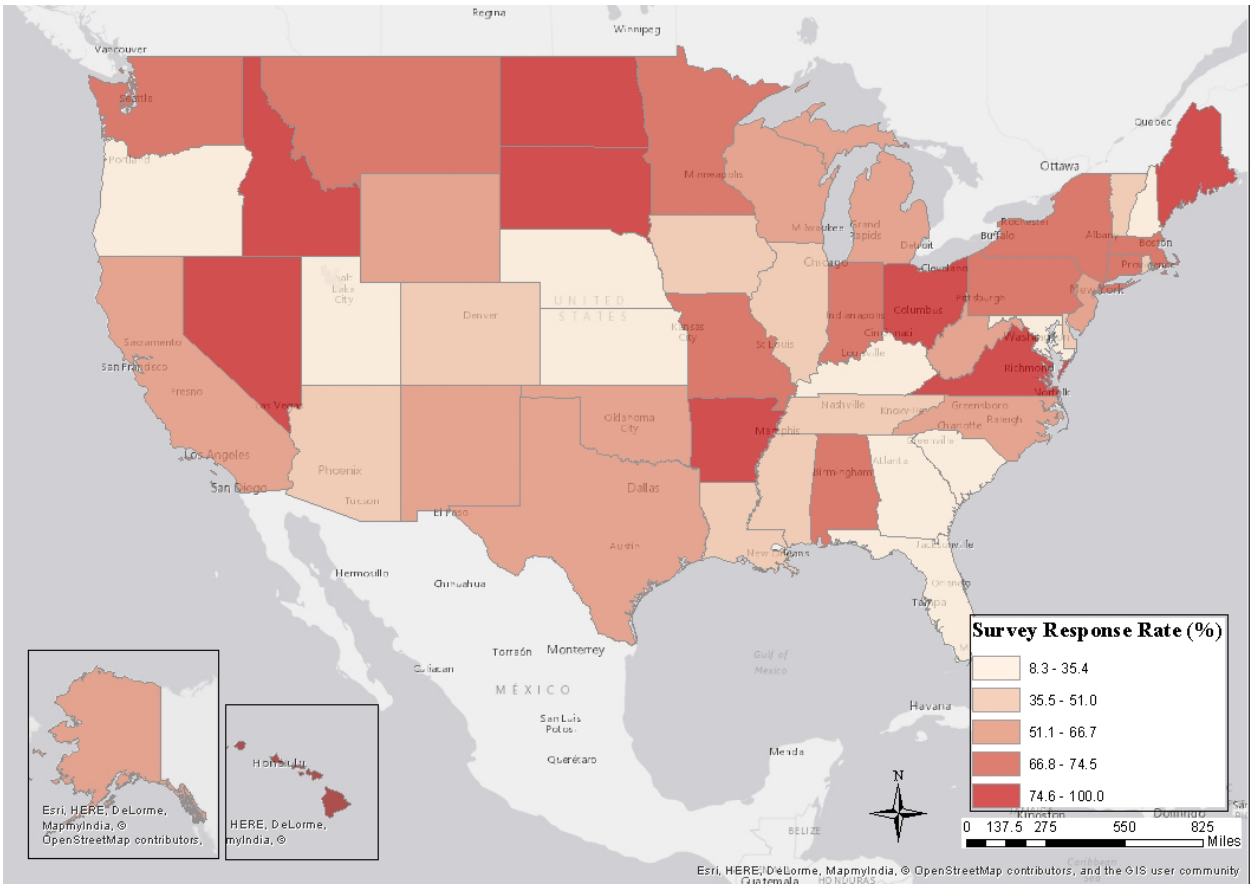
In this chapter we present our findings, including the survey response rate, the accessibility of the AJCs, and how accessibility varied among different types of AJCs. We also highlight some of the qualitative data that we gathered during site visits and focus groups. Please see ***Appendix M: Focus Group Summary.***

3.1. Survey Response

3.1.1. Response Rate

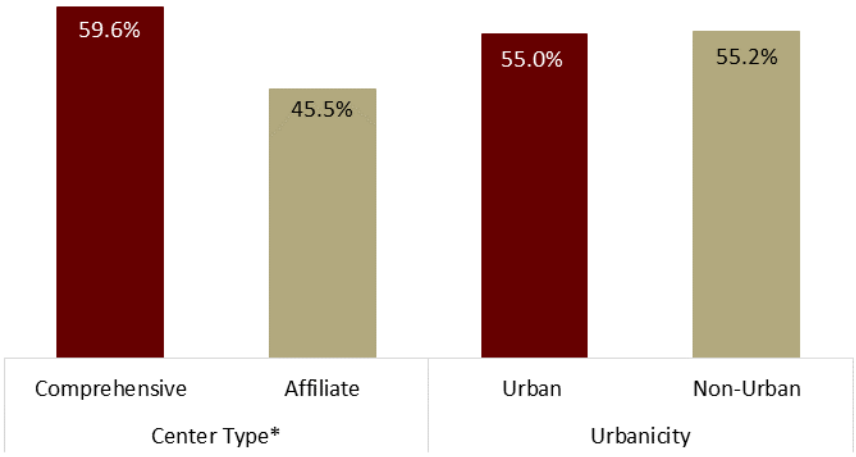
We received responses from 1,352 of the 2,453 AJCs that we surveyed, which resulted in an overall response rate of 55 percent. Exhibit 2 shows the distribution of the response rates across the country. As the map shows, high and low response-rate states were distributed throughout the country, with no apparent regional bias.

Exhibit 2. Survey Response Rate



To assess whether our survey data are biased toward a particular set of AJCs, Exhibit 3 examines survey response rates by the AJCs' characteristics, specifically by type and urbanicity. As shown, directors of comprehensive AJCs were about 15 percent more likely to respond to the survey compared to their affiliate counterparts (59.6% vs. 45.5%). However, directors of urban and non-urban AJCs responded at almost identical rates (55.0% vs. 55.2%).

Exhibit 3. Survey Response Rate by AJC Type and Urbanicity



* Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

3.1.2. Non-Response Bias

As described in Section 2.3.1. above, we used a statistical method to develop the accessibility measures (the MRFM) that had the capacity to incorporate both socially desirable response (SDR) and survey non-response (SNR) bias into the accessibility scores that we computed for each AJC. We tested IRT models with different facets and found the most powerful model did not include the SNR facet. Therefore, it was not necessary for us to capture the SNR bias in the IRT. What we do know, from the non-response analysis above, is that comprehensive AJCs had a higher response rate than affiliates. This suggests that our findings may be more reflective of the accessibility of comprehensive than affiliate AJCs.

To take a closer look at potential non-response bias, we also compared the accessibility scores of 70 AJCs that responded to the survey to 30 AJCs that did not respond to the survey.[36] Exhibit 4 below shows t-test results indicating that there was no significant difference in scores in the physical and communications domains. However, non-responding AJCs were less accessible in the programmatic domain. This is consistent with our researchers' experience, which suggested

[36] Scores from non-responding sites were derived from surveys completed by site visitors during site visits. Scores from responding sites were derived from both surveys completed by site visitors during site visits and online surveys completed by the Center directors.

that AJCs which lacked an in-depth understanding of disability and accessibility were less likely to respond to the survey.

Exhibit 4. Comparison of Accessibility Scores for Responding vs. Non-Responding AJCs

Accessibility Score	Communication	Physical	Programmatic
Mean IRT Score for 70 site visits to Responding AJCs	0.55	2.63	0.43
Mean IRT score for 30 site visits to Non-Responding AJCs	0.26	2.35	0.13
P-Value	0.14	0.25	0.01*

*Difference between responders and non-responders is significant at the 99% confidence level.

3.1.3. Socially Desirable Response Bias

As we described earlier, the analytic method that we employed took socially desirability bias into account. We have adjusted the accessibility scores that we present in this chapter statistically to account for SDR. However, outside of the statistical model, we looked at for which items response bias was evident. ***Appendix N: Comparison of Site Visitor Assessments and Center Self-Report***, shows the survey items for which there was a significant difference between site visitor ratings and AJC self-reports on the web-based survey. As anticipated, AJCs tended to rate themselves higher on many items than did the expert site visitors, although there were a few items that site visitors tended to rate higher. In general, there were very few items that site visitors and AJC self-reports rated differently in the physical and communication subdomains. Programmatic accessibility was the domain that had the largest number of significant differences, with almost half of the items rated higher on AJC self-reports than by the site visitors. While we attribute these differences primarily to social desirability bias, it is possible that some of the differences may simply be that AJCs' directors have limited expertise assessing the accessibility of their AJCs and service delivery practices.

3.1.1 Study Question #1: To what degree do AJCs provide accessible services to people with disabilities?

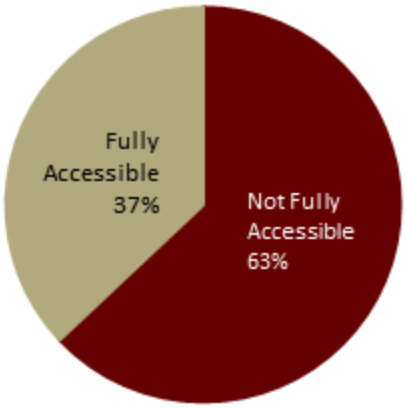
To address the first study question, we followed the process described in Section 2.3.2 to define levels of accessibility. The IMPAQ team and a standard-setting panel of experts grouped AJCs into four levels of overall accessibility: 1) not accessible; 2) partially accessible; c) accessible; and d) exemplary. In this section, we describe the distribution of AJCs across these levels.

Our findings, presented in Exhibit 5, first distinguish between those AJCs that were "fully accessible"[37] and those that were "not fully accessible." [38] We found that almost two-thirds (63%) of AJCs were not fully accessible to people with disabilities. This implies that at the majority of AJCs in our analysis, people with disabilities could not meaningfully participate in and benefit

[37] This category combines "Accessible" and "Exemplary" Centers.
[38] This category combines "Not Accessible" and "Partially Accessible" Centers.

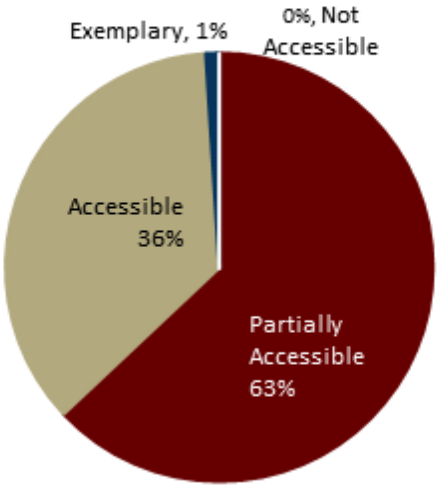
from services to the same extent as those without disabilities in at least one domain of accessibility.

Exhibit 5. Fully and Not Fully Accessible Centers
(N = 1,382)



To further examine the range of AJCs' accessibility, we broke down each of these categories into more discrete components as shown in Exhibit 6. Among the AJCs that we classified as "not fully accessible," only one center was rated as "not accessible" in all three domains. The other centers were *partially* accessible. This means that although they presented substantial barriers to services for people with disabilities, these AJCs had to invest fewer resources in improvements to become accessible than if we had categorized them as not accessible. At the other end of the distribution, we classified about one-third (37%) of AJCs as "fully accessible" to people with disabilities. We classified one percent of these AJCs as exemplary, because they had made additional efforts beyond basic accessibility to ensure that people with disabilities could participate in services to the same extent and essentially in the same way as people without disabilities.

Exhibit 6. Center Accessibility Level
(N = 1,382)



3.2. Study Question #2

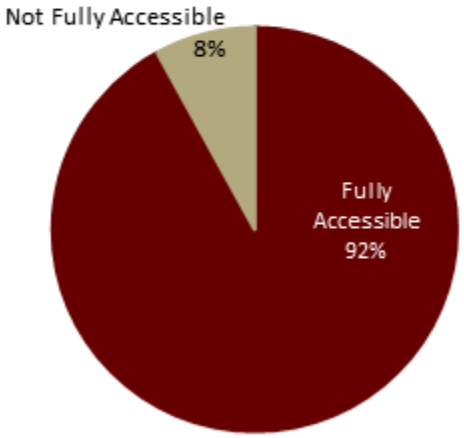
How does accessibility vary by the type of accessibility (physical, communication, and programmatic)?

In addition to examining AJCs' overall accessibility, we applied a similar methodology to examine AJCs' accessibility levels across three domains: 1) physical; 2) communication; and 3) programmatic. Examining the distribution of AJCs' accessibility across these domains enabled us to identify the types of barriers that people with disabilities were most likely to encounter when they attempted to utilize AJCs' services. In this section, we describe the distribution of AJCs' accessibility across each domain.

3.3.1. Physical Accessibility

Physical accessibility refers to the extent to which AJC facilities are designed, constructed, or altered so that they are accessible to and usable by people with disabilities. We found that a higher portion of AJCs were fully accessible in this domain than were "fully accessible" in the programmatic and communication domains. Exhibit 7 shows that only a small portion (8%) of AJCs were physically "not fully accessible" while the vast majority (92%) were "fully accessible."

Exhibit 7. Physical Fully and Not Fully Accessible Centers
(N = 1,382)

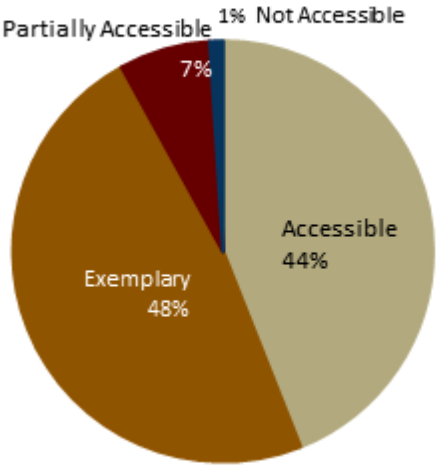


The majority of the "not fully accessible" AJCs were at least partially accessible. Based on the results of the standard setting, AJCs that were "partially accessible" in the physical domain, for example, might have had items such as marked accessible parking spaces that were closest to the main entrance or a lowered counter for people with disabilities to sign-in. However, they may not have had items such as the ramps of appropriate width associated with accessible AJCs or the power-operated doors associated with exemplary AJCs.

As shown in Exhibit 8, we categorized almost half of all AJCs (48%) as "exemplary" in this domain. We hypothesize that this might be due in part to the nature of physical accessibility. Standard setting worked well for communications and programmatic domains in which accessibility can be

achieved through a range of approaches, but more challenging with respect to physical accessibility where barriers are more concrete and are either absent or present and in need of removal.[39] This suggests that the exemplary category may not be as relevant for this domain.

Exhibit 8. Physical Accessibility
(N = 1,382)



Our findings suggest that while improvements are needed at some AJCs, the AJC system generally is physically accessible. This may result from regulations such as the ADA, which focus largely on the physical components of ensuring accessibility. Additionally, on our site visits we found evidence that suggested that when AJCs addressed accessibility issues, they tended to focus primarily on physical features because physical disabilities and barriers are often visible to staff. Staff, however, had a more limited awareness of the presence of invisible disabilities, thus mistaking physical accessibility with accessibility overall.

While a large portion of AJCs were "fully accessible" in the physical domain, our site visits and focus groups underscored the fact that barriers do remain. For example, many AJCs were located far from public transportation. This distance presented a substantial barrier to access for people with disabilities, and other individuals, who were unable to drive themselves to the AJCs. This was a particular challenge among rural AJCs in areas in which public transit systems were often absent. Even when public transportation was available, steep inclines, a long walk, or steps often separated AJCs from transportation hubs.

Focus group participants also reported that they experienced challenges to physical accessibility, including entering and navigating the space of the AJC. In one AJC, respondents noted that entrance doors lacked an electric opener, which would not have been problematic except that

[39] This binary nature of most aspects of physical accessibility makes it difficult to distinguish exemplary AJCs from those that meet the basic accessibility level. There were very few aspects of accessibility included on the survey that were indicators of going above and beyond basic accessibility. In fact, some panel members felt that an AJC should have all of the survey's physical accessibility features in place to be considered accessible, leaving no features associated with exemplary accessibility. Other panelists identified power-assisted doors, van accessible signs by special van accessible parking spaces, and a second accessible AJC entrance to be exemplary.

the door was also very heavy and difficult for some people with disabilities to open. In another AJC, focus group participants noted that for the blind or visually impaired, navigating the AJC was very confusing. One customer said she needed someone to help her get around, and there needed to be more Braille labels. Accessible restrooms were often an issue as well. In one AJC, no public restroom was available, leaving customers to travel across the street to access a restroom. This was particularly challenging for people with disabilities. In another AJC, the accessible restroom stall had been out of order for an extended period of time.

3.3.2. Communications Accessibility

As described previously, communication accessibility refers to the extent to which an AJC's staff and partner agencies are able to communicate with people with disabilities as effectively as with others. Based on the results of our standard setting process, we classified AJCs as accessible in this domain if, for example, they provided technology based options to people with disabilities for incoming and outgoing calls, sign language interpreters, and materials in accessible formats for the visually impaired. As shown in Exhibit 9, we categorized almost three-quarters (70%) of AJCs as "fully accessible" in this domain, and about one-third (30%) as not "fully accessible".

Exhibit 9. Communications Fully and Not Fully Accessible Centers
(N = 1,382)

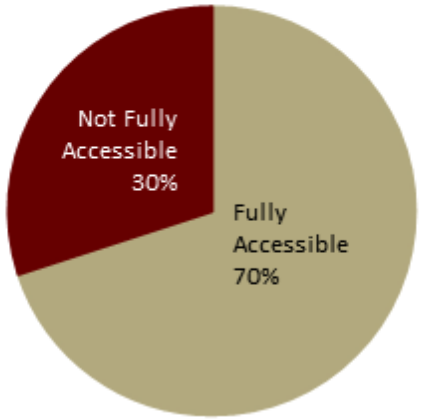
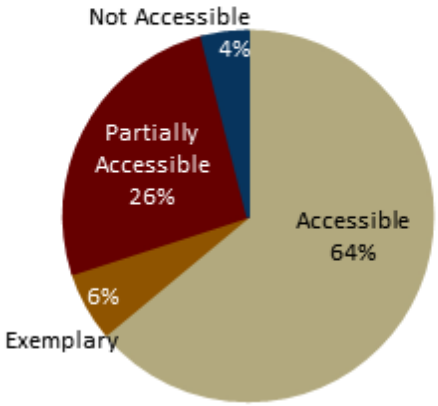


Exhibit 10 shows that the majority of the "not fully accessible" AJCs were at least "partially accessible," and very few AJCs (4%) were "not accessible." Based on the results of the standard setting, we found that AJCs that were partially accessible in the communications domain might, for example, have provided a TDD/TTY number in their outreach materials, but might not have provided sign language interpreters. We categorized a small percentage (6%) of AJCs as "exemplary" in the communications domain. These AJCs provided such services as Computer Assisted Real Time captioning for deaf customers, or online forms that could be filled out with assistive technology for customers with visual impairments.

Exhibit 10. Communications Accessibility
(N = 1,382)



Findings from our site visits suggest that a lack of resources was among the greatest obstacles that AJCs faced in improving communications accessibility. For example, AJCs' staff frequently reported that their budgets were too limited to acquire, maintain, and update assistive technology (AT). Focus group participants also reported that AT was absent or out of date. To address this issue, many AJCs borrowed equipment from VR; however, in instances in which VR was not co-located or did not have AT on site, AJCs that relied on this arrangement delayed access to services for people with disabilities.

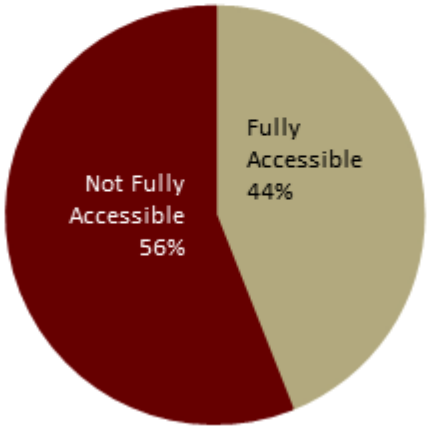
An additional obstacle to communications accessibility was limited staff training and knowledge. For example, many staff members were unaware of the types of assistive technology available at the AJC or had limited knowledge of how to use them.

3.3.3. Programmatic Accessibility

Programmatic accessibility refers to the extent to which people with disabilities are able to access the full range of services that AJCs make available to all customers regardless of disability. Items representing programmatically accessible AJCs included, for example, staff asking *all* customers if they need accommodations rather than just customers with apparent disabilities, or consulting with disability stakeholder groups about how to improve outreach to customers with disabilities. Exemplary items included having people with disabilities serve as advisors regarding AJCs' operations.

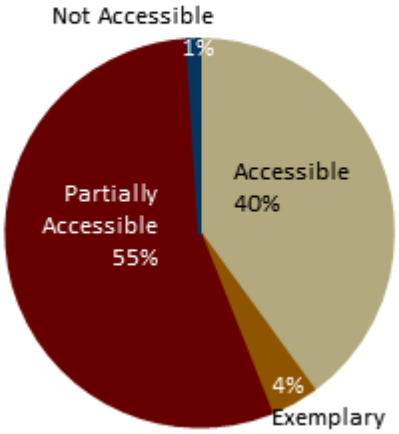
Compared to the other domains, we found that fewer AJCs were "fully accessible" in the programmatic domain. This might have resulted from the complexity of the programmatic domain. Because it covers a wide range of service delivery processes, it had the largest number of questions on the survey. As shown in Exhibit 11, only about half (44%) of all AJCs fell into the "fully accessible" category. These findings suggest that at the majority of AJCs in our study, some people with disabilities encounter substantial barriers to participating in and benefiting from the full range of AJCs' services.

Exhibit 11. Programmatic Fully and Not Fully Accessible Centers
(N = 1,382)



As shown in Exhibit 12, among the AJCs that were not categorized as "fully accessible," we categorized almost all as "partially accessible." This suggests that while AJCs need to make improvements to ensure their accessibility for people with disabilities, many inaccessible AJCs would not have to make a large number of changes to become accessible. Based on the results of the standard setting, AJCs that were partially accessible in the programmatic domain, for example, might have provided customers who had apparent disabilities with information about how to request accommodations, and offered assistance to them with filling out forms and application materials, but might not have provided staff training on how to serve customers with disabilities. We categorized only a very small percentage (4%) of AJCs as "exemplary" in the programmatic domain. Characteristics of "exemplary" Centers include having a disability services specialist on staff or providing services such as benefits counseling.

Exhibit 12. Programmatic Accessibility
(N = 1,382)



Our site visit findings emphasized the key role that staff training plays in fostering programmatic accessibility. At many AJCs, staff had not received training on how to ensure that people with disabilities have access to the full range of AJCs' services or on the barriers people with disabilities might face. Additionally, often staff were unfamiliar with invisible disabilities and the challenges

that they posed to people with disabilities who wanted to participate in AJCs' services. These factors resulted in staff's limited knowledge of when and how to make appropriate accommodations. For example, AJCs' staff frequently noted that they would never ask customers if they needed accommodations to access the AJCs' programming because they were concerned that customers would perceive this as offensive. However, without these accommodations, people with disabilities' access to services could be severely limited. Lack of training also led some staff to assume that the AJC could not or should not serve people with disabilities. As a result, they referred people with disabilities directly to VR, often without providing follow-up.

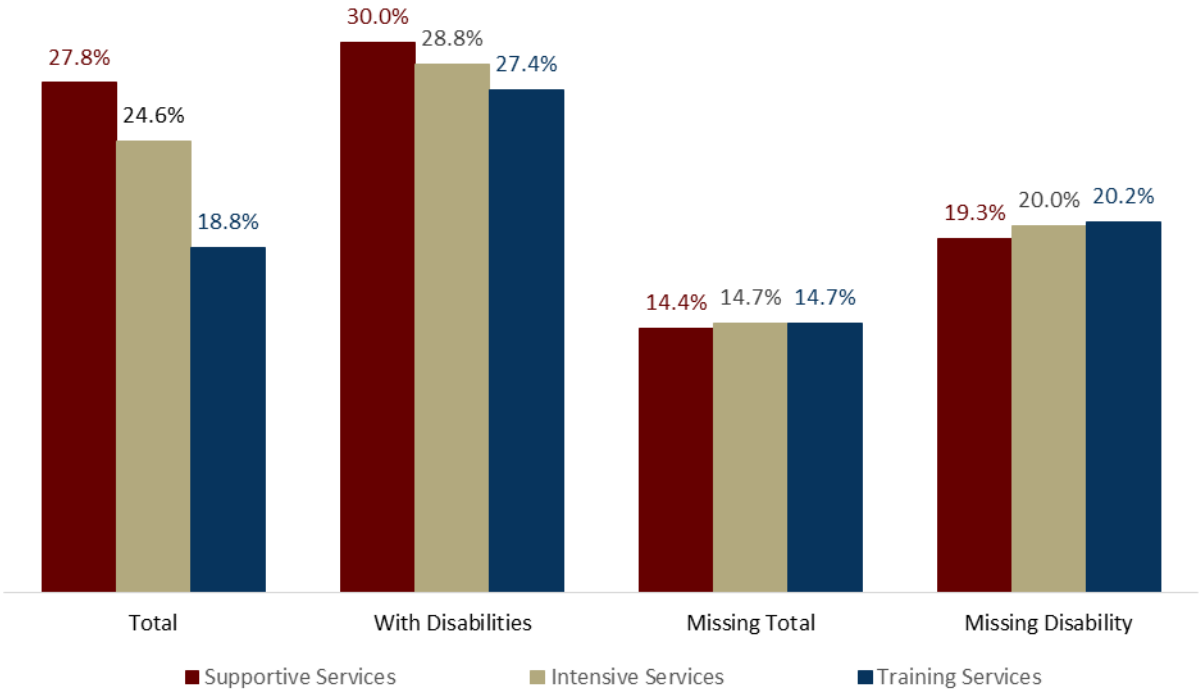
A number of AJCs made a concerted effort to ensure programmatic access to people with disabilities. Through our site visits and focus groups, we identified several practices that enhanced programmatic accessibility. For example, some AJCs worked in close collaboration with organizations such as VR, using them to complement AJCs' services rather than as a replacement for them. As mentioned previously, many AJCs collaborated with VR to access AT. For others, this relationship was more synergistic: VR provided AJC staff with training on disability issues or worked together to provide wrap-around services to co-enrolled customers. In some of these cases, the VR representative became the AJC's resident "disability expert."

Throughout our site visits, we learned that having an on-site disability expert can make a substantial difference in an AJC's approach to serving people with disabilities. The exact title of this position varied across AJCs. In some cases, this individual was the VR representative, in others it was a Disability Program Navigator or Disability Resource Coordinator. Sometimes, it was a more informal role taken on by a staff member who had prior expertise in disability issues. Across AJCs that employed a disability expert, staff tended to be more mindful of the challenges faced by people with disabilities who sought to participate in the AJC's programs and the importance of making accommodations. This often translated into innovation. In one AJC for example, staff were aware of the need to address barriers to ensure equal access to services. They also were mindful of the reluctance of many people with disabilities to disclose their limitations. To address this, they presented each new customer with a sheet listing potential barriers and limitations, and discreetly and sensitively asked them to point to any that applied to them. This enabled the AJC to provide the customer with the accommodations necessary for that individual to participate fully in the AJC's services. The presence of staff disability experts also allowed the AJC to engage in targeted outreach to people with disabilities to effectively advertise the programs the AJC provided and the accommodations available to ensure full participation. With the addition of staff disability experts and their influence on outreach, some AJCs experienced a large increase in the number of people with disabilities that they served.

Access to Full Range of Services. To understand programmatic accessibility, we asked AJCs in the survey to report the percentage of customers that received different types of services. As shown in Exhibit 13, on average a higher percentage of customers with disabilities received supportive, intensive, and training services, in addition to core services, than of the total customers served. This suggests two findings: 1) customers with disabilities were more likely to need additional services; and 2) there is no evidence that most AJCs discriminated against customers with disabilities in providing additional services, or that there were significant barriers to additional

services for customers with disabilities. However, a greater percentage of data were missing for services to customers with disabilities than for total customers.[40] It is likely that AJCs that were unable to report data on customers with disabilities were those that had limited awareness of serving customers with disabilities. Since many customers have hidden disabilities, some AJCs' staff might have been unaware that they were serving people with disabilities unless their service practices routinely included offering and providing accommodations.

Exhibit 13. Average Percentage of Customers Receiving Services beyond Core



3.4. Study Question #3: How does accessibility vary by the characteristics of AJCs?

We also investigated whether specific characteristics of AJCs were associated with higher or lower accessibility. In doing so, we tested the statistical significance of any differences using Pearson Chi-square statistics.

Urbanicity. One of the characteristics of an AJC that potentially affected its accessibility was whether it was located in a primarily urban area. We asked survey respondents to identify the type of communities they served and examined the difference in IRT accessibility measures based on three classifications of urbanicity: 1) mostly rural; 2) mostly suburban; and 3) mostly urban. We summarize the results in Exhibit 14. The table shows that the mostly urban and mostly

[40] About 20% of the centers did not report the number of customers with disabilities receiving different types of services, and about 14% did not report the number of total customers receiving different services.

suburban AJCs had similar levels of accessibility, while fewer of those that served mostly rural areas were accessible overall and within each of the three domains.

Exhibit 14. Percentage of AJCs that were Accessible by Self-Reported Urbanicity

Accessibility Domain	Mostly Rural (N=793)	Mostly Suburban (N=258)	Mostly Urban (N=321)
Physical**	90%	95%	96%
Communication**	66%	77%	75%
Programmatic**	38%	54%	52%
Overall**	31%	48%	43%

** Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

AJC Type. We performed a similar analysis by AJC type. Exhibit 15 illustrates differences in accessibility levels by domain among comprehensive and affiliate AJCs. According to these results, a higher percentage of comprehensive AJCs were accessible than affiliate AJCs across all domains (41% vs. 26%). This difference was most pronounced in relation to programmatic accessibility (48% vs. 31%). There was also a large difference in accessibility in the communication domain (73% vs. 62%).

Exhibit 15. Percentage of AJCs that were Accessible by AJC Type

Accessibility Domain	Comprehensive (N=1,018)	Affiliate (N=364)
Physical**	93%	89%
Communication**	73%	62%
Programmatic**	48%	31%
Overall**	41%	26%

** Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

AJC Operation. We also examined whether there was any difference in accessibility related to the type of agency that operated the AJC. Exhibit 16 illustrates our examination of accessibility among AJCs that were operated by government (state, county, city, and other local governments), private non-profit, private for-profit organizations, or a mixed consortium of public and private entities. This table shows there was no difference across different types of AJCs' operators in the percentage that were physically accessible. The vast majority (more than 90%) of AJCs were physically accessible to people with disabilities regardless of the type of agency that housed the center. This made sense to us, given that physical accessibility was the domain best understood, and that AJCs removed physical barriers once, compared to communications and programmatic accessibility which required ongoing implementation. Rates of communications and programmatic accessibility tended to be higher among for-profit AJCs than the other types of AJCs. Overall accessibility was actually slightly higher for AJCs that were operated by a mixed consortium of public and private entities than among for-profit AJCs. Physical accessibility showed a similar trend, however, there were no statistically significant differences between groups.

Exhibit 16. Percent of AJCs that were Accessible by AJC Operator

Accessibility Domain	Government (N=754)	Non-Profit (N=295)	For-Profit (N=59)	Mixed (N=228)	Other (N=36)
Physical	92%	92%	92%	96%	94%
Communication**	67%	73%	88%	74%	70%
Programmatic**	40%	54%	**56%**	44%	31%
Overall*	34%	38%	44%	45%	25%

* Difference between groups is significant at 95% confidence level using Pearson Chi-square test.
** Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

Because the accessibility of government-operated AJCs might be of particular policy interest (and because we have five types of centers, making the chi-square test less readily interpretable), we also compared government-operated AJCs with all of the other types of operators. As shown in Exhibit 17 below, we found no significant difference between state government-operated AJCs and other AJCs in terms of their physical accessibility. However, a somewhat lower percentage of government-operated AJCs were accessible in the communication and programmatic domains than among those operated by other agencies. These differences were not large, but they were statistically significant.

Exhibit 17. Percentage of AJCs that were Accessible by AJC Operator

Accessibility Domain	Government (N=754)	All Others (N=618)
Physical	92%	93%
Communication**	67%	74%
Programmatic**	40%	48%
Overall**	34%	41%

** Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

Region. We also explored whether AJCs' accessibility scores varied by geographic regions. As shown in Exhibit 18, we found that differences between regions were minimal. The only substantial difference was in the higher percentage of Northeastern AJCs that were programmatically accessible than of those in the Midwest, South and West (57% vs. 43%, 41% and 41% respectively). Given the higher percentage of the Northeastern AJCs that were programmatically accessible, a higher percentage of these AJCs were accessible overall compared to the other regions.

Exhibit 18. Percentage of AJCs that were Accessible by Region

Accessibility Domain	Midwest (N=363)	Northeast (N=185)	South (N=499)	West (N=329)
Physical	92%	91%	92%	93%
Communication	68%	71%	71%	72%
Programmatic**	43%	57%	41%	41%
Overall*	34%	47%	35%	37%

* Difference between groups is significant at 95% confidence level using Pearson Chi-square test.
** Difference between groups is significant at 99% confidence level using Pearson Chi-square test.

Number Served. Finally, we examined the relationship between accessibility and the number of customers served at the AJCs. As shown in Exhibit 19, AJCs that served more than 10,000 customers) were more likely to be accessible than those that served fewer individuals (52% vs. 28%, 32%, and 36%). This was true across all three accessibility domains, as well as overall.

Exhibit 19. Percentage of AJCs that were Fully Accessible by Number of Customers Served

Accessibility Domain	1000 or Fewer (N=335)	1001 - 5000 (N=378)	5001 - 10,000 (N=249)	More than 10,000 (N=353)
Physical**	89%	92%	90%	97%
Communication**	60%	68%	71%	83%
Programmatic**	33%	39%	45%	59%
Overall**	28%	32%	36%	52%

** Difference between Urban and Non-Urban significant at 99% confidence level using Pearson Chi-square test.

Summary of Differences across Different Types of AJCs. The major differences in accessibility across different types of centers included:

- Urban AJCs were more likely to be accessible than non-urban AJCs. Fewer rural AJCs had achieved full accessibility than those that served mostly urban or mostly suburban communities.
- Comprehensive AJCs were more likely to be fully accessible than affiliate AJCs.
- AJCs operated by for-profit firms, or mixed consortia of public and private agencies were more likely to be fully accessible than publicly operated AJCs.
- Northeastern AJCs tended to have higher programmatic accessibility scores than AJCs in the other regions. Neither physical accessibility nor communications accessibility seemed to vary significantly across regions.
- AJCs that served a larger number of customers were more likely to be fully accessible than smaller AJCs.

3.5. Target Areas to Improve Accessibility

In this study, we found evidence not only of AJCs' features that supported or enhanced accessibility for people with disabilities but also a number of specific programmatic, communication, and physical areas in which there were noticeable barriers to accessibility or in which efforts to make the centers more welcoming and more accessible to people with disabilities were limited or incomplete. Our findings suggest that if these areas were to be targeted with the appropriate actions, many of the AJCs' barriers to accessibility could easily be reduced or eliminated. In the next sections, we describe areas in which readily available solutions exist and targeted actions could result in considerable improvements in accessibility.

3.5.1. Target Areas to Improve Physical Accessibility

Nationwide, almost all AJCs have removed most physical barriers to accessibility, because, at least in the eyes of AJCs' directors, this is the most obvious way to comply with the ADA's and WIA/WIOA's requirements for accessibility. However, some AJCs could install or implement some specific features to improve the AJCs' physical accessibility even more. For example, our survey data show that although most AJCs have an emergency alarm system as required by state and local safety regulations, about one-third do not have a system that employs both audio and visual signals (e.g., loud bells and flashing lights) to alert customers who might not be able to hear a standard alarm. Similarly, while most AJCs reported that they had accessible toilets, almost one-fourth (22%) did not have both side and rear grab bars in the accessible stalls; about one-fifth (19%) had toilets whose flush handles were not positioned away from the side wall; and almost one-third (30%) lacked a faucet that was lever-held or automatic. Close to half (42%) did not have power-operated doors that would make otherwise accessible entrances to the AJCs more accessible for individuals with mobility and other limitations. AJCs should add such relatively inexpensive items to their physical environment to improve their accessibility.

Access to public transportation is an additional factor that limits the physical accessibility of an AJC. AJCs should assess whether public transportation is available and accessible when they decide where to locate an affiliate office, or to establish or relocate a comprehensive AJC, as part of their efforts to improve overall accessibility for people with disabilities.

3.5.2. Target Areas to Improve Communication Accessibility

Potential areas in which AJCs could improve communications accessibility usually are specific to individuals with particular communication disabilities. One of the areas in which AJCs have frequently achieved only partial accessibility is in ensuring that accessible materials are available for customers who are blind or visually impaired. We found that only about one-third of AJCs (39%) had a hands-free speaker phone with large keypad available for customers with visual impairments or limited hand use; less than half (46.5%) had materials in accessible formats (e.g., Braille, large print, audio recorded); and 26.9% produced or distributed DVDs and/or videos with audio descriptions.

With regard to serving customers who are deaf or have hearing impairments, less than two-thirds (62%) of AJCs reported that they employed staff who were familiar with the etiquette of a text-based telephone call. AJCs could remedy this by conducting specialized staff training. Only just over half of AJCs have technology-based options available for deaf or hearing impaired customers to call into the AJC or to make outgoing calls (57% and 58%, respectively). Only about half (52%) of AJCs reported that they provided sign language interpreters. It appears that some fairly large proportion of AJCs without sign language interpreters thought that they did not have customers who needed such services, or they immediately referred such customers to organizations for the deaf. AJC could make improvements in this area by raising awareness among staff that deaf and hearing impaired customers live in their service areas and desire their assistance. AJCs should investigate the options available to make sign language interpreters available to participants in the public workforce development system.

Most AJCs reported that they had an accessible workstation for customers with disabilities. However, staff often were unaware that their AJC had accessible computers and other assistive technology, or were not trained in how to use it, which rendered even the best system inaccessible. In addition, many AJCs lacked at least one key technological feature in their computer system, the addition of which would have made a difference in whether the system could be considered fully accessible. For example, only about two-thirds of the AJCs' workstations had the following:

- A large monitor (at least 19") with a moveable mounting arm (66%),
- Screen reading software (67%),
- Voice output capability (64%),
- Large keyboard caps and keyboard orientation aids (63%),
- A height adjustable table (66%), and
- Word prediction software (37%)

As stated above, AJCs could add the missing features to change a partially accessible computer system to one that is fully accessible.

3.5.3. Target Areas to Improve Programmatic Accessibility

There are many potential ways that AJCs can improve programmatic accessibility. For instance, many AJCs could do more to conduct effective outreach to customers with disabilities. We found that very few AJCs conducted outreach through organizations or media that target the disability community, and only slightly more than half (51%) reported consulting with disability and other stakeholder groups about how to improve outreach to people with disabilities, or included images or language about people with disabilities receiving services together with other customers (54%). With regard to making information about the AJC available to the public in a way that is accessible to people with disabilities, most (60%) AJC's websites had text descriptions of graphics or pictures, but less than one-third (31%) had other accessibility features, such as equivalent alternatives for information presented in audio or video formats, and a similar number (31%) had online forms that customers could fill out using assistive technology. Although most AJCs provided basic information about alternative ways to contact them and indicated that accommodations were available, AJCs could do more to make information about the AJCs even more accessible–and inviting–to improve overall accessibility for people with disabilities.

One simple step that AJCs could take to make more AJCs accessible and welcoming to people with disabilities would be to simply offer accommodations to all customers regardless of whether they seem to need them (currently done by only 12% of AJCs), rather than just to customers who are known to have a disability (done by 38%), or to customers who seem to need them, based on staff's observation (17%), or only when customers ask for them (29%). Given that this strategy requires no training or special instruction on how to determine whether a given customer meets the "criteria" for being offered accommodations, it is quick and easy to implement. More importantly, it maximizes the likelihood that every person with a disability receives the

accommodations they need, regardless of whether or not they are they can be easily identified as having a disability and requiring accommodations.

While most AJCs provide some kind of staff training on serving customers with disabilities, only a minority provide training on serving people with disabilities in their new employee orientation sessions (47%) or offer training specifically on the following:

- Emergency evacuation procedures for people with disabilities (48%),
- Knowledge of specific types of disabilities and implications for service delivery (37%),
- Specific employment strategies for people with disabilities (e.g., supported employment, Ticket to Work, customized employment) (36%), and
- Application of "universal design" principles to AJCs' programs and services (35%).

AJCs might be able to improve in this area by incorporating these topics into staff training programs not only to improve programmatic accessibility, but to provide staff with additional skills and knowledge regarding customer service in general. In this regard, offering staff training on how to ask about and provide accommodations is another valuable component of an AJC's staff training program. Evidence from our site visits and focus groups suggests that by ensuring that *all* staff are well versed in issues related to serving people with disabilities, AJCs will enhance their overall accessibility. Even in situations in which there was an on-site disability expert at the AJC, which appeared to be the ultimate in AJCs' accessibility, we found through site visits, that staff's awareness of accessibility issues and ability to act on this awareness was critical to ensure that people with disabilities had a positive experience at the AJC.

AJCs also can improve their programmatic accessibility by involving people with disabilities in their operations. The focus group participants and disability specialists we interviewed reported that having individuals with disabilities on staff and involved in AJCs' operations enhanced programmatic accessibility. Most AJCs did not formally involve people with disabilities in their operations, although some did the following:

- Consulted people with disabilities to help identify accessibility issues (32%),
- Consulted people with disabilities to help resolve accessibility issues (31%),
- One or more people with disabilities sat on the WIB or AJC governing team (21%), and
- People with disabilities served as advisors to AJC staff regarding operations (18%).

4. CONCLUSIONS

4.1. Implications of Study Findings

The findings of the study indicate that almost every AJC made progress towards becoming accessible to customers with disabilities and at least was partially accessible along all three of the accessibility domains. In designing the study, we created a high bar by considering many different aspects of accessibility when we determined what constituted fully accessible AJCs. We considered AJCs to be fully accessible overall if they were fully accessible in all three domains. Even with this high bar and the many different aspects of accessibility being examined, 37 percent of the AJCs achieved a rating of fully accessible. Another 63 percent of centers were partially accessible; only one percent of centers were inaccessible. In the physical domain almost half (48%) received an exemplary rating; far fewer received exemplary ratings in the communications (6%) and programmatic (4%) domains.

We found that it was common for AJCs to achieve accessibility in the physical domain. Relatively few (8%) AJCs were not fully accessible in the physical domain, and most of these were at least partially accessible. We found that the results in this domain resulted in part from the fact that most buildings have been designed or remodeled to meet ADA standards; therefore, AJCs typically had basic physical accessibility features in place. We categorized 70 percent of AJCs in our study as fully accessible in the communications domain. Again, most of the AJCs that we categorized as not fully accessible were partially accessible. Programmatic accessibility was more difficult for AJCs to achieve. More than half (56%) of AJCs were not fully accessible, most which, however, were partially accessible.

Building and maintaining an accessible workforce development system is an ongoing process. The results of our study provide evidence that AJCs across the country have work to do to become accessible to all individuals. Yet, while work remains to be done, almost all AJCs have a good foundation on which to build. AJCs are making progress. The results also suggest that there are AJCs that are doing an exceptional job of accommodating customers with disabilities and that can serve as examples for the rest of the country.

To improve the accessibility of AJCs, AJCs should build staffs' knowledge and understanding about disability. Researchers found that many accessibility issues arose from employees' lack of awareness. It is especially important that AJCs develop staffs' awareness to ensure programmatic accessibility. This domain often is less visible than physical or communication accessibility, and it cuts across every aspect of service delivery.

4.2. Recommendations to Improve AJCs' Accessibility

One key observation made from conducting this study is that many workforce system staff are eager for more information and guidance about accessibility. We received many comments from survey and site visit respondents that the survey and interviews themselves were very informative in the kinds of questions asked. Many respondents were disappointed that our role did not include providing feedback to the centers about their level of accessibility. It seems evident that while much progress has been made, there is a clear role for DOL in providing guidance and technical assistance as the centers continue on their path toward full accessibility to customers with disabilities.

Looking across the whole study, we identified areas of interest with regard to improving accessibility, based on a combination of survey results, notes from the 100 site visits, documentation from the anchor calls, and the focus group discussions. In this section, we suggest a few ways in which DOL can provide support to the AJCs in their efforts to improve their accessibility.

Physical accessibility. The vast majority of AJCs are already physically accessible. Among the eight percent that are not fully accessible, our site visit interviews suggest that many are located in government buildings or other facilities over which they have very little control. For this reason, AJC directors may simply assume that physical accessibility is out of their hands and may not even be aware that there could be small things they might do to improve accessibility. DOL could provide technical assistance and guidance on ways that these centers might improve their physical accessibility that go beyond the structure of the building, such as making sure aisles are kept clear of furniture, or installing a doorbell that customers can push for assistance if the entrance has no power door. DOL could also provide AJCs with guidance on how to approach landlords to discuss removing architectural barriers, or clarify that if buildings cannot be made accessible, they may even need to relocate to a different space.

Communications accessibility. Although most centers are accessible in the communications domain, 30 percent still need to improve. During site visit interviews, centers identified limited budgets and limited staff training and knowledge as obstacles to providing key elements of communications accessibility, such as sign language interpreters or materials in alternate formats. DOL could provide additional guidance and staff training materials on serving individuals with communication disabilities as well as on how to build in these kinds of expenses into AJCs' regular operating budgets.

Programmatic accessibility. Programmatic accessibility is the domain where the biggest changes are needed to improve accessibility of the workforce system to people with disabilities. With only 37 percent of the centers rated as accessible in this domain, center outreach and service delivery practices appear to be the highest priority areas where DOL might best focus resources for improvement. This might range from broad dissemination of key findings of this study, to a grant initiative focused specifically on improving center accessibility, to developing a community of practice among workforce professionals working toward increased accessibility, to developing

accessibility checklists, training materials, tip sheets, and guidance materials. Given the widespread need, DOL may also want to consider sponsoring a technical assistance center – or a section of an existing technical assistance center – that focuses on providing support and tools, such as staff training modules and accessibility checklists, for increasing the accessibility of the workforce system.

As noted above, based on a combination of survey results and documentation from the 100 site visits, the anchor calls, and the focus group discussions, we identified specific areas where AJCs' accessibility could be improved. Areas where Federal support could help AJCs improve their programmatic accessibility include:

- *Awareness and Training:* To provide programmatically accessible services, every staff person who has contact with customers must understand what it means to be "programmatically accessible." This is true across all titles of WIOA and all programs delivered through AJCs. We found differences in knowledge between staff in rural and urban centers. Centers that serve larger populations often had more staff development resources available and more capacity to provide formal staff training. On the other hand, customers in smaller centers sometimes accessed valuable individualized attention where the same staff members provided both resource room support and case management. We found that many staff were willing to do whatever it took to help their customers, and could be greatly empowered by training.

  Thus, we found that AJCs can increase their accessibility by providing appropriate training to individuals who serve customers to increase their awareness, knowledge, and skills for serving customers with disabilities. AJCs could be encouraged to offer centralized, widely available, basic training to make staff aware that they are serving people with disabilities, even if they do not perceive that their customers have disabilities. If all staff learn that some disabilities are invisible, that they should offer everyone accommodations, that there are service agencies in their community with which they should collaborate to blend resources and expertise, they will be better equipped to create a welcoming environment, and to make sure people with disabilities have equal access to AJCs' services.

  AJCs could also offer more tailored training to complement this basic training. For example, training staff on how to encourage disclosure of a disability when it is appropriate can help customers gain access to accommodations that can improve their service experience as well as help them determine whether and how to disclose their disability to potential employers. Cross-training with partner agencies can also serve as a valuable resource, for example, by helping local-level VR staff better understand the role of the workforce AJCs in helping people with disabilities and with VR and staff of other disability agencies providing training to AJC staff as well.

- *Staffing:* Staff at centers that had a disability "expert" on staff (other than VR), seemed more savvy about accessibility overall. This savvy was more pronounced when AJC staff included individuals with disabilities. In addition to providing a resource for the AJC, an individual with a disability who works at the AJC can provide a valuable example both for the other staff and for customers of someone with a disability who has achieved

employment success. State and local agencies should be encouraged to proactively recruit people with disabilities for staff positions.

- *Benefits counseling:* Expert counseling in work incentives and the financial impact of working can be an essential service for customers who are looking for employment while receiving public benefits (i.e., SSI, SSDI, UI, and Medicaid). Trained benefits counselors can be an invaluable addition to an AJC's staff. AJC staff expressed to us their appreciation of these experts, even when the benefits counselor had a limited (but regular) presence at the center. Many interview respondents indicated that the need for benefits counseling is not only at the beginning of the job search process, but is persistent and ongoing, all the way through to potential overpayments, once job seekers become employed.
- *Collaboration:* AJCs are encouraged to collaborate with other local entities to maximize the scope and fit of services that they offer people with disabilities. This encouragement is embedded, for example, in the DOL's Disability Employment Initiative grants to states. Collaboration with agencies specializing in serving people with disabilities can bring much needed expertise to the table as well as expanding the resources available to serve customers with disabilities. Researchers heard from AJC staff that more visible collaboration at the Federal level would really help their efforts to blend and braid resources at the state and local levels. DOL efforts to collaborate with other agencies and organizations that serve and represent people with disabilities can serve as a model for blending and braiding resources. More visible models of collaboration among Federal agencies and organizations would benefit and motivate workforce staff.
- *Outreach:* At many of the AJCs we visited, staff reported that people with disabilities rarely contact the center. We also found that even among AJCs that regularly conduct outreach, very few do targeted outreach to reach the disability community, so the disability community and disability service agencies that serve them may simply be unaware that the AJCs are available to provide employment services to individuals with disabilities. Targeted outreach would make the AJCs more accessible to people with disabilities by making sure the community knows of their services and their commitment to provide accommodations to ensure equal access to services. Without investing in targeted outreach, despite other types of accessibility efforts, the status quo might continue with many of the AJCs continuing to serve very few individuals with known disabilities.
- *Involving People with Disabilities in AJC Accessibility:* People with disabilities can bring valuable knowledge and first-hand experience to AJC's efforts to maximize accessibility. Few AJCs make a point of actively involving people with disabilities in the ongoing work of making the AJCs more accessible. For example, AJCs can ask a person who is blind or dyslexic to visit the AJC and provide feedback to gain first-hand insight that cannot be captured with accessibility measures or checklists alone. People with disabilities also can consult with the AJC to improve its outreach to the disability community. DOL could also support a nationwide campaign targeting states, workforce development boards, and AJCs to involve people with disabilities in the public workforce system. This campaign could highlight that serving people with disabilities works and need not undermine AJCs' outcomes statistics or funding.

4.3. Study Limitations

This section documents challenges that we encountered in conducting the study that are relevant to its findings and conclusions. Several of these challenges suggest why there have been no large-scale accessibility studies of the U.S. workforce system, until now. In each of the sections below, we describe a limitation, its effect, or potential effect, on the study, and our efforts to mitigate that effect.

Conceptualizing Accessibility. For this study, it was fundamental for us to define a construct of accessibility in the context of AJCs, as well as constructs for the physical, communications and programmatic accessibility domains. It was particularly important for us to consider accessibility for a full range of disabilities, including physical, sensory, learning, mental, cognitive, and emotional disabilities. In addition, we wished to consider accessibility more broadly than compliance with existing standards. To comprehensively measure the full range of accessibility domains and subdomains, however, would have required that we ask far more questions than would have been reasonable to include on a self-completion survey. Thus, we had to identify a subset of questions that could serve as a proxy for the full range of characteristics that we were measuring. For example, to assess the accessibility of an AJC's website, we identified more than 20 website features, but ultimately asked about only three of these on the survey (text descriptions of graphics or pictures, equivalent alternatives for information presented in audio or video formats, and online forms that can be filled out using assistive technology). We had to elicit the information that we needed to assess accessibility by fielding a survey that was not-too-long, and that did not deter respondents (AJC directors) from providing honest information. The resulting survey captured enough information for us to infer accessibility.

The implication of our use of a limited number of survey questions acting as proxies for a larger concept of accessibility is that the survey is not designed to be used in a checklist fashion with individual AJCs. AJC-level results would not be sufficiently detailed to guide the AJC on the path to greater accessibility. Instead, we designed the survey to yield data that support high-level results of widespread application.

In particular, due to the limited number of physical accessibility survey items, we recommend that, for this domain, the proportion of AJCs in the "exemplary" category should be viewed with caution. The survey contained few, if any items that, if answered correctly, would identify an AJC with exceptional physical accessibility. As a result, the items that our standard setting panel identified as "exemplary" were illustrative of what disability experts might consider "accessible." We chose to include these findings, nonetheless, in the interest of transparency. The issue of exemplary physical accessibility does not affect the results for overall accessibility. This is because many of the AJCs with exemplary physical accessibility did not have communications or programmatic accessibility at the same level; therefore, according to our rubric, they were not considered to exemplary in terms of overall accessibility.

Difficulty Recruiting Customer Participants. We experienced difficulties recruiting AJC customers to participate in focus groups. Our only mechanism to recruit participants was to rely on the AJC to notify potential participants. Many AJCs were small or served so few customers with disabilities, that they were not currently in contact with enough people with disabilities to form a group. Some AJCs did not wish to host a focus group, due to time or facilities constraints. For AJCs that agreed to host a focus group, researchers sent flyers that could be posted in a public area or distributed to individual customers. Part of the difficulty we encountered in recruiting customers likely was related to the fact that we were recruiting people with disabilities. Thus, potential participants identified by AJC staff were restricted to those who had disclosed their disabilities. The limited customer voice in this study prompted researchers' recommendations regarding additional research with this key population.

4.4. Recommendations for Future Studies

Although the major focus of this study was to measure the accessibility of the centers in order to address the three major research questions, there are numerous different types of studies that might be useful to ODEP and the workforce system in understanding how to effectively improve accessibility to customers with disabilities. In this section we provide recommendations for potential future studies.

4.4.1. Conduct Additional Analyses of AJC Accessibility Study Data

The combination of data from the national survey and the site visits have created a rich source of data that could be further analyzed and explored for additional lessons to inform DOL policies and WIOA implementation. Several examples include:

Examine the characteristics of exemplary centers. Having identified centers that are considered to be exemplary in each domain and even some that are exemplary across all of the domains, it could be valuable to examine the characteristics of the exemplary centers for insights about how they might differ from the rest of the workforce system. Some examples of characteristics that could be examined include: geographical region, type of operator, urbanicity, center size, whether the center has disability specialist on site, whether the AJC is co-located with VR, and whether the centers are in states that have participated ODEPs Disability Employment Initiative.

Conduct more in-depth analysis of qualitative data. A deeper dive into the qualitative data collected from the site visits would provide the opportunity to assess more systematically how and why some centers are more accessible than others. This analysis could further identify promising practices and document some other center characteristics, such as the background and experience of center staff, how often accessible workstations are used, whether centers are near public transportation, the frequency and comprehensiveness of staff training, the role of disability specialists, the extent to which external training providers accommodate customers with disabilities, and the ways that centers collaborate with VR and other agencies,

Examine the relationship between AJC accessibility and participation in the Disability Employment Initiative. The recommendations provided above for improving accessibility of the workforce system, mirror some of the components of the Disability Employment Initiative, including targeted outreach, staff training, providing benefits counseling and collaboration with other agencies. While the DEI sites vary in terms of the extent to which their service practices become institutionalized beyond the DEI grant period, DEI sites have essentially had a head start on achieving overall accessible service delivery. From our site visits we observed that many of the most accessible centers we visited are or were DEI sites. It would be valuable to better understand the accessibility of the DEI sites relative to non-DEI sites. A definitive list of which centers were considered to be DEI sites in each participating state could be used to compare DEI sites with non-DEI sites, controlling for other center characteristics (such as urbanicity, type of operator, region, and center size). This comparison might include:

- The percentage of DEI vs. non-DEI centers that are accessible and exemplary (in each domain and overall), and
- Which accessibility features DEI centers were more or less likely to report than non-DEI centers.

4.4.2. Assess Ongoing Improvement

This study represented a significant investment of time and resources, and for the results to be maximally useful, we recommend DOL continue to assess the extent to which AJCs continue to make progress towards full accessibility over time. This review could be done at the system/ national level by using a version of the accessibility survey designed for this study. The survey we designed and validated for this study could be adapted for measuring changes over time.

We also recommend putting in place some kind of ongoing and systematic review process that states and the AJCs can use themselves. The accessibility survey could be adapted to be used as a center self-assessment tool or checklist that goes beyond compliance and covers all domains of accessibility. This could be used by AJCs to self-assess progress and accessibility status, or by the state, the local WIB or an outside reviewer to provide actionable feedback to individual AJCs.

4.4.3. Study the Customer Experience of People with Disabilities

There are limited data available on the types of disabilities that affect customers who are served in the AJC system. As was highlighted in the year one report for the DEI study,[41] information on 'type of disability' is collected differently from state-to-state, and in some cases from one AJC to another. In our researchers' experience on this and other studies, the discrepancies in data collection include AJCs that do not ask about type of disability, to AJCs that ask all customers to review a list of disabilities and complete a checklist of disabilities as a matter-of-course. A study

[41] Chamberlain, A., Klayman, D., Isbell, H., Barlow, K. (2011*Evaluation of the Employment and Training Administration/Office of Disability Employment Policy Disability Employment Initiative (DEI): Year 1 Synthesis Report* Link to report on Social Dynamics website

on the types of disabilities that affect individuals who are served by AJCs, which uses a consistent measure, could show changes over time, facilitating finer-grained policy decisions.

One of the criticisms of the existing AJC research is that the customer's voice is often absent.[42] This is especially true in studies of people with disabilities in the workforce system. The focus groups we conducted as part of this study provided some valuable insights about the kinds of information that can be gathered by collecting information directly from customers that cannot be obtained by surveying the centers or conducting interviews with center staff. Developing a first-hand, nuanced understanding of what people with disabilities experience when they visit a center would help to close this gap. One way to incorporate the voices of people with disabilities would be to conduct studies that involve people with disabilities in a mystery shopper/ unannounced site visit data collection effort. Another would be to conduct surveys and interviews with current customers with disabilities.

[42] One exception is Dunham, K., Salzman, J., Koller, V. (2004, June). Business as partner and customer under WIA: A study of innovative practices. Washington, DC: U.S. Department of Labor.

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APPENDIX A: APPROACHES TO MEASURING AJC ACCESSIBILITY

As a first step in conducting this study, we developed a full literature review, *Draft Literature Review for Evaluating the Accessibility of American Job Centers for People with Disabilities*, as a stand-alone document that we submitted under separate cover to DOL. Our review of previous studies that measured AJCs' accessibility helped us identify key issues and constructs, as well as previous measures and data collection instruments related to AJCs' accessibility that were tested and validated in other studies. Here, we summarize that review.

Measures of Customers' Accessibility Experience

Past research has included various approaches that focus on AJC customers' experiences (e.g., Boeltzig et al., 2004; Hall & Parker, 2005; Gervey et al. 2007; and Timmons et al., 2007). These approaches are customized to each participant's specific disability or set of disabilities, and use research methods that include site visits, in-depth interviews, focus groups, mystery shoppers, and customer satisfaction surveys. In the literature that we reviewed, studies showed that many examples of inaccessibility were reported by people with disabilities who described how welcome they were made to feel, the assistance they received onsite, whether staff knew how to support the use of assistive technology, and how suitably the AJC was located.

Gervey and Gao (2009) conducted a satisfaction study at a Center using a sample of 100 matched pair subjects consisting of participants with and without psychiatric disabilities.[1] They redesigned the accessibility scale that had been used in a previous study partly because they found that some of the items were applicable only to wheelchair users or people with visual impairments. They also published the psychometric properties of their instrument. They found that on average, persons with psychiatric disabilities reported attending the AJC more often than persons without disabilities, and twice as many persons with psychiatric disabilities accessed the resource room to use computers to conduct job searches. Customers with and without psychiatric disabilities reported similar levels of satisfaction. It should, however, be noted that the study site had undergone extensive staff training on disability issues and might not have been representative of most AJCs.

Hall and Parker (2005) used focus groups and "mystery customers" to gain insight into what customers with disabilities desire at an AJC, as well as to learn about their actual experiences in getting access to the Centers and their services. The semi-structured focus group questions were broken into five categories—past experiences, ideal services, staff, practices, and discouragers—with 16 sample questions provided to the interviewers. The category on ideal services focused on the kinds of attitudes, practices, materials, and resources that would make the customers feel welcomed and satisfied about the services they would get, and advice the customers would offer to the AJC director. The category on practices included questions on how customers wanted the AJC to address their disabilities and needs and share them with others, such as their employers, and whether AJCs should address the impact of employment on disability benefits.

[1] Psychiatric disability was the only disability type included in the study.

For this study, Hall and Parker developed a checklist, based on a previous instrument, which enabled mystery customers to report on their visits to the AJC. The checklist explored consumers' general experiences in accessing the different types of services and asked consumers to indicate if they had or could have received specific core, intensive, and training services.[2] It also asked respondents to use a Likert scale to rate items related to the culture of the agency, accessibility, consumer choice and consumer-directedness, access to resources, personnel quality, and service coordination.

Although not focused narrowly on accessibility, Elinson, Frey, Li, Palan, and Horne's (2008) evaluation of customized employment at AJCs offered valuable measures to elicit information from programs' customers. Elinson and colleagues used two methods to collect data from AJCs' customers with disabilities: interviews and surveys. The semi-structured interview protocol included questions on customers' experiences and satisfaction with the overall program, as well as specific services. It also explored topics of strategic planning and implementation, collaborative relationships, information and training, provision of services, evaluation and dissemination, and sustaining effective program elements. Additionally, a survey was designed with more than a dozen items, including general demographic information such as age, race/ethnicity, years of education, type of disability, on-the-job supervision required, previous work experience at intake, types of services, wages, and year of program entry. Some of these questions and categories, most specifically the number of core, intensive, and training services that customers received, helped this project's researchers understand the nature and success of employment outcomes for customers, and how the level of accessibility of services helped or hindered them.

More than a decade ago, the Law, Health Policy and Disability Center (2002) at the University of Iowa developed the "One-Stop Customer Report Card" to evaluate consumers' satisfaction with the physical, programmatic, and communication accessibility of AJCs. The Report Card contains more than 80 items across seven categories or domains: physical accessibility of facility, access to services, work areas and equipment, materials and written information, obtaining services, employment service delivery, and an overall rating category. The Report Card has been widely used in mystery shopper studies across several states (Gervey & Gao, 2009).

One-Stop Customer Report Card
Sample Questions

Physical Accessibility

- Can the Facility be reached by using public transportation?
- For Centers that have public restrooms, is there at least one restroom that is fully accessible?

Work Areas and Equipment

- Was there a computer area that was designed to be accessible for customers with disabilities?
- Did any staff offer to assist you with adaptive computer aids?

Materials and Written Information

- Were orientation materials available in alternate formats (large print, Braille, audio-tape, computer disk, etc.)?
- Were written materials provided that explain complaint procedures for customers dissatisfied with One-Stop services or any aspect of their One-Stop Center experience?

[2] Response options included yes, no, don't know, and not applicable.

Gervey and Gao (2009) developed the Universal One-Stop Career Center Customer Satisfaction questionnaire by modifying the Report Card so that it could be used with persons without disabilities as well. This enabled them to compare the experiences of persons with and without disabilities at AJCs and gain further insight into the differences between these experiences. Additionally, they revised the questionnaire to be a more appropriate tool for larger evaluation studies that look at experiences over time as opposed to single point in time mystery customer studies. The Universal One-Stop Career Center Customer Satisfaction questionnaire contains 37 items across 4 factors: physical accessibility, equipment and resource room, staff services, and overall impression of services. It is empirically derived, with moderate to high internal consistency reliability for each factor. The questionnaire was found to have good face and construct validity.

Project TRAIN IT
Sample Questions

Staff Development, Knowledge, and Awareness

- People with disabilities are not discriminated against in any way when they visit the center.

Communications

- Staff asked me if I needed information in alternative formats (e.g., Braille, signage, etc.).
- Staff know how to use, and how to instruct customers on the use of, all of the assistive technology that is available in the center.

Electronic Resources

- The center has at least one accessible workstation that can serve the needs of people with disabilities.

Physical Accessibility

- I have not experienced any problems in gaining physical access to the center.
- An adequate number of parking spaces are available for people with disabilities near the main entrance of the center.

Another set of measures was developed by Project TRAIN IT for Regional Directors, AJCs' staff, and customers with disabilities. These evaluation instruments focused on specific access elements, including human factors; involvement of people with disabilities; outreach/marketing; measures/record-keeping; physical accessibility; staff development/knowledge/awareness; communications; partnerships; and electronic resources. Items were ranked on a five-point Likert Scale from Strongly Disagree to Strongly Agree.

While researchers can use these instruments to collect important information about the presence or absence of certain components of accessibility, they can create an incomplete picture. For example, the Southeast ADA Center conducted participatory action research evaluations of the accessibility of public sites in communities (e.g., libraries, town halls, civic center, parks). The research found that while the sites may have successfully passed a checklist-based assessment of accessibility, an actual visit to the site by people with disabilities identified multiple examples of how the spaces were inaccessible or failed to create an inclusive experience. In another study of more than 400 community spaces, Hammel and colleagues used a participatory assessment process and identified and photographed environmental (physical,

cognitive, sensory, and social access issues) and programmatic barriers, as well as supports, to full participation. In short, there is no substitute for on-site observation, which can validate phone and online survey results. Even with a variety of respondents, phone and online surveys are merely self-reported measures that may be subject to error or bias towards over-reporting compliance. Respondents might be less than candid for fear of potential sanctions or penalties. Sometimes barriers to accessibility may only become manifest during an actual experience at an AJC, when people with disabilities report on how welcome they were made to feel, what kind of assistance they actually received onsite, whether staff knew how to support the use of assistive technology, and how suitably the AJC was located. For example, as observed in the Hall and Parker (2005) study, a center receptionist told individuals that assistive technology was not available, when it actually was, she just did not know about it. In another case, assistive technology had been loaded on a computer, but had not been used for so long that it was no longer operative. In a third case, the computer with assistive technology was located far from the other computers, segregated across the room. But in all three cases, a Center director would have responded to a survey that the Center had assistive technology.

In each of the studies we reviewed, the researchers collected data that were descriptive in nature; psychometrics were not applied to the development or analysis of the surveys, nor was a measurement score on the degree of programmatic accessibility within AJCs produced. Although data collection methods sometimes included quantitative customer survey data, most of the research in this area has focused on qualitative data from in-depth interviews and focus groups with customers and AJC staff. It also included site visit reports by "mystery shoppers"—actors with disabilities enlisted to use AJC services in the same way they would if they were actually seeking employment.

This emphasis on descriptive data collection is likely due to the nature of programmatic accessibility—experienced by the customer in the context of interactions with AJC's staff and dependent upon the comfort level of staff in working with people with all manner of disabilities. It is also dependent on the attitudes, understanding, experience, and etiquette of staff concerning the experience of disability in all its multiple forms. More specifically, it relies on staffs' knowledge of disability employment issues and resources and their willingness to be proactive and learn what they do not already know. But, in the end, programmatic accessibility comes down to the experience of the customer: Is the customer able to access the services that the AJC provides? Or does he or she give up and leave the premises due to programmatic barriers?

Measures of Accessibility from the Centers' Perspective

Within the workforce system, there have been many different tools and instruments used to assess AJCs' efforts to accommodate customers and potential customers with disabilities. These have focused primarily on legal compliance with the ADA and WIA Section 188 rather than on the broader issues of accessibility and usability.

In particular, in 2003, DOL developed the WIA Section 188 Disability Checklist to monitor compliance with the requirement for non-discrimination towards people with disabilities (Civil Rights Center, U.S. DOL). Additionally, in an effort to provide frameworks, guidelines, and standards to help AJCs in making their facilities, resources, and services accessible, several projects have developed compliance and evaluation checklists to assess physical, programmatic, and communications accessibility. DOL, the Rehabilitation Services Administration, the Department of Education, and others have funded tools that have been used to conduct evaluations (see for example, Gervey & Gao, 2009; Alabama's Career Center System (2005); the One-Stop Centers Customer Report Card developed by the University of Iowa Law, Health Policy, and Disability Center; accessibility checklists developed by Project TRAIN IT). Such evaluation and compliance checklists play an important role in documenting the extent to which an AJC is implementing the disability non-discrimination requirements of WIA/WIOA.

DOL/ETA has also published two self-assessment tools on its website for use by AJC staff: Customer Service/Accommodation Practices and the Existing Facilities Checklist. These checklists primarily focus on compliance, although they are less detailed and less comprehensive than the Section 188 checklist.

DOL Existing Facilities Checklist

- Accessible entrance (path of travel, ramps, parking and drop off, entrance and emergency egress);
- Access to goods and services (horizontal circulation, doors, rooms and spaces, controls, seats, tables and counters, vertical circulation, stairs, elevators, lifts);
- Usability of restrooms (getting to restrooms, doors and passageways, stalls, lavatories);
- Additional access (drinking fountains, telephones).

In 2002, the National Institute for Disability and Rehabilitation Research funded The Heldrich Center at Rutgers University to conduct a nationwide study of the accessibility of the AJCs. Using a 46-item questionnaire, the study asked program managers about the following topics:

- Demographics
- Opinions about the focus of the AJC system in serving people with disabilities
- Partnerships
- Performance collection
- Assistive technologies
- Americans with Disabilities Act
- Training and technical assistance.

Although this collection of questions was not fully comprehensive, the Heldrich Center was able to identify the following areas in which AJC accessibility could be improved:

- An increased focus on outreach to people with disabilities

- Staff training in career counseling and job placement for people with disabilities.

Many state labor agencies and/or state WIBs have also developed their own checklists that can be used either by someone at the state level to assess the accessibility of local Centers, or by the Centers themselves as a self-assessment tool. For example, in Alabama, the MAPS (Mapping Access to Program Services) project identified 81 accessibility items for review and constructed a Program Accessibility Review Chart for One-Stop Career Centers. This chart includes columns for findings (including a picture), a recommended solution, estimated cost, a priority rating, an action plan, and a status indicator and follow-up date for following through to make sure improvements were made.

Alabama Program Accessibility Review Chart

Program Access

- Staff knowledge
- Disclosure of disability
- Service delivery
- General communication requirements
- Work stations and equipment
- Materials
- Marketing materials and outreach
- Access to transportation
- Notice on equal opportunity and nondiscrimination

Physical Accessibility

- Parking
- Entrance accessibility
- Access to goods and services
- Telephones
- Usability of restrooms
- Signage
- Additional access (water fountains)

The Kentucky workforce agency partnered with the state vocational rehabilitation agency to develop a self-assessment tool that focuses on the following 11 domains of physical accessibility:

- Parking
- Walks, Curbs, and Ramps
- Entrances, Corridors, and Stairs
- Public Restrooms
- Public Telephones and Water Fountains
- Meeting Rooms
- Restaurants
- Guest Rooms

- Hazards and Emergency
- Elevators and Automated Teller Machines
- Accessibility for the World Wide Web.

The New York labor agency contracted with Cornell University to develop Universal Access-NY, an online planning toolkit, with which a One-Stop Delivery System can continuously assess its practices, and develop work plans to improve physical and programmatic accessibility. The self-assessment portion of the online toolkit is made up of 76 indicators in five categories, each with three to five subcategories.

Universal Access - NY

Outreach and Intake
- Staff Knowledge
- Partners
- Intake
- Outreach

Physical Access
- Exterior
- Entry
- Interior
- Signage

Service Delivery
- Staff Knowledge
- Partners
- Customer Direction
- Policy Issues
- One-Stop Practices

Youth
- Outreach
- Partnerships
- Procedures

Technology
- Adaptive Equipment
- Work Station
- Staff Knowledge
- Information Technologies

The Institute for Community Inclusion created two self-assessment tools as part of its One-Stop Disability Resource Manual (Hoff, et al., 2001). One is a Service Accessibility Checklist and the other is a Facilities Checklist. The Facilities Checklist includes 90 items in 6 domains: 1) entrance accessibility; 2) access to goods and services; 3) telephones; 4) usability of rest rooms; 5) signage; and 6) additional access (drinking fountains). The Service Accessibility Checklist includes a thoughtful range of 86 programmatic access areas specific to the workforce system including:

- Staff knowledge
- Disclosure of Disability

- Accommodation Requests
- Registration and Orientation
- Service Delivery
- General Communication
- Work Stations and Equipment
- Materials
- Evacuation Procedures
- Marketing Materials and Outreach
- Access to Transportation
- Equal Opportunity and Non-Discrimination
- Record-Keeping.

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APPENDIX B: STUDY DOMAINS AND SUBDOMAINS

Physical Accessibility

Facilities are designed, constructed, or altered in such a manner that they are readily accessible to and usable by individuals with disabilities. At a minimum, this assumes the AJC meets the required physical accessibility standards as established by the Americans with Disabilities Act (ADA), Rehabilitation Act of 1973, Titles II and III of the WIA, and other relevant laws and regulations.

Subdomain[1]	Definition/Description
Accessible Path of Travel	▪ There is a barrier-free path of travel into the Center from the parking lot, public transportation, and public sidewalk.
Parking	▪ Accessible parking spaces are provided near the entrance to the facility.
Public Areas	▪ All public areas are accessible through clear interior path of travel. ▪ Resource/computer room, training and meeting rooms and waiting areas have sufficient room for individuals with mobility devices. ▪ Lowered counter is available for sign-in.
Signage	▪ Elevators have Braille and/or raised characters/symbols near door jams and interiors buttons. ▪ Accessible entrances display international access symbols. ▪ There are notices outlining rights and protections for people with disabilities in high visibility areas.
Amenities (e.g., restrooms, water fountains, public phones)	▪ Restrooms are accessible to and useable by individuals with disabilities. ▪ Public phones, drinking fountains, and other amenities are accessible to and useable by individuals with disabilities.
Elevator	▪ Elevator is usable by individuals with disabilities (e.g., large enough, controls are accessible).
Outreach and Recruitment	▪ If the AJC actively recruits customers, it also conducts outreach to potential customers with all types of disabilities. ▪ Outreach materials include positive representations of a diverse group of customers who receive services, including individuals with disabilities.

[1] The subdomains represent the list of topic areas for which individual survey items have been developed.

Subdomain[1]	Definition/Description
Registration and Orientation	▪ AJC staff offers every customer assistance with filling out forms and application materials. ▪ Information in orientation sessions is presented in ways that can be understood by people with all types of disabilities, with plenty of time and opportunities for questions.
Assessment	▪ AJC provides accommodations or alternatives as needed for initial assessment of skill levels, aptitudes and, abilities.
Eligibility	▪ The AJC staff modifies eligibility criteria for WIA intensive and/or training services to accommodate the specific needs of people with disabilities.
Service Delivery	▪ Procedures are in place to ensure that programs and services are equally available to all customers regardless of disability and that the program does not discriminate on the basis of disability. ▪ The AJC provides separate services or training only if necessary to provide services that are as effective as those provided to others. ▪ The AJC involves people with disabilities in Center planning or operations. ▪ AJC consults with entities experienced in serving people with disabilities, in order to enhance its capacity to effectively serve them.

Programmatic Accessibility

People with disabilities have access to the full range of services available to all AJC customers regardless of disability type (e.g., physical, mental, cognitive, and sensory disabilities).

Subdomain[2]	Definition/Description
Accommodations	▪ All customers are routinely asked if they need accommodations or special assistance to take full advantage of Center services. ▪ The AJC communicates procedures for requesting reasonable accommodations.
Staff Training/Knowledge	▪ AJC staff practices procedures to offer and respond to requests for accommodations and modifications. ▪ AJC staff has received training and TA on serving people with disabilities including employment strategies for people with disabilities, disability awareness, emergency evacuation procedures, and resources to support people with disabilities.
Training Providers	▪ The AJC customers have access to training providers that are able to address the needs of people with disabilities.

[2] The subdomains represent the list of topic areas for which individual survey items have been developed.

Subdomain[2]	Definition/Description
Adaptive or Assistive Technology	▪ Adaptive or assistive technology, including information technologies, adaptive equipment, and accessible work stations is available to, and usable by, individuals with disabilities.
Privacy	▪ Questions to a customer to obtain personal information occur in writing or in private, where each customer is informed that the information they share will be kept confidential. ▪ Facilities offer private meeting spaces where staff can discuss individual needs in confidence. ▪ AJC staff adheres to privacy and disclosure of disability policies and procedures.
Emergency Evacuation Procedures	▪ The AJC staff is trained in emergency evacuation procedures that address the needs of people with the full range of disabilities.

Communications Accessibility

Center staff and partner agencies are able to communicate with persons with disabilities as effectively as with others.

Subdomain[3]	Definition/Description
Auxiliary Aids and Services	▪ AJC provides auxiliary aids and services as needed to assist in effective communication to ensure equal opportunity to participate in Center services, including equipment and interpreting services. ▪ The AJC uses TDDs, TTYs, or equally effective communication systems (such as telephone relay services) for individuals with speech and hearing limitations.
AJC Website	▪ AJC websites are usable by individuals with all types of disabilities, including being accessible to screen readers.
Materials in Alternate Formats	▪ Information is presented in ways that can be understood by people with all types of disabilities. ▪ Information that is presented orally is also available in writing for people who are deaf or hard of hearing, people whose learning style requires reinforcement of items in writing and others in need of or desiring materials in writing. ▪ If customers request materials in accessible formats (e.g., Braille, large print, audio recorded) staff is able to arrange for these without significant delay.

[3] The subdomains represent the list of topic areas for which individual survey items have been developed.

APPENDIX C: SURVEY DESIGN AND DEVELOPMENT

The primary goal of our survey design and development process was to create data collection instruments that would enable us to evaluate the level of accessibility of the AJCs across the spectrum of accessibility domains and subdomains. We developed the instruments systematically to ensure that they represented the appropriate content and constructs.

We followed an established technique to develop the instruments. First, we developed the conceptual framework for the instrument. We identified the theoretical domains that we had to address, and then generated items or selected existing items that we could adapt for use in a survey questionnaire or interview protocol that we then could test and refine through application in the field. Members of the IMPAQ team reviewed existing instruments, and using formal content analysis techniques along with qualitative data analysis software, the team organized questions and measures by domain/subdomain to suggest possible subdomains and the appropriate ways to organize them conceptually. While developing the survey, we made an effort to take into account the full service delivery process and the full range of disabilities of AJC customers.

Step 1. Identification of Survey Domains and Subdomains. Our identification of the survey domains and subdomains was informed by two important sources. First, DOL guidance provided the starting point for our instrument development. The guidance specified the three primary accessibility domains included in the Scope of Work and operationalized in the WIA Section 188 Checklist. Second, our team's expertise in both accessibility and the workforce system further informed this understanding. The team devised the three accessibility domains–programmatic, communication, and physical–which provided the basis to identify the key accessibility constructs to be measured. As the survey development process progressed, we developed a preliminary list of accessibility subdomains that we then revised continuously throughout the instrument development process.

Step 2. Literature Review. Our review of the literature enabled us to use the findings of recent research to ensure that our measures covered not only all of the significant accessibility domains and subdomains, but also were sensitive to the full spectrum of disabilities. The literature review not only identified key barriers and accessibility concerns for the workforce system, but also yielded a set of existing data collection tools that have been used in past studies to measure AJC accessibility. We identified 28 documents among those that we reviewed that provided existing tools with potentially useful examples of data items or questions to inform the survey and the in-person data collection protocol. These documents included examples of AJC surveys, self-assessment tools, monitoring tools, customer surveys, and customer focus groups.

The literature review also enabled us to develop survey and item specifications and provided us with a foundation to ensure the content validity of the AJC data collection tools we developed. These survey specifications included the parameters for both the overall conceptual design and the instrument design, integrating findings from the literature review with relevant

considerations or constraints (e.g., goals, response time, data collection methods, instrument format). Item specification focused on the relationship between individual survey items and the constructs of interest, ensuring that every survey question addressed a construct of interest. The survey specifications for the AJC Accessibility study included the following:

- ***Accessibility framework***: an overview of the kinds of accessibility issues people with disabilities might encounter at AJCs
- ***Domains***: defined areas of focus, along with associated subdomains or constructs
- ***Data quality considerations***: includes SDR and non-response issues
- ***Question formats***: closed-ended questions (e.g., frequency scales, dichotomous questions) for use in the online survey; additional open-ended questions for the In-person Data Collection Protocol, to elicit sufficient detail to validate survey responses
- ***References***: relevant and important references used for the survey development (e.g., ADA and WIA Section 188 requirements for accessibility)
- ***Survey completion time***: the desired length for the survey was determined to be no more than 30 minutes for a Center manager to complete online.

Step 3. Content Analysis of Existing Tools. Once we developed draft subdomains, the IMPAQ team coded individual items from the identified existing tools into the draft subdomains using NVivo software to develop an inventory of sample survey questions for each subdomain. During the coding process, the team documented instances in which it observed substantial conceptual overlap between subdomains, or when items did not seem to fit into existing subdomains. We then used this information to revise the subdomains.

Before beginning the process of drafting the study instruments, the team reviewed the inventory of sample survey questions and reduced the number of items potentially useful to the study by:

- Identifying duplication and determining where best to locate items relevant to more than one subdomain
- Identifying the item construction most likely to minimize the risk of socially desirable response bias, such as using a frequency scale rather than yes/no and carefully wording the question
- Distinguishing summary or proxy measures for inclusion in the survey from a finer level of detail which might be more appropriate for in-person data collection visits
- Eliminating items from consideration for the web-based survey that would place an unnecessary burden on the respondent.

Step 4. Development of Survey Items. The team's development of individual survey items focused on the design of two instruments: the AJC survey–the Web-based survey administered to AJC directors; and the protocol for in-person data collection to validate the survey. After the team conducted a thorough review of the items from existing tools coded into the different

subdomains, we identified numerous duplications and gaps in content coverage. We took the following into account in drafting the instruments:

- For questions related to service practices, emphasize questions about staff actions over those that asked whether Center policies were in place
- Ensure barriers associated with all types of disabilities were addressed
- Ensure all phases of the service process were addressed
- Fill in gaps where suitable examples were not found in other instruments
- Sequence the items in a logical order that mirrors the service process
- Emphasize the usability aspects of accessibility and de-emphasize compliance
- Reword items for clarity and consistency
- Group items on the same topic that used the same response categories into a single question
- Identify key issues for which customers' perspectives are essential to validate the AJC self-report survey, for inclusion in the focus group protocol
- Add additional detail to the topic guide as needed to validate the survey items.

After the design of the Web-based survey was complete, we developed two detailed, systematic protocols for collecting data on-site: 1) a structural accessibility survey for use by trained architectural accessibility experts that included measurement of physical attributes of AJCs' facilities; and 2) an interview topic guide with questions and probes designed to gather additional detail to validate the AJC director survey. The in-person data collection protocol included detailed instructions for the in-person data collection team to summarize the data obtained from the in-person data collection visits, as well as a protocol for conducting focus groups with customers with disabilities.

Step 5. Cognitive Interview Testing of Survey Items. To identify potential issues with the survey, we pre-tested the AJC web-survey and the site visit protocols through use of a formal cognitive interviewing process at eight AJCs. Cognitive interviewing is a technique in which the respondent thinks aloud and talks through each survey question while answering it, in a more or less natural exchange between interviewer and respondent. The technique also enables the interviewer to probe, and ask questions to elicit more information after a respondent answers a question. Pre-testing the survey through the use of cognitive interviewing provided us with the data to accomplish the following:

- Assess how a respondent interprets the meaning of survey questions and evaluate how the respondent constructs answers to the survey questions
- Evaluate if each survey question is interpreted as intended by different respondents and identify any difficulties or misunderstandings in answering survey questions
- Identify survey questions with erratic response patterns

- Examine category utilization of survey questions
- Estimate realistic survey completion time
- Ensure that site visit protocols collect all information as intended.

The results of IMPAQ's cognitive testing did not reveal significant problems with the survey instrument. However, the following categories of issues were identified and resolved:

- Questions requiring more specificity with either the question or the response categories to ensure an accurate response
- Inaccurate references to AJC activities or processes
- Questions that are difficult for the respondent answer or to understand the intent
- Questions in which respondents may be predisposed to answer in a certain way
- Questions requiring consultation with other staff to answer

APPENDIX D: SURVEY OF AMERICAN JOB CENTER ACCESSIBILITY TO PERSONS WITH DISABILITIES

SECTION A. BACKGROUND INFORMATION

A1. Which best describes the area served by your Center?

❍ Mostly urban	**23.5%**
❍ Mostly suburban	**18.3%**
❍ Mostly rural	**57.3%**
❍ *MISSING*	**0.7%**

A2. What type of Center is your AJC?

❍ Comprehensive Center	**67.0%**
❍ Affiliate or satellite Center	**27.7%**
❍ Other (*Please specify*):	**4.6%**
❍ *MISSING*	**0.7%**

A3. Who operates your Center?

❍ A government entity (e.g., county or special district) or consortium	**54.4%**
❍ A private non-profit organization or consortium	**21.5%**
❍ A private for-profit organization or consortium	**4.3%**
❍ A "mixed" consortium of government and private entities	**16.5%**
❍ Other	**2.6%**
❍ *MISSING*	**0.7%**

A4. Which types of services does your Center offer "on site"? (*Check all that apply*)

❍ Wagner-Peyser Services	**87.3%**
❍ WIA Core Services	**93.3%**
❍ WIA Intensive Services	**88.8%**
❍ WIA Training Services	**85.1%**
❍ Jobs for Veterans State Grants	**56.3%**
❍ AJC Partner Services (e.g., other Veterans' Services, Unemployment Ins.)	**76.4%**
❍ Supportive services	**82.2%**

A5. Is Vocational Rehabilitation (VR) co-located (e.g., located in the same office or building) with your AJC?

❍ Yes	**35.4%**
❍ No	**63.8%**
❍ *MISSING*	**0.9%**

A6. Is your Center an Employment Network (EN) in the Ticket-to-Work program?

❍ Yes	**25.4%**
❍ No	**43.2%**
❍ Do not know	**30.3%**
❍ *MISSING*	**1.1%**

A6a. Is your Center currently accepting tickets? [N=342]

❍ Yes	**79.8%**
❍ No	**5.3%**
❍ Do not know	**14.9%**

A6b. Does your Center work with another local EN? [N=583]

❍ Yes	**31.6%**
❍ No	**49.1%**
❍ Do not know	**18.2%**
❍ *MISSING*	**1.2%**

A7. Does your Center currently have one or more of the following types of staff? (*Check all that apply*)

❍ Disability Program Navigator	**10.1%**
❍ Disability Resource Coordinator	**16.9%**
❍ Disability services specialist	**19.2%**
❍ Specialist for veterans with disabilities	**49.8%**
❍ None of the above	**33.3%**

A8. Does your Center provide benefits counseling for service disabled veterans (e.g., VA Benefits, VRE, Veterans' disability compensation)? (Do not include in indicator)

❍ Yes	**50.1%**
❍ No	**48.4%**
❍ *MISSING*	**1.6%**

SECTION B. PROGRAMMATIC AND COMMUNICATION ACCESSIBILITY

Initial Contacts between Customers and Your Center

B1. Does your Center currently conduct any kind of outreach to individuals seeking employment services? (Do not include in indicator)

- ❍ Yes, we are currently conducting outreach — 86.7%
- ❍ No, we are not currently conducting outreach, but we have in the past — 6.4%
- ❍ No, we do not conduct outreach — 4.7%
- ❍ Do not know — 1.2%
- ❍ *MISSING* — 1.0%

B2. When your Center conducts outreach, does it:	Rarely or not at all	Some of the time	Most of the time	Always	Missing
a. Provide information about alternative ways to contact your Center (e.g., the address of an accessible website, a TDD/TTY number, or the number for the telephone relay service)?	7.1%	8.8%	19.1%	64.7%	0.4%
b. Indicate whether communication aids and services for persons with disabilities (PWD) are available?	9.9%	11.1%	18.9%	59.7%	0.4%
c. Indicate whether assistive technology for PWD is available?	13.0%	11.6%	18.8%	55.0%	1.6%
d. Include images or language about PWD receiving services together with other customers?	22.3%	21.3%	19.7%	34.5%	2.2%
e. Consult with disability and other stakeholder groups about how to improve outreach to PWD?	14.9%	32.6%	22.8%	28.4%	1.4%

B3. Do customers experience each of the following when they first visit your Center?	All customers	Only customers with a disability	Not provided or offered	Missing
a. Customers are provided with information on Center services and programs for PWD.	77.1%	18.1%	3.6%	1.3%
b. Customers are provided with information on how to seek accommodations and communication aids and services.	65.2%	29.5%	3.9%	1.3%
c. Customers are offered assistance in filling out forms and application materials.	81.7%	13.0%	4.1%	1.3%

B4. Are there notices outlining rights and protections for people with disabilities posted in high visibility areas in the Center?

- ❍ Yes — 88.5%
- ❍ No — 9.8%
- ❍ *MISSING* — 1.8%

B5. Can customers and potential customers find information about your Center or access your services on the Web?

- ❍ Yes — 94.7%
- ❍ No — 1.9%
- ❍ Don't Know — 1.9%
- ❍ *MISSING* — 1.5%

B6. Does the website for your Center have? *(Check all that apply.)*

- ❍ Text descriptions of graphics or pictures **60.3%**
- ❍ Equivalent alternatives for information presented in audio or video formats **30.7%**
- ❍ Online forms that can be filled out using assistive technology **30.8%**

B7. How does your Center determine whether or not a customer or prospective customer has a disability? *(Check all that apply.)*

- ❍ All customers are asked whether they have a disability when they register/enroll **47.6%**
- ❍ A customer/potential customer identifies him or herself as a person with disabilities **.4%**
- ❍ Through a referral from another agency or disability service organization **81.1%**
- ❍ Based on staff judgment **26.5%**
- ❍ Through an assessment process used with all customers receiving services **44.3%**
- ❍ Through an assessment process used with select individuals **12.4%**

Service Delivery

B8. During the service planning process, does Center staff offer customers accommodations when completing skills assessments or other planning activities?

- ❍ Yes, to all customers, whether or not they seem to need them **12.0%**
- ❍ Yes, to all customers who are known to have a disability **37.6%**
- ❍ Yes, to customers who seem to need them, based on staff observation **17.5%**
- ❍ Staff only provides accommodations when customers ask for them **29.4%**
- ❍ No, staff does not offer accommodations for skills assessments or service planning activities **1.6%**
- ❍ *MISSING* **1.9%**

B9. In service planning with individual customers, how are strategies for overcoming disability-related barriers addressed? *(Check all that apply.)*

- ❍ Staff informally reviews strategies for overcoming disability-related barriers with customers **50.4%**
- ❍ Staff record strategies for overcoming disability-related barriers in their case notes **39.2%**
- ❍ Staff use a planning tool such as an Individual Employment Plan to incorporate strategies for overcoming disability-related barriers **69.6%**
- ❍ We do not discuss strategies for overcoming disability-related barriers with customers **8.4%**
- ❍ *MISSING* **1.9%**

B9a. How often are strategies for overcoming disability-related barriers discussed after they have been developed? *(Check all that apply.)*

- ❍ Strategies for overcoming disability-related barriers are discussed when customers reach specific employment or training-related milestones **76.6%**
- ❍ Strategies for overcoming disability-related barriers are discussed on a regular basis **41.6%**
- ❍ Strategies for overcoming disability-related barriers are discussed as needed or as requested by the customer **62.0%**
- ❍ Staff does not discuss strategies for overcoming disability-related barriers after they have been initially developed **1.0%**

B10. If eligibility criteria for intensive services present a disability-specific barrier for someone, does your staff make modifications?

❍ Yes	**76.6%**
❍ No	**3.5%**
❍ Not applicable	**17.8%**
❍ *MISSING*	**2.1%**

B11. If eligibility criteria for WIA training services present a disability-specific barrier for someone, does your staff make modifications?

❍ Yes	**75.4%**
❍ No	**4.2%**
❍ Not applicable	**18.1%**
❍ *MISSING*	**2.2%**

B12. Which statement best describes how your Center works with other agencies and organizations to provide services and programs to people with disabilities?

❍ We mostly refer PWD out to other agencies and organizations with disability expertise	**32.8%**
❍ We mostly serve PWD at our Center, often working together with other agencies and organizations that serve PWD	**65.1%**
❍ We mostly serve PWD ourselves at our Center, rarely working with other agencies and organizations that serve PWD.	**1.3%**
❍ *MISSING*	**0.9%**

B13. Does your state's eligible training provider list include training providers that address the needs of people with disabilities?

❍ Yes	**62.0%**
❍ No	**2.1%**
❍ Do not know	**34.8%**
❍ *MISSING*	**1.2%**

B14. Is there an adequate supply of external training providers that address the needs of people with disabilities?

❍ Yes	**44.7%**
❍ No	**7.3%**
❍ We do not work with external training providers	**2.0%**
❍ Do not know	**44.6%**
❍ *MISSING*	**1.5%**

B15. Does your Center provide benefits counseling (e.g. SSI/SSDI, Medicaid, Medicare) as part of the Core Services offered to people with disabilities?

❍ Yes	**20.1%**
❍ No	**72.7%**
❍ Do not know	**6.6%**
❍ *MISSING*	**0.6%**

B15a. Who provides the benefits counseling to people with disabilities?

❍ Benefits counseling is provided by Center staff	**44.6%**
❍ Benefits counseling is provided by an offsite benefits	

counselor or other consultant or through partnerships	55.4%

B16. During the service delivery process, does your Center:	Yes	No	Do Not Know	Missing
a. Routinely ask all customers if they need accommodations or assistance?	32.9%	62.1%	3.4%	1.6%
b. Communicate instructions to customers for requesting reasonable accommodations and modifications?	84.8%	10.1%	3.3%	1.9%
c. Include supervisory staff members who know how to proceed if a PWD customer requests an accommodation?	85.6%	9.3%	3.6%	1.6%
d. Maintain or have ready access to personnel who can install, set-up and maintain adaptive equipment and materials?	72.6%	19.0%	6.7%	1.6%
e. Consult with organizations such as the Job Accommodation Network that provide assistance with job accommodations for PWD?	54.7%	22.5%	20.1%	2.7%

B17. How does your Center address confidentiality of disability information?	Yes	No	Do Not Know	Missing
a. All customers are asked in writing whether they have a disability.	52.1%	41.4%	4.0%	2.4%
b. Customers are informed that disclosure of a disability is strictly voluntary.	83.4%	9.3%	5.4%	2.0%
c. Customers are informed that information about their disability will be kept confidential.	92.3%	2.7%	3.2%	1.8%
d. Information concerning a person's disability is limited to staff who require this information.	92.6%	3.9%	1.9%	1.7%
e. If a customer needs help in filling out registration or intake forms, this is done one-on-one in an area that offers privacy.	87.5%	9.2%	2.1%	1.3%
f. Staff ask the customer's permission before discussing his or her disability with other individuals.	91.4%	2.5%	4.7%	1.5%
g. Staff discusses with PWD the pros and cons of talking about their disability with employers and/or potential employers.	75.4%	10.7%	11.6%	2.3%

Staff Training and Knowledge

B18. Does your staff receive training focused on any of the following subjects? *(Check all that apply)*	
a. Orientation to serving PWD for new employees	46.6%
b. Basic disability etiquette	76.3%
c. Procedures for arranging communication aids and services for PWD	60.1%
d. Specific employment strategies for PWD (e.g., supported employment, Ticket to Work, customized employment)	45.9%
e. How to help PWD use the assistive technologies currently available in your Center	61.9%

B19. Does your staff receive training focused on any of the following subjects? *(Check all that apply)*	
a. Knowledge of specific types of disabilities and implications for service delivery	37.0%
b. Application of "universal design" principles to Center programs and services	35.0%
c. Community resources and Center resources that can support PWD	80.3%
d. Avoiding assumptions about the capabilities of PWD when evaluating skills or job opportunities	60.0%
e. Emergency evacuation procedures for PWD	47.9%

Adaptive and Assistive Technology

B20. Does your Center have at least one computer work station(s) for PWD with:	Yes	No	Missing
a. A large monitor (at least 19") with a moveable mounting arm	65.7%	31.9%	2.4%
b. Screen enlargement capability	88.6%	10.0%	1.5%
c. Screen reading software	66.7%	29.2%	4.1%
d. Voice output capability	64.1%	30.8%	5.2%
e. Large keyboard caps and keyboard orientation aids	62.5%	33.0%	4.5%
f. Word prediction software	37.6%	53.4%	9.3%
g. A height adjustable table	65.8%	31.2%	3.0%

B21. Does your Center have a hands-free speaker phone with large keypad available for customers with visual impairments or limited hand use?

❍ Yes	39.0%
❍ No	52.1%
❍ Do not know	7.8%
❍ *MISSING*	1.1%

Involvement of People with Disabilities at the Center

B22. Are PWD involved in your Center in any of the following ways?	Yes	No	Do Not Know	Missing
a. PWD are consulted to help identify accessibility issues at your Center.	32.4%+	43.4%	21.5%	2.7%
b. PWD are consulted to help resolve accessibility issues at your Center.	31.4%+	43.9%	21.8%	2.9%
c. One or more PWD sit on the WIB or Center governing team.	21.2%	20.3%	54.1%	2.4%
d. PWD serve as advisors to Center staff regarding Center operations.	18.0%	48.5%	30.6%	3.0%

Addressing the Needs of People with Disabilities with Specific Disabilities

B23. For customers who are deaf or hard of hearing, does your Center provide:	Yes	No	Do Not Know	Missing
a. Staff that is familiar with how to use telephone or web-based options for communicating (e.g., telephone relay service, TDD/TTY)?	80.4%	13.5%	4.7%	1.3%
b. Staff that is familiar with the etiquette of a text-based telephone call?	61.9%	23.2%	13.3%	1.6%
c. Technology-based options available for customers to ***call into*** your Center?	56.6%	25.1%	16.2%	2.1%
d. Technology-based options for customers to make ***outgoing calls*** from your Center?	58.2%	26.1%	13.4%	2.3%
e. Sign language interpreters?	52.0%	38.8%	7.1%	2.1%
f. Portable Assistive Listening Devices	30.9%	51.8%	14.4%	3.0%
g. Computer Assisted Real-Time (CART) captioning?	17.5%	51.1%	27.7%	3.7%
h. Information in writing that is otherwise presented orally?	72.9%	17.0%	8.4%	1.7%

B24. For customers who are blind or visually-impaired, does your Center provide :	Yes	No	Don't Know	Missing
a. Materials in accessible formats (e.g., Braille, large print, audio recorded)?	46.5%	42.6%	9.6%	1.3%
b. DVDs/videos with audio descriptions?	26.9%	55.4%	15.3%	2.4%

B25 For customers with cognitive and/or psychiatric disabilities, does your Center provide:	Rarely or not at all	Some of the time	Most of the time	Always	Missing
a. Assistance with the completion of forms?	7.5%	16.9%	24.9%	49.6%	1.2%
b. A quiet environment for reading?	12.4%	17.4%	29.0%	39.6%	1.6%

B26. Does staff present information so that it is understandable to people with different cognitive abilities?

- ❍ Yes **84.5%**
- ❍ No **3.9%**
- ❍ Do not know **9.5%**
- ❍ *MISSING* **2.2%**

B27. Do staff members offer breaks or the option to continue the session on another day, if needed?

- ❍ Yes **87.5%**
- ❍ No **4.4%**
- ❍ Do not know **6.3%**
- ❍ *MISSING* **1.9%**

B28. For customers with speech impairments, do staff members at your Center:	Yes	No	Don't Know	Missing
a. Repeat back to a customer what he or she has just said as a way to check their understanding?	87.1%	2.6%	8.8%	1.6%
b. Ask questions that require only short answers or a nod of the head?	84.0%	4.0%	10.1%	2%
c. Offer customers the option to respond to a question in writing or on a computer?	85.6%	4.4%	8.1%	1.9%
d. Ask the customer if there is someone who could interpret on the customer's behalf, if other efforts fail?	88.5%	3.4%	6.3%	1.9%

SECTION C. PHYSICAL ACCESSIBILITY

Parking

C1. Is parking available for AJC customers on the street or in local parking lots/garages?

- ❍ Yes — **98.0%**
- ❍ No — **1.1%**
- ❍ *MISSING* — **0.9%**

C1a. Are disability accessible parking spaces marked with an upright sign? [Include picture of ISA on post]?

- ❍ Yes — **90.1%**
- ❍ No — **5.5%**
- ❍ *MISSING* — **3.9%**

C1b. Are the disability accessible parking spaces the ones closest to the main entrance of the building?

- ❍ Yes — **84.1%**
- ❍ No — **5.0%**
- ❍ *MISSING* — **10.9%**

C1c. Do you have a van accessible parking space *identified by a sign that says "VAN ACCESSIBLE?"*

- ❍ Yes — **59.0%**
- ❍ No — **36.8%**
- ❍ *MISSING* — **4.2%**

Exterior Accessible Routes

C2 Are there any steps on the route to the facility entrance from the following areas?	Yes	No	Not Applicable	Missing
a. Center or public parking area	20.0%	75.7%	2.7%	1.6%
b. Public transportation	17.5%	58.3%	22.3%	1.9%
c. Public sidewalk	23.4%	64.3%	10.6%	1.8%

C3 Is the route to the facility entrance from the following areas stable, firm and slip resistant?	Yes	No	Not Applicable	Missing
a. Center or public parking area	93.6%	3.9%	1.5%	1.1%
c. Public transportation	68.5%	5.4%	24.2%	1.9%
d. Public sidewalk	81.3%	4.7%	12.1%	1.9%

C4. Does your Center have at least one ramp that allows access to the main entrance of your Center?

- ❍ Yes — **74.5%**
- ❍ No — **23.6%**
- ❍ *MISSING* — **1.92%**

C4a. Are all ramps at least 36" wide?

- ❍ Yes — **72.9%**
- ❍ No — **0.2%**
- ❍ N/A — **26.9%**

C5. Is there an entrance other than the main entrance that is accessible for people with disabilities?

- ❍ Yes — **13.9%**
- ❍ No — **11.3%**
- ❍ N/A — **74.8%**

C6. Is there an International Symbol of Accessibility [] located at the accessible entrance(s)?

- ❍ Yes — **81.1%**
- ❍ No — **17.2%**
- ❍ *MISSING* — **1.7%**

C7. Is there at least one entrance with a power operated door that either opens automatically or operates by a push button that is easy to reach?

- ❍ Yes — **57.0%**
- ❍ No — **41.6%**
- ❍ *MISSING* — **1.33%**

Interior Accessible Routes

C8. Can PWD get from the Center entrance to the following areas inside your Center without obstructions? (Without staff needing to move furniture or equipment?)	Yes	No	Not Applicable	Missing
a. Toilet facilities	96.7%	1.0%	1.3%	1.0%
b. Resource/computer room	97.1%	1.6%	0.5%	0.7%
c. Training/meeting room	95.4%	1.6%	2.4%	0.6%
d. Other public areas	94.5%+	0.7%	3.3%	1.6%

Emergency Evacuation Systems

C9. Does your Center have an emergency alarm system with audio and visual signals (e.g., loud bells and flashing lights) that notifies customers of an emergency?

- ❍ Yes — **66.4%**
- ❍ No — **32.0%**
- ❍ *MISSING* — **1.6%**

Public Areas

C10. Without moving any furniture, is there space in the reception or waiting area for a person seated in a wheelchair or electric scooter to maneuver?

- ❍ Yes — **95.5%**
- ❍ No — **1.9%**
- ❍ *MISSING* — **2.7%**

C11. Does your Center have a lowered counter or some other way that people with disabilities can sign-in/register?

- ❍ Yes **82.9%**
- ❍ No **15.6%**
- ❍ *MISSING* **1.5%**

Restrooms

C12. Do all accessible toilets (men's, women's, unisex) have <u>both</u> side and rear grab bars?

- ❍ Yes **75.7%**
- ❍ No **21.5%**
- ❍ N/A **2.8%**

C13. Do all accessible toilets have the flush handle positioned away from the side wall? [Picture suggested here]

- ❍ Yes **76.3%**
- ❍ No **19.4%**
- ❍ N/A **4.3%**

C14. Do all restrooms have a faucet that is lever-held or automatic?

- ❍ Yes **67.2%**
- ❍ No **30.3%**
- ❍ *MISSING* **2.5%**

Elevators

C15. When entering your Center, customers use:

- ❍ Stairs only **3.2%**
- ❍ Elevators only **1.9%**
- ❍ Both stairs and elevators **13.5%**
- ❍ Neither stairs nor elevators **79.7%**
- ❍ *MISSING* **1.8%**

C15a. Is there a sign with raised letters and Braille on each side of the elevator door jamb?

- ❍ Yes **12.1%**
- ❍ No **3.0%**
- ❍ N/A **85.0%**

C15b. Do all the floor buttons on the control panel inside the elevator have both raised characters and Braille?

- ❍ Yes **12.7%**
- ❍ No **2.3%**
- ❍ N/A **85.1%**

SECTION D. OVERALL CENTER ACCESSIBILITY

D1. Please rate your Center as to its level of accessibility for each of the following dimensions:	Completely Inaccessible			Fully Accessible	Missing
a. Overall Accessibility	① 1.7%	② 4.8%	③30.6%	④61.8%	1.2%
b. Programmatic (Service Delivery) Accessibility	① 2.4%	② 8.1%	③35.2%	④53.0%	1.3%
c. Communication Accessibility	① 2.9%	②15.8%	③43.3%	④36.9%	1.2%
c. Physical Accessibility	① 1.7%	② 4.7%	③24.0%	④68.5%	1.1%

D2 Has your Center ever received any suggestions for improvement or complaints about its accessibility in any of the following areas?	01 Have Not Received Any Suggestions or Complaints	02 Have Received At Least One Suggestion or Complaint	03 Have Received More Than One Suggestion or Complaint	Missing
a. Overall Accessibility	85.4%	11.2%	1.2%	2.1%
b. Programmatic (Service Delivery) Accessibility	82.8%	12.7%	2.3%	2.2%
C Communication Accessibility	85.3%	11.3%	0.9%	2.5%
d. Physical Accessibility	89.4%	7.32%	1.0%	2.4%

D3. Does your Center have a mobile unit?

- ❍ Yes 5.8%
- ❍ No 86.0%
- ❍ Do not know 6.8%
- ❍ *MISSING* 2.4%

D3a. Please rate the accessibility of your mobile unit. Please use a scale of 1 to 4, with 1 being completely inaccessible and 4 being full accessible.

①12.7% ②11.4% ③16.5% ④59.5%

D3b. If the mobile unit has one or more computer workstations, does at least one have adaptive technology for people with disabilities?

- ❍ Yes 69.6%
- ❍ No 24.1%
- ❍ Our mobile unit(s) does not have computer work stations 5.1%
- ❍ *MISSING* 1.3%

D3c. If the mobile unit has training equipment, is it accessible for people with disabilities?

- ❍ Yes 46.8%
- ❍ No 6.3%
- ❍ Our mobile unit(s) does not have training equipment 44.3%
- ❍ *MISSING* 2.5%

SECTION E. ADDITIONAL INFORMATION ABOUT THE AJC

AJC Customer Information

Customers served (no duplicates)		Mean	Median	Missing
E.1	Customers served at your center last reporting year	15,943	5,710	2.7%
E1.a	Percentage of customers who received *supportive* services?	27.8%	12.0%	14.7%
E1.b	Percentage of customers who received WIA *intensive* services?	24.6%	13.0%	14.7%
E1.c	Percentage of customers who received WIA *training* services?	18.4%	6.0%	14.7%

Customers with disabilities		Mean	Median	Missing
E.2	Number of customers who disclosed a disability?	888	186	4.4%
E2.a	Percentage of customers with disabilities who received *supportive* services	30.0%	16.5%	19.3%
E2.b	Percentage of customers with disabilities who received WIA *intensive* services?	28.8%	18.0%	20.0%
E2.c	Percentage of customers with disabilities who received WIA *training* services?	27.8%	15.0%	20.2%

Veterans with disabilities		Mean	Median	Missing
E.3	Number of customers identified as veterans with disabilities?	487	107	17.0%

APPENDIX E: SAMPLING AJCS FOR SITE VISITS

To select AJCs for in-person data collection, we used a stratified random sampling approach among both survey completers and non-responders to ensure that the AJCs we visited were representative of AJC type (comprehensive and affiliate), urbanicity (urban and non-urban), and responsiveness to the online survey. The AJC type was pulled directly from the AJC information file provided to IMPAQ by DOL/ETA. Urbanicity was determined using the AJC latitude and longitude included in the same file. Using these coordinates, we mapped each AJC. We then overlaid AJC locations on boundaries of Census urban areas.[1] AJCs that fell within a Census-defined urban area were categorized as urban, and those that fell outside these boundaries were categorized as non-urban. We then created four strata of Centers, accounting for each combination of AJC type and urbanity.

Within each strata, the number of AJCs selected for site visits was proportionate to their representation among survey completers or non-responders, respectively. Exhibit 1 illustrates the total number of AJCs in each strata.

Exhibit 1: AJCs by Strata

AJCs	Comprehensive/ Urban	Comprehensive/ Non-Urban	Affiliate/ Urban	Affiliate/ Non-Urban	TOTAL
Survey Completers					
Web Survey	36.3% (n=491)	37.6% (n=509)	8.0% (n=108)	18.0% (n=244)	1,352
Site Visits	35.7% (n=25)	37.1% (n=26)	8.6% (n=6)	18.6% (n=13)	70
Survey Non-Responders					
Web Survey	30.7% (n=338)	31.0% (n=341)	13.9% (n=153)	24.4% (269)	1,101
Site Visits	30.0% (n=9)	30.0% (n=9)	13.3% (n=4)	26.7% (n=8)	30
Total					
Web Survey	33.8% (n=829)	34.7% (n=850)	10.6% (n=261)	20.9% (n=513)	2,453
Site Visits	34.0% (n=34)	35.0% (n=35)	10.0% (n=10)	21.0% (n=21)	100

First Round of Sampling. We selected AJCs for site visits in two rounds. We began the first round of sampling approximately one month after we fielded the survey. Starting the sampling process at this point enabled researchers to begin conducting visits and ensure that the in-person data collection did not extend too far beyond the end of the survey-fielding period.

[1] https://www.census.gov/geo/reference/ua/urban-rural-2010.html

The first round of sampling focused only on those AJCs that had completed the web survey since it was still possible for non-responders to complete it later. In this first round, we planned to select enough AJCs to enable researchers to conduct a substantial number of visits. However, to ensure that there was sufficient representation from late responders and that the distribution of AJCs across strata would be proportionate to the final number of survey responses, we attempted to select only about 75 percent of the total number of projected completing AJCs. This equated to 48 Centers distributed proportionately to survey completers across each of the 4 strata.

To select specific AJCs for visits, we assigned a random number to each AJC that had completed the survey. Within each strata, we sorted AJCs according to this random number and selected the appropriate number of AJCs in each strata, moving sequentially down the sorted list.

For those AJCs that we selected for visits, we called the director and described the site visit process, how data collection would complement the survey data we had already collected, and requested participation. If an AJC's director refused to participate or we were unable to reach a director after multiple attempts, we called the next AJC on the randomly ordered list.[2]

Second Round of Sampling. We began the second round of sampling soon after the survey period ended. In this round, we first identified the final proportion of AJCs that responded to the survey within each of the four stratification categories. We then calculated the total number of responding AJCs we would need to visit within each strata and subtracted those already selected for visits in the first round of sampling.[3] For survey completers, we then followed the selection process used in the first round of sampling. This entailed sorting Centers using the random number and recruiting the appropriate number of agreeing Centers in each strata.

To identify the 30 non-responding AJCs for site visits, we first calculated the number of AJCs to be selected within each strata based on the proportion that did not respond to the Web survey. We then assigned a random number to each non-responding AJC and used it to sort the AJCs within each strata. We then selected the appropriate number of sites within each strata, moving down the list ranked by random number. We proceeded to call the directors at each of these AJCs. If the director declined to participate or we were unable to reach the director after continued attempts, we moved to the next AJC on the list until we had recruited enough Centers.

[2] In the first round of sampling, there were 7 Centers that had agreed to participate but we were unable to actually visit. These Centers were replaced in the second round of sampling.

[3] In identifying Centers for site visits from among those that had responded to the survey, we controlled for the fact that some AJCs had completed the survey early in the fielding period and had 2 chances to be selected for a site visit; once in the first round of sampling and again in the second round (if they were not selected in the first). To address this, those Centers that were present only in the second round of sampling or were partial completes counted as completers were assigned a weighted random number. Centers that had an opportunity to be selected in the first round were assigned an unweighted random number. AJCs were then ranked on these numbers from highest to lowest. This process increased the chances of selection for those Centers not included in the first round.

APPENDIX F: SITE VISIT PROTOCOL

Note to site visitors: This discussion guide is formatted to help interviewers locate and recognize key information quickly. In this Word version of the discussion guide, notes and instructions for site visitors are in italics. In particular:

- *Some questions are followed by PROBES which should be asked in order to provide additional detail or context for a better understanding the center's accessibility.*
- *Items that site visitors must be prepared to respond to for completing the site visit team's site survey are indicated by a ○.*
- ***If there is a decision needed*** whether to ask a specific question depending on answers to previous questions, that is indicated by ***** Bold Italics***.
- *At the start of each question/subquestion you'll see the corresponding survey question number(s). This will help you relate your discussion materials back to the survey, when your site visit team develops a team survey response after your visit.*

3. Study Background

[Below are suggested introductory remarks. While it is not necessary to follow this as a script, it is important that you cover all of the main points contained here.]

I work for _____, and we are evaluating the accessibility of American Job Centers for people with disabilities. The U.S. Department of Labor's Chief Evaluation Office contracted with us and our partners to conduct this study. You may recall that we previously requested that your Center complete an online survey on the subject.

As part of our study, we will be interviewing selected managers and staff at your AJC to understand the experience at your Center for people with disabilities. We will be assessing the programmatic, communication, and physical accessibility of the AJC system for individuals with all types of disability – physical, visual, hearing, emotional, cognitive, etc.

This is not a "gotcha" situation, and it is not an audit for compliance with laws and regulations regarding accessibility for American Job Centers. Rather, the purpose of the study is to paint a broad picture about the degree to which American Job Centers as a whole are accessible to PWD, as well as to provide information on the kinds of technical assistance AJCs might need to improve access to services for PWD. I will be asking about a lot of different possible approaches to accessibility. We do not expect centers to be doing **all** of these things. Some of the questions might ask you about things you don't know about and that's OK.

Everything that we discuss during this interview will be kept **confidential and used only for purposes of this study.** This means that your responses will not be shared with USDOL or anyone else in any way that could identify you or the Center. Before we begin, do you have any questions about the purpose of the evaluation or our confidentiality policy?

To start, do you mind if we tape record our session? This will help if we need to go back to make sure we captured the full discussion.

1. Respondent Background

1.1 ALL What is your position at the Center?

PROBES:
- Official job title
- Official roles
- Unofficial roles

1.2 ALL How long have you been working in workforce development?

1.3 ALL How long have you been working at this Center?

1.4 ALL How long have you been the [title]?

1.5 ALL What other positions have you held here?

***** If Respondent is/has been some kind of disability services specialist**. . .*
- Job responsibilities associated with outreach
- Job responsibilities associated with inter-agency collaboration
- Job responsibilities associated with service delivery
- Length of time in role
- Background and/or training associated with PWD.

2. Center Structure/Services

2.1 (A3) DIRECTOR Who is the AJC operator?

***** If not obvious from the response, ask if the operator is. . .***
- ◯ A government entity (e.g. county or special district) or consortium
- ◯ A private non-profit organization or consortium
- ◯ A private for-profit organization or consortium
- ◯ A "mixed" consortium of government and private entities
- ◯ Other -- Please specify: _____

2.2 (A4) DIRECTOR What services are offered ***on-site***?

Ask about any of these not mentioned by the respondent:

- ◯ WIA Core Services *[Respondent may refer to Core being Wagner-Peyser-funded]*
- ◯ WIA Intensive Services
- ◯ WIA Training Services
- ◯ Wagner-Peyser Services *[OK to accept if respondent says this is the same as WIA Core. Note if respondent says Center has WP services in addition to WIA Core.*]
- ◯ Jobs for Veterans State Grants
- ◯ AJC Partner Services (e.g., other Veteran's Services, Unemployment Insurance)
- ◯ Supportive Services (e.g., vouchers for transportation, child care, work clothes)

PROBES:

- Does WIA Core include job search workshops and resume help, or are those considered intensive services?
- What other programs are offered on-site (including TANF, Pell Grants, community college programs, prisoner re-entry programs, Job Corps, Adult Ed, ESL classes, etc.)?

2.3 DIRECTOR, OTHER Has there been an accessibility review? If so, when? Who participated in the review? What instrument was used? *Examples of accessibility review: Virginia's certification process, or DOL's Civil Rights Center (based on a complaint).*

2.4 (A7) DIRECTOR, VR Does your Center have a disability services specialist (DPN, DRC, etc.)?

Ask about any of these not mentioned by the respondent:

- ◯ Disability Program Navigator
- ◯ Disability Resource Coordinator
- ◯ Disability services specialist *[OK to accept "TTW specialist" here IF respondent offers this response, but don't assume/suggest this otherwise.]*
- ◯ Specialist for veterans with disabilities
- ◯ None of the above

****If the Center has any of these specialists*:** What does that person do?

PROBES:

If position is vacant - how long vacant? How long before filled? Are there other staff filling in this role in the meanwhile? *[If vacant for total of 3 months, then vacant.]*

2.5 DIRECTOR Does the Center focus on specific populations (such as Vets, a specific industry, etc.)?

2.6 (A5) DIRECTOR, VR Are Vocational Rehabilitation (VR) services offered to PWD at your Center location?

PROBES:
- How much time does the VR counselor spend here?
- Does VR staff have their own designated space at the center?
- Is VR under an Order of Selection?

2.7 (A5) DIRECTOR, VR Are VR counselors considered to be co-located with your Center?
*Note: here we are interested in what **they** consider to be co-located.*

2.8 DIRECTOR, STAFF, VR Aside from referrals, does the Center coordinate other services or activities with VR?

PROBES:
- Has VR provided training to AJC staff about serving PWD?
- Have they participated in an accessibility review of the Center?
- Does the Center collaborate with VR on job accommodations?
- Interpreter services?
- Assistive technology?

2.9 DIRECTOR, VR Does the AJC work with your VR agency in the Ticket-to-Work program? VR

2.10 (A6) DIRECTOR, STAFF, VR Is your AJC an Employment Network (EN) in the Ticket-to-Work program?

***If yes*: (A6a) Is the AJC currently accepting tickets?
***If no, but the state, workforce region, or LWIB for the AJC is an EN*: Is the AJC currently accepting tickets?

[If they are not currently accepting tickets but have accepted them in the past, find out why they are not accepting them now.]

***If no workforce EN*: (A6b) Does the AJC work with another local EN?

2.11 (A8) DIRECTOR, OTHER Does your Center provide benefits counseling for service disabled veterans (e.g., VA Benefits, VRE, Veterans' disability compensation)?

3. Initial Customer Contact

I'd like now to ask you about your Center's communication with customers and your service delivery process.

3.1 (B1) DIRECTOR, STAFF, OTHER First, does your Center conduct any kind of outreach to individuals seeking employment services? You may refer to this reaching out as

"advertising" or "marketing." When we say outreach we are thinking of materials as well as activities like career fairs.

[It's not important to know exactly when the most recent outreach was conducted – just in general (recent or a long time ago). If the Center is not doing outreach now, have they done so recently? ***We are looking at WIA/Wagner-Peyser focused outreach. This might be from the state or local level. VR and Vets outreach doesn't count.***

If center doesn't do outreach but says the state, region or L-WIB does, count that as a "yes" and ask outreach questions]

****If the AJC does any kind of outreach:***

3.2 (B2) DIRECTOR, STAFF, OTHER When your Center conducts outreach:
[Be prepared to rate each of these on a 4-point scale: 1. Rarely or not at all, 2. Some of the time, 3. Most of the time, 4. Always]

- ◯ Do you provide information about alternative ways to contact you? These might include email, an accessible website, a TDD/TTY number, a telephone relay service, etc.
- ◯ Do you indicate whether assistive technology for PWD is available?
- ◯ Do you indicate whether communication aids and services for PWD are available?
- ◯ Do you include images or language about PWD receiving services together with other customers?
- ◯ Do you consult with disability and other stakeholder groups about how to improve outreach to PWD?

[Note: These are not part of B2 or B3:]

- ◯ Do you describe types of accommodations available?
- ◯ Do you describe the architectural/physical accessibility of Center facilities?
- ◯ Do materials containing driving directions also include public transportation options for individuals who do not drive (including on the Center website)?
- ◯ Do you make note of PWDs' right to meaningful participation in Center services?
- ◯ Do you advertise in media that reaches people with different types of disabilities?
- ◯ Do you send notices about Center activities to community groups, organizations, and associations that PWD participate in?

3.3 (B3) ALL Could you please describe what a potential customer's initial contacts with the Center are like? We'd like to know about the experience for all customers, whether they're identified as having a disability, or not.

[Note: the following three items are not part of B3.)

- ◯ Is the initial contact typically in-person, online, or on the phone?

◯ Is there some kind of registration or sign-up procedure that a person new to the Center goes through?
◯ How easy is it for PWD to reach the Center via public transportation?

(B3) *[Note: the following items are part of B3]*
◯ Are ***all*** customers provided with information on Center services and programs for PWD when they first interact with your Center?
◯ Are ***all*** customers provided with information on how to seek accommodations and communication aids and services?
◯ Are ***all*** customers offered assistance in filling out forms and application materials?

3.4 (B5) DIRECTOR, STAFF Can customers and potential customers find information about your Center or access your Center services online?

****If the AJC has a Website** *[include Center Website produced by the LWIB, region, or state]*:
- Can you describe what kind of information and services are available online?
- Can you support individuals who are not knowledgeable about, comfortable with, or able to use computers? How?

3.5 (B6) DIRECTOR Does the website have:

◯ Text descriptions of graphics or pictures?
◯ Equivalent alternatives for information presented in audio or video?
◯ Online forms that can be filled out using assistive technology?

3.6 (B7) DIRECTOR, STAFF, OTHER How does your Center determine if a customer or prospective customer has a disability?

***PROBES**:*
- Does staff expect PWD to identify themselves?
- If the AJC asks for this information, do they ask it of all customers, or just some?
- If the latter, how do you decide who to ask?
- Do you identify PWD through records or databases shared by social services programs in the area?
- Referrals from another agency or organization
- Based on staff judgment
- An assessment used with all customers receiving [intensive] services – If so, how does this assessment help identify PWD?
- With select individuals? – If so, how are these individuals selected?

(B7) *[Be prepared to code the following:]*

- ◯ All customers are asked whether they have a disability when they register/enroll
- ◯ A customer/potential customer identifies him or herself as a PWD
- ◯ Through a referral from another agency or disability service organization
- ◯ Based on staff judgment
- ◯ Through an assessment process used with all customers receiving [intensive] services
- ◯ Through an assessment process used with select individuals

4. Service Delivery

I'd like to ask you a few questions about the service delivery process. Please describe what happens when a new customer comes to your Center for services. We'd like to learn how your service delivery works in general, and how a customer who has been identified as having a disability is served at your Center.

4.1 ALL First, if a new customer is identified as a PWD, do they typically then go through the regular process of signing up for services at your AJC?

[Note whether they say they refer some or all PWD to other agencies and organizations that specifically serve PWDs instead of serving them through WIA or WP. If all PWD are referred out for services, proceed with asking the remaining service delivery questions as best you can.]

4.2 DIRECTOR, STAFF Please describe the service planning process. What kinds of assessments might you do?

PROBE: Do you create Individual Employment Plans (IEPs)? If so, how often?

4.3 (B8) ALL Does Center staff offer customers accommodations when completing skills assessments or other service planning activities?

PROBES:

- At what point in the process are accommodations offered?
- Are examples of possible accommodations provided or does staff just ask whether individuals need accommodations in general?
- What are some examples of accommodations that have been provided to customers who may have difficulty completing assessments or other service planning activities?

Be prepared to code the following:
Are accommodations offered…

- ◯ To all customers, whether or not they seem to need them
- ◯ To customers who are known to have a disability
- ◯ To customers who seem to need them based on staff observation
- ◯ Only to customers who ask
- ◯ Staff does not offer accommodations *[they assume people will ask for what they need]*

4.4 (B9) DIRECTOR, STAFF, VR Does Center staff explicitly consider strategies for overcoming disability-related barriers when doing service planning?

PROBES: Do staff….

- ◯ Informally review strategies with customers?
- ◯ Record strategies in their case notes?
- ◯ Use a planning tool such as an Individual Employment Plan to incorporate strategies?
- ◯ Not discuss strategies for overcoming disability-related barriers with customers

****If the AJC does IEPs or other service plans:** ask about examples of specific strategies that might be used, what the procedures are for reviewing IEPs, and whether supportive services used to help overcome barriers to training or job search.*

4.5 (B9a) DIRECTOR, STAFF How often do you discuss or review these strategies for overcoming disability-related barriers? Do you track services or outcomes for customers with disabilities? Do you track barriers and accommodations provided?

- ◯ Strategies for overcoming disability-related barriers are discussed when customers reach specific employment or training-related milestones.
- ◯ Strategies for overcoming disability-related barriers are discussed on a regular basis.
- ◯ Strategies for overcoming disability-related barriers are discussed as needed or as requested by the customer
- ◯ Staff does not discuss strategies for overcoming disability-related barriers after they have been initially developed.

4.6 (B10) DIRECTOR, STAFF If eligibility criteria for intensive services present a disability-specific barrier for someone, does your Center staff make modifications?

For example, a center may decide to waive the requirement to attend their standard orientation session, if center staff collaborate with the referring agency to ensure they provide individuals being referred with an overview of AJC services. Or, a center may waive a traditional literacy/skills assessment for an individual with a cognitive disability.

PROBE:
- Can you provide examples of the types of change that they might make?

4.7 (B11) DIRECTOR, STAFF If eligibility criteria for training services present a disability-specific barrier for someone, does your staff make modifications?

For example, there are training programs that may require participants to be able to lift 50 pounds, or have a valid driver's license - these requirements might be waived if not necessary for all of the jobs the program might train for.

PROBE:
- Can you provide examples of the types of change that they might make?

4.8 DIRECTOR, STAFF Are services for PWD provided in the same setting as other customers, or are some services provided to PWD in a setting separate or different from other customers?

PROBES: [*Be aware that this is a sensitive area.*]
- If they do have separate or different programs or activities for PWD, why is that?
- Do they offer PWD the opportunity to participate in the "regular" Center programs and activities despite the existence of these separate programs?
- Under what circumstances do customers with disabilities participate in separate versus "regular" programs?

4.9 (B12) DIRECTOR, STAFF, OTHER Tell me about how your Center works with other agencies and organizations to provide services and programs to PWD.

PROBES:
- What disability services organizations in the community do you partner with?
- Which agencies refer clients to you?
- To which agencies do you refer customers with disabilities for services?
- Do you refer jobseekers with disabilities to an agency such as Vocational Rehabilitation **instead of** serving them with WP or WIA services?
- What kinds of services do you provide directly to PWD here at the Center vs. refer to other agencies for?
- To what extent do you work collaboratively in serving individual customers?
- Do you use Integrated Resource Teams (where caseworkers from different agencies collaborate to leverage resources for individual customers with disabilities)?

When we say 'refer out' here, we mean outside of WIA and WP. Be prepared to code whether the center mostly refers out, mostly serves at center (often working with other orgs), or mostly serves at the center, rarely working with other orgs.

- ◯ We mostly refer PWD out to other agencies and organizations with disability expertise. B13
- ◯ We mostly serve PWD at our Center, often working together with other agencies and organizations that serve PWD. B13
- ◯ We mostly serve PWD ourselves at our Center, rarely working with other agencies and organizations that serve PWD. B13

4.10 DIRECTOR, STAFF Does your Center contract with external providers? For which services?

PROBE: Do the external training providers with whom you contract adequately address the needs of PWD?

4.11 (B13, B14) DIRECTOR Does the state's Eligible Training Provider list include training providers that address the needs of PWD? Do you feel there is an adequate supply of training resources available to PWD that you can contract with or refer to?

PROBE: Do reimbursements to external training providers take into consideration the costs of providing accommodations, communication aids, and services to PWD?

4.12/4.13
(B15) DIRECTOR, STAFF Does your Center provide benefits counseling (e.g. SSI/SSDI, Medicaid, Medicare) as part of the Core Services offered to PWD?

If so: Who provides the benefits counseling to PWD?
- Center staff?
- An outside benefits counselor or other consultant?
- Both?

Note whether benefits counseling is offered other than as Core Services, e.g., as part of intensive or training services.

4.14 (B16) DIRECTOR, STAFF Could you please describe PWD access to core, intensive and training services? Are there any specific barriers to programs or activities that limit access for PWD?

[Note: What we really want to know is how does the Center ensure that customers with disabilities have an opportunity for meaningful participation in Center programs and that staff and services do not discriminate on the basis of disability? How do they provide accommodations to ensure that PWD have equal opportunities to access the full range of services?]

Does the Center staff:

- ◯ Routinely ask all customers, not just those with disabilities, if they need accommodations or special assistance
- ◯ Communicate clear instructions to customers for requesting reasonable accommodations and modifications
- ◯ Consult with organizations such as the Job Accommodation Network or VR that provide assistance with job accommodations for PWD
- ◯ Does the center have supervisory staff members who know how to proceed if a PWD customer requests an accommodation? **PROBE:** Does this include determining whether a requested accommodation is reasonable? Access to funds to pay for accommodations?
- ◯ Maintain or have ready access to personnel who can install, set-up and maintain adaptive equipment and materials?

4.15 (B17) DIRECTOR, STAFF, OTHER Now we want to ask how your Center addresses confidentiality of disability information. Are all customers asked in writing whether they have a disability?

4.16 (B17) DIRECTOR, STAFF, OTHER Are customers informed both verbally and in writing that disclosure of a disability is strictly voluntary?

PROBE: How? Verbally? In writing?

4.17 (B17) DIRECTOR, STAFF, OTHER Are customers informed that information about their disability will be kept confidential? Can you tell me about the process?

4.18 (B17) DIRECTOR, STAFF, OTHER Is information concerning a person's disability limited to staff who require this information? Can you tell me about the process?

4.19 (B17) DIRECTOR, STAFF, OTHER If a customer needs help in filling out registration or intake forms, is this done one-on-one in an area that offers privacy?

4.20 (B17) DIRECTOR, STAFF, OTHER Does staff obtain the customer's permission before discussing his or her disability with other individuals? Can you tell me about the process?

4.21 (B17) DIRECTOR, STAFF, OTHER Do staff discuss with PWD the pros **and** cons of talking about their disability with employers and/or potential employers? Can you tell me about the process?

4.22 (B18, B19) ALL Does the staff receive training focused on any of the following subjects? Please tell me about it, including how often that training is offered.

◯ Orientation to serving PWD for new employees *[ADA orientation/compliance training does not count]*
◯ Basic disability etiquette
◯ Procedures for arranging communication aids and services for PWD
◯ Specific employment strategies for PWD (e.g., supported employment, TTW, customized employment)
◯ How to help PWD use the assistive technologies currently available in the Center
◯ Knowledge of specific types of disabilities and implications for service delivery
◯ Application of "universal design" principles to Center programs and services
◯ Community resources and Center resources that can support PWD
◯ Avoiding assumptions about the capabilities of PWD when evaluating skills or job opportunities
◯ Emergency evacuation procedures for PWD

PROBE: Is there an established emergency evacuation procedure that addresses the needs of people with mobility impairments? Is staff regularly trained in emergency evacuation procedures for people with disabilities?

◯ Other disability training? Please describe.

5. Adaptive and Assistive Technology

5.1 (B20) DIRECTOR, STAFF Does the Center have at least one computer workstation that provides accommodations for PWD that has:

◯ A large monitor (at least 19”) with a moveable mounting arm
◯ Screen enlargement capability
◯ Screen reading software
◯ Voice output capability (for people with visual disabilities and reading limitations, e.g., speakers/headphones)
◯ Large keyboard caps and keyboard orientation aids
◯ Word prediction software
◯ Height adjustable table

5.2 (B21) DIRECTOR, STAFF Does the Center have a hands-free speaker phone with large keypad available for customers with visual impairments or limited hand use?

5.3 DIRECTOR Does the Center regularly budget for adding, maintaining and updating assistive technology?

5.4 DIRECTOR, STAFF How often do customers make use of adaptive technology?

5.5 (B23) DIRECTOR, STAFF How many staff members are familiar with how to use it? Is there always someone available who knows how to use it?

5.6 DIRECTOR, STAFF How many workstations have adaptive technology? Given the size of the Center, is this an adequate number or do individuals with disabilities sometimes have to wait for one to become available?

5.7 DIRECTOR, STAFF Is adaptive technology readily available –set up ready to go, or is it put away when not in use and has to be requested?

6. Involvement of PWD at the Center

6.1 (B22) ALL Could you describe whether and how PWD are involved in Center planning or operations?

- ◯ Are PWD consulted to help identify accessibility issues at the Center?
- ◯ Are PWD consulted to help resolve accessibility issues at the Center?
- ◯ Does one or more PWD sit on the WIB and/or Center governing team?
- ◯ Do PWD serve as advisors to Center staff regarding Center operations?
- ◯ Are there PWD on staff who are involved in Center planning or operations?

7. Addressing the Needs of PWD with Specific Disabilities

7.1 (B23) DIRECTOR, STAFF What kind of supports do you have for customers who are deaf or hard of hearing?

PROBES:

- Have staff received training on how to use these communication aids?
- How many staff members know how to use them?
- How often do they typically get used?
- Are customers offered the option to write their response on paper or on a computer?

- ◯ Is the staff familiar with how to use telephone or web-based options for communicating (e.g., telephone relay service, TDD/TTY)?
- ◯ Is the staff familiar with the etiquette of a text-based telephone call?
- ◯ Does the Center have technology or web-based options available for customers to call in?
- ◯ Does the Center provide technology or web-based options for customers to make outgoing calls?
- ◯ Does the Center provide sign language interpreters? Are they state certified and licensed? Is it easy to get interpreters? How much time in advance do you need to schedule an interpreter? Can you find the kind of interpreters needed by individual consumers –i.e., not only American Sign Language but also Manually Coded English,

oral interpreting, etc? Is it expensive? How do you cover the cost? Does the need come up often?

◯ Does the Center provide Portable Assistive Listening Devices for customers?

◯ Does the Center provide Computer Assisted Real-Time (CART) captioning for customers?

◯ Is information presented orally also available in writing?

7.2 (B24) DIRECTOR, STAFF What kind of supports do you have for customers who are blind or visually-impaired? B24

◯ Materials in accessible formats (e.g., Braille, large print, audio recorded)?

◯ Videos/DVDs with audio descriptions (if they have videos/DVDs)?

PROBES:

- Has staff received training on how to accommodate customers who are blind?
- How many staff members know procedures for making materials accessible?
- How often do they typically get used?
- Does the Center have a Braille printer for use by customers and staff?

7.3 (B25, B26, B27) DIRECTOR, STAFF What kind of supports do you have for customers with cognitive and/or psychiatric disabilities?

Have staff received training on how to serve customers with cognitive and/or psychiatric disabilities?

◯ (B25) Do staff members offer assistance with the completion of forms?

◯ (B25) Is a quiet environment made available for people to read materials?

For the above two items, be prepared to code: 1. Rarely or not at all, 2. Some of the time, Most of the time, Always. *Always means it is standard procedure to offer these (assistance, quiet space) when working with this population.*

◯ (B26) Does the staff present information so that it is understandable to people with different cognitive abilities? B26

PROBES:

- If Yes, ask how?

◯ (B27) Do staff members offer breaks or the option to continue the session on another day, if needed? B27

7.4 (B28) DIRECTOR, STAFF What kind of supports do you have for customers with speech impairments?

PROBES:

- Have staff members received training on serving customers with speech impairments?
- How long ago?
- How many staff members have been trained?

◯ Do staff members repeat back to a customer what he or she has just said as a way to check their understanding?
◯ Do staff members ask questions that require only short answers or a nod of the head?
◯ Are customers offered the option to respond to a question in writing or on a computer?
◯ Does the staff member ask the customer if there is someone who could interpret on their behalf, if no solution to a communication problem can be worked out?

8. Physical Center

8.1 DIRECTOR, STAFF Is your Center near public transportation? In a safe/well lighted area? Relatively flat (not on a steep hill) terrain?

8.2 (D3) DIRECTOR, STAFF Does your Center have a mobile unit?

(D3) DIRECTOR, STAFF Are mobile unit staff trained to assist and accommodate PWD? Are there features or services that PWD are not able to take advantage of? If so, what are the barriers?

(D3) DIRECTOR, STAFF Is the mobile unit physically accessible to and usable by individuals with disabilities?

(D3) DIRECTOR, STAFF If the mobile unit has one or more computer workstations, does at least one of them have adaptive technology for PWD?

(D3) DIRECTOR, STAFF What other kinds of equipment or materials (besides computer workstations) are in the mobile unit? If the mobile unit has training equipment, is it accessible for PWD?

9. Overall Center Accessibility

9.1 (D1) ALL Could you please rate the accessibility of certain aspects of your Center on a scale of 1-4, with 1 being completely inaccessible and 4 being fully accessible?

PROBES:

- What is your opinion of your Center's programmatic (service delivery) accessibility?
- What is your opinion of your Center's communication accessibility?
- What is your opinion of your Center's physical accessibility?
- What is your opinion of your Center's overall accessibility?

OBSERVE:
Look-fors and materials checklist:

1. Outreach materials ○
2. List of Eligible Training Providers ○
3. Did you see notices posted in the Center's waiting area, resource library, or other public areas outlining:
   - Rights and protections for PWD ○
   - The right to accessible services ○
   - Complaint procedures ○
   - Equal and meaningful participation ○
4. Large screen computer? ○
5. Large keypad phone? ○
6. Other AT (Jaws, CART, etc.) ○
7. Resource room ○

U.S. Department of Labor

Evaluating the Accessibility of American Job Centers for People with Disabilities

Site Visit Instruments

Focus Group Moderator's Guide

April 8, 2014

Submitted to:

U.S. Department of Labor
200 Constitution Ave., NW
Washington, DC 20210

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PART A:

FOCUS GROUP MODERATOR'S GUIDE

PART A: FOCUS GROUP MODERATOR'S GUIDE

1. Focus Group Overview

As part of the broader study being conducted to assess the level of accessibility of American Job Centers (AJCs) to people with disabilities, the IMPAQ team will conduct focus groups at 10 AJCs that will be receiving site visits as part of the study's data collection activities. An overview of the focus groups to be conducted is presented below.

1.1 Purpose of the Focus Group Sessions

The purpose of the focus group sessions is to learn about the perspectives of people with disabilities on the subject of AJC accessibility. The IMPAQ team will ask focus group participants questions about their experiences, perceptions, challenges, sources of satisfaction and dissatisfaction, and support received prior to, during, and after receiving services from the AJC.

1.2 Focus Group Participants

To the extent possible and practical, each focus group will include 8-10 participants representing a range of individuals across the full spectrum of disabilities, including individuals with physical, sensory, mental, cognitive, and emotional disabilities.

1.3 Participant Selection

During the process of setting up site visits to 100 randomly selected sites, the IMPAQ team will ask AJCs if they would be willing to host a focus group of customers with disabilities. We will work closely with the 10 AJCs selected to host focus groups to identify potential participants for the focus group sessions. We will provide the AJCs with specific guidance for identifying potential participants, focusing on people with disabilities who have received services from the targeted AJC in the past year.

IMPAQ will work closely with the AJCs to identify any needed communication aids or supports for focus group participants (e.g., sign language interpreter) and either will request to use the AJC's contractor to provide such services for the focus group or will work with the AJC to identify an outside vendor to provide such services.

2. Moderator and Note Taker Roles and Responsibilities

The IMPAQ team conducting the focus group will include a moderator who will lead the discussion and a note-taker who will support the focus group session logistics and be responsible for capturing the key points and detailed discussion. Below we provide an overview of the roles of the moderator and the note-taker.

2.1 Role of the Moderator

The moderator's role includes:

- Ensure room arrangements are made and that participants are invited with sufficient notice
- Arrive 15-30 minutes prior to focus group to ensure room is arranged appropriately
- Greet participants
- Explain study and purpose of the focus group to participants
- Moderate pacing of the focus group to ensure that all topics are covered as thoroughly as possible
- Facilitate the discussion to ensure the group stays on topic and that all participants have a chance to give their input
- Thank participants at the end of the focus group.

2.2 Role of the Note Taker

The note taker's role includes:

- Arrive 15-30 minutes prior to the focus group to set-up room
- Help to greet participants
- Ensure that any participants requiring communication aids and devices are able to fully participate in the session
- Distribute and collect Participant Information Sheets (PIS) and Informed Consent and Agreement to Participate forms
- Take notes and operate the recorder during the focus group (if applicable)
- Ensure comments are accurately captured
- Collect all flip chart sheets and document the statements in the notes as appropriate.

3. Focus Group Preparation

The IMPAQ team will work closely with the host AJC to ensure that appropriate facilities are available for the focus group sessions and that the facilities will be arranged in a way suitable for the sessions.

3.1 Room Arrangements

Below is a list of requirements for the rooms where the focus group sessions will be held:

- Focus group sessions should be held in a conference / training room provided by the host AJC that allows for confidential conversations to take place
- The room should be easily accessible to focus group participants who are people with disabilities that may have limited mobility
- Any necessary communication aids or services should have been arranged for in advance of the focus group session and should be ready to be used at the start of the focus group session
- The room should be large enough to accommodate 10-14 individuals comfortably
- To facilitate conversation, participants should be seated around a conference table, in a U-shape, or chairs in a circle
- Each room should have at least one flip chart and markers.

3.2 Pre-Group Logistics

The Moderator and the Note Taker should greet participants as they arrive and ask them to take a seat and make themselves comfortable. If there are refreshments, encourage participants to help themselves.

The Note Taker should distribute the ***Informed Consent and Agreement to Participate Form*** and the ***Participant Information Form*** to each participant and ask him or her to complete the form while waiting for the focus group to begin. These documents:

- Request background information about the participants
- Describe the meeting format
- Detail the privacy protections that will be provided to participants
- Give the potential participant an opportunity to decline to participate**.**

The Moderator and the Note Taker should ask participants if they need any help in completing the forms.

4. Focus Group Protocol

The Moderator should formally welcome the focus group participants to the discussion and explain the purpose of the focus group and standard procedures (see below):

4.1 Opening and Introduction

The Moderator should read the following statement:

Thank you for coming today. My name is [MODERATOR NAME] and this is [NOTE TAKER NAME]. We work for [INSERT NAME OF ORGANIZATION]. We are part of a team of organizations, including IMPAQ International and the Burton Blatt Institute, which has been contracted by the Employment and Training Administration of the U.S. Department of Labor to lead this session.

My role, for the most part, is to make sure that we get through our agenda, keep to the time frame and make sure that you all have a chance to share your experiences. [NOTE TAKER NAME] will help me do these things, and will also be taking notes. In addition, we will be audio-taping the session, which will ensure that we record the discussion accurately. The discussion session today will last for about 1.5 hours.

The purpose of this focus group is to obtain input from people with disabilities, impairments, or health conditions about their experiences using American Job Center (Center) services. We are conducting focus groups at 10 centers like this one throughout the country. The results of these group discussions will be included in a report which will determine the degree to which American Job Centers are accessible to people with disabilities that will be submitted to the U.S. Department of Labor.

It is important that we hear what has worked for you and what has not so that solutions can be developed that have practical application in centers across the country.

I know that some of you have gone out of your way to be here, and we genuinely appreciate your interest and willingness to share your experiences. We are eager to learn about your experiences at the center as well as your recommendations for any improvements regarding accessibility.

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According to the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Responding to this survey is voluntary. Public reporting burden for this collection of information is estimated to average 90 minutes, including time for completing the Participant Information Form. Send comments regarding this burden estimate or any other aspect of this collection of information to Dr. Stefanie Schmidt at schmidt.stefanie@dol.gov.

4.2 Participant Confidentiality

The Moderator should read the following statement:

Confidentiality and anonymity means that we will not share or use your name, address, or any other identifying information in reports or other materials related to this study. We will not identify any of the participants by name. All of the information we collect here today is confidential. All data will be pooled with data from similar sessions with participants in other focus groups being held throughout the United States and published in aggregate form only.

*This research is being conducted under OMB Clearance Number ***-***. If you wish to obtain more information about the overall study, you can contact the individuals listed at the bottom of your Informed Consent and Agreement to Participate [COLOR OF FORM] form.*

4.3 Participant Consent and Agreement

The Moderator should read the following statement:

The Informed Consent and Agreement to Participate form will be our record that you have agreed to participate in the focus group and that you have agreed to be tape-recorded. Do you have any additional questions about the focus group or about the consent and participation form? If you do not have any further questions and have not signed and dated the consent form, please do so now.

Please pass the signed Informed Consent form and the completed Participant Information Form forward.

After all participants have signed and turned in the Informed Consent and Participant Information Forms, hand out name tags (first name only) to all participants.

4.4 Focus Group Definition and Working Procedures

The Moderator should read the following statement:

Let me begin our discussion by reviewing a few ground rules about how we will conduct the session.

This focus group is a way for us to listen to people and learn from them. During this discussion, we would like you to focus on topics that are of particular interest to us. We are interested in what everyone has to say about our discussion topics. If someone throws out an idea that you want to expand on, or if you have a different point of view, please feel free to speak up. Occasionally, I may have to interrupt the discussion in

order to bring us back to a particular topic to make sure that we cover everything on our agenda.

There are a couple of common-sense guidelines that we will follow during this session:

1. *In this type of group setting, it is important for everyone to get involved and express their opinions openly. We want all of you to express your honest opinions about the discussion topics – we are interested in multiple points of view on the topics. There may be differences of opinion, but there are no right or wrong answers and we are not here to resolve any issues you may bring up.*

2. *Please do not hold "side conversations" – don't talk individually to other participants during the session. We want to be able to hear from everyone, and we want you to hear what everyone else has to say. Because we are also recording the session, it would really help us if you could speak up so that everyone can hear you. I would also very much appreciate it if you would state your first name the first couple of times you speak.*

   If there are no other questions, let's begin the discussion.

4.5 Focus Group Discussion Questions

I. Participant Introductions

Ask each participant to introduce him or herself and to briefly tell the group something about themselves, such as a favorite activity. The Moderator should start with his or her own introduction and favorite activity.

During this process, the Note Taker should make sure that the recording equipment is working appropriately and that the microphone is picking up all voices in the room.

II. Initial Contact with the AJC

This first set of questions is focused on your initial interactions with the Center.

1. How did you first learn about the Center?
   - If you received a referral from another organization or agency, who did you receive the referral from?

2. Did any of you learn about the AJC from the AJC's website?
   - If so, did you find that the website provided information that was helpful to you?
   - Did you find that the website addressed issues related to your specific needs?

III. Physical Accessibility of the AJC

The next set of questions is focused on the physical accessibility of the Center and any accommodations the Center made to assist you.

1. When you first came to visit the AJC, how did you get there (i.e., public transportation, paratransit, drove yourself, a friend or family member gave you a ride, referring agency provided transportation)?
   - Did any of you experience any difficulties in getting to and from the Center?
   - How long did it take you to get to the Center? Did you have to travel far?
   - How safe did you feel coming to the Center?
   - For those of you who drove yourself or were driven by someone:
     - Were you able to find parking close by?
     - Were there clearly marked parking spots for people with disabilities?

2. Let's talk about your ability to get around within the Center and use the resources within the center.
   - How easy or difficult was it to enter the Center? Was an accessible entrance clearly marked?
   - Once inside, how easy or difficult was it to maneuver?
   - Did you have any difficulties entering or maneuvering in any of the rooms or the restrooms? If so, please describe the challenges you faced.
   - Did anyone have any problems using a drinking fountain, a public telephone, or an elevator?
   - Did anyone make use of the computers available at the Center? Were the computers equipped with software/technology you needed?
   - Did any of you need assistive technology at the Center?
     - Were Center staff able to help you access the assistive technology?
     - Was there any assistive technology you needed that wasn't available? If so, please describe.
   - Were the signs posted around the Center adequate for you?
3. Were there any other issues you faced regarding the physical accessibility of the center and its resources that you want to share?

IV. Communications with Center Staff

The next set of questions is focused on communications with staff at the Center.

1. How were your initial interactions with the staff?
    - Did you identify yourself as a person with a disability? How was this brought up – were you asked about your disability by Center staff or did you volunteer this information to them?
    - How knowledgeable did Center staff seem regarding working with people with disabilities?
    - How comfortable did Center staff seem regarding working with people with disabilities?
    - Were there any specific things that staff did or did not do to make you feel welcome or not welcome at the Center?

2. Did anyone have any difficulties in communicating with Center staff and in understanding any of the materials/information provided to you?
    - Did you have any difficulties understanding the information in any of the materials given to you? Was Center staff willing to assist you in understanding the materials? If so, how did they do this?
    - Was the staff willing to talk with you through an interpreter or through text messaging in order to provide information and answer questions – if you needed this?
    - If you prefer to get most of your information in writing, were you able to obtain all of the written information you needed?
    - Did you ask for any materials in an alternative format? Did the staff get those materials to you right away?
    - If you need extra time in filling out forms or doing other tasks, did the staff make sure you had all the extra time you needed?
    - If you like to have a quiet place to read or work, did the staff provide that for you?
    - Did you have any difficulties contacting the Center in order to get additional information (i.e., using the AJC's Web site, email, regular telephone, a telephone relay service, or through a TTD/TTY)?

IV. Services Received from the Center

The final area we want to ask about is the types of services you received from the Center.

1. How did you learn about the different types of services the Center offers, including those that you were eligible for?
    - Did any of you receive a tour of the Center or an orientation?
    - Were you clear about how you could access the services you were eligible for and interested in receiving?

- Did the staff give you written information about those services? If so, did it include information about how to request accommodations?

2. What services did you receive from the center?
   - Were the services you received offered to you in a way which enabled you to fully participate?
   - Were the services you received the same as persons without disabilities?
   - Did you receive the services on-site at the center or were you referred to a different agency or organization to receive the services?
     - If you were referred to a different agency, what agency were you referred to?
   - Were there any services that you were interested in obtaining that you did not have access to because of your disability?

3. Did you ask for/receive any accommodations to assist you in participating in Center services?
   - Were these accommodations provided to you in a timely manner?
   - Were these accommodations the ones you had requested (or their equivalent)?

V. Closing

1. If you had to assign a rating from 1 – 4 as to the accessibility of services at the Center where 1 is completely inaccessible and 4 is highly accessible, what rating would you give to:
   - Overall level of accessibility?
   - Physical accessibility (*The extent to which facilities are designed, constructed, or altered so that they are accessible and usable by people with disabilities*)?
   - Communications accessibility (*The extent to which center staff and partner agencies are able to communicate with people with disabilities as effectively as with others*)?
   - Programmatic accessibility (*The extent to which people with disabilities have access to the full range of services available to all AJC customers regardless of disability (e.g., core, intensive, and training*)?

2. Would you use the center again or recommend it to other people with disabilities? Why or why not?

3. Are there any other topics related to the level of accessibility of services at the Center that we have not covered?

5. Post-Focus Group Activities

1. Thank the group for their participation and remind the group that this information will be handled in accordance with applicable privacy laws and individual names will not be used in any reports.

2. Explain to participants that everyone will receive a gift card for participating in the focus group session and how use of the gift card works.
   - Hand out pre-paid gift cards to focus group participants
   - Ask participant to sign the Gift Card Receipt Form

3. Coordinate with the AJC Host/Coordinator regarding any final issues related to the focus group.

PARTICIPANT INFORMATION FORM

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*[**Note:** Responses will be kept private to the extent permitted by law.]*

What is your gender?

- ☐ Female
- ☐ Male

How old are you?

- ☐ 18 to 22 years
- ☐ 23 to 27 years
- ☐ 28 to 32 years
- ☐ 33 to 37 years
- ☐ 38 to 42 years
- ☐ 43 to 47 years
- ☐ 48 to 52 years
- ☐ 53 to 57 years
- ☐ 58 to 62 years
- ☐ 63 to 67 years
- ☐ 68 to 72 years
- ☐ Over 73 years

What is your race/ethnicity?

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black (African American)
- ☐ Hispanic (Latin-American, Mexican)
- ☐ Non-Hispanic White (Caucasian)
- ☐ Other (Please Specify) _____

What is the highest level of education you have completed?

- ☐ Some high school or less
- ☐ High school graduate/GED
- ☐ Some college
- ☐ College graduate
- ☐ Some post-graduate work
- ☐ Post-graduate degree

What is your employment status?

- ☐ Employed Full-time
- ☐ Employed Part-time
- ☐ Unemployed/Looking for work
- ☐ Student
- ☐ Homemaker
- ☐ Retired

Has your experience with this workforce center involved (please check all that apply):

- ☐ Utilizing resource room materials
- ☐ Attending workshops
- ☐ Meeting with a career counselor
- ☐ Receiving job training
- ☐ Other (please specify) _____

What is your primary disability?_____

Do you have a secondary disability?

- ☐ No
- ☐ Yes (Please Specify) _____

APPENDIX H: CLASSICAL TEST THEORY, ITEM RESPONSE THEORY AND THE MANY FACETS RASCH MODEL

Measurement theory is used to discover the true value of a latent concept, by observation of some proxy measure, using a suitable mathematical model. Of common use within measurement theory are the models that define Classical Test Theory (CTT) and Item Response Theory (IRT). Exhibit 1 below provides a summary of key differences between IRT and CTT.

Exhibit 1: Comparison of Classical Test Theory and Item Response Theory

Classical Test Theory (CTT)	Item Response Theory (IRT)	Relevance to AJC Accessibility Study
▪ Scale properties are not defined	▪ Provides *defined common metric/scale* for all parameters in the model (e.g., items and scores)	▪ Allow systematic evaluation of parameters such as survey question difficulty, AJC accessibility, and SDR bias estimates
▪ Summed scores are on an ordinal scale which is dependent on the items responded to	▪ Scores are on an interval scale which is independent of responded items (*invariance property)*	▪ Accommodation of missing data ▪ Enables derivation of sub-scale scores
▪ Test and item properties are sample dependent (potentially biased)	▪ Test and item properties are sample independent (*invariance property*)	▪ Able to combine and analyze Web-survey and data from in-person data collection simultaneously
▪ Precision of measure is fixed/consistent for a test	▪ Precision of measures depends on responded items	▪ More precise and realistic measure of accessibility estimates precision

Classical Test Theory. For an observed set of data $\{x_i; i = 1, \ldots, n\}$, CTT assumes the existence of some latent variable $\{t_i; i = 1, \ldots, n\}$and some (random) measurement error $\{e_i; i = 1, \ldots, n\}$, such that for each $i = 1, \ldots, n$,

$$x_i(\theta_i) = \theta_i + e_i.$$

That is, the observed values are dependent only upon the latent characteristic and the error that results from measurement. For example, given a set of n test takers, for the i^{th}individual, x_i may represent the observed test score, and $\theta_i$the aptitude of the individual. In addition, many outside factors may influence the score of an individual, such as general attitude, health, time of the day, etc., which the model seeks to capture with e_i.

Item Response Theory. In this case it is assumed that there is a list of items $\{x_i; i = 1, \ldots, n\}$which are administered to a group of k individuals, and have the logistic model

$$p_j(\theta_i) = c_j + (1 - c_j)\frac{e^{a_j(\theta_i - b_j)}}{1 + e^{a_j(\theta_i - b_j)}},$$

where $p_j(\theta_i)$is the probability that individual $i$with latent trait (ability) $\theta_i$gives a correct response to item x_j, $a_j$is the item discrimination, $b_j$is the item difficulty, and $c_j$is the pseudo-guessing parameter.

To better understand the parameters describing discrimination, difficulty, and pseudo-guessing, note first that as $\theta_i$becomes smaller (eventually approaching $-\infty$), $p_j(\theta_i)$converges upon c_j. That is, an individual with the absolute minimal ability still has a probability of guessing correctly, equal to c_j. To better understand a_j and b_j, we assume for the moment that $c_j = 0$, and note that this implies $p_j(b_j) = 0.5$. In other words, $b_j$is the value such that if $\theta_i = b_j$, then individual $i$has an equal probability of answering correct or incorrect. As a result of the preceding statement, $b_j$is also the point at which the slope of $p_j$is maximized, with a corresponding value of $a_j/4$. Therefore, when $a_j$is close to zero, $p_j$is quite flat, implying that all individuals, regardless of ability, have a similar probability of a correct response. Conversely, if a_j is large, then p_j is very steep, which implies individuals with lower ability will have a much lower chance of a correct answer. And so, as $a_j$grows larger, the response of an individual encodes more information in regard to the latent trait.

Advantages over Classical Test Theory. In both CTT and IRT, observations are recorded and a best model is fit, so any advantages (or disadvantages) of one method vs. the other may not be immediately noticeable. An immediate benefit of IRT is that it is capable of separating bias that may influence the outcome from the individual latent trait, but to truly see why IRT is superior, it helps to see where CTT fails.

If we consider the properties of the CTT model, a weakness becomes evident. If we rewrite the model as $\theta_i = x_i - e_i$, we see that the trait of an individual is dependent only upon the test difficulty and random error. Therefore, the ability score of an individual increases as items become easier, which clearly should not be the case. Having such a high dependence on the test administered and the individual to whom it was administered, CTT can easily fail to capture the true latent ability of the test takers. Such a glaring weakness suggests the need for a new method, and IRT fills exactly this role. Note that with the IRT model, for a general trait score t,

$$p_j(t) = c_j + (1 - c_j)\frac{e^{a_j(t-b_j)}}{1+e^{a_j(t-b_j)}}.$$

That is, the index i appears nowhere in the equation, thus suggesting that the individuals and the items are invariant in IRT (compare this to CTT, where we can never lose the independence of the individual). An immediate result of this invariance is that the trait is not dependent upon a particular subset of items and examinees, and so IRT allows for missed or skipped items, as well as allowing for the researcher to examine the contribution of individual items to the test. More importantly though, note that if it is desired to perform a statistical test for comparison of latent traits between two groups (say a treatment and control group), the dependence of CTT upon the test administered, as well as the examinees, violates the assumptions needed for any statistical rigor. With IRT however, the invariance between groups suggests a level of independence that allows for the needed statistical rigor, making IRT a very powerful tool for comparison.

The Many Facet-Rasch Model (MFRM). The MFRM extends the basic IRT to allow for polytomous responses – these are responses that are graded, as opposed to dichotomous. It also allows for further facets, such as rater bias, that may influence the individual outcomes. A basic version of the MFRM can assume the form

$$p_{jkm}(x;\theta_i) = \frac{e^{\sum_{m=1}^{x}(\theta_i-\delta_j-\beta_k-\tau_m)}}{1+e^{\sum_{m=1}^{x}(\theta_i-\delta_j-\beta_k-\tau_m)}},$$

where $p_{jkm}(\theta_i)$ is the probability that an individual with latent trait $\theta_i$and bias β_k gives response m to item j, $\delta_j$is the item difficulty, and τ_m is the m^{th}threshold parameter. Much like with the basic IRT, the MFRM defines a model in which the individual examinees are invariant with the particular set of items administered, but it also ensures a pairwise invariance with any associated bias. The pseudo guessing parameter is zero for the MFRM, thus, its estimation is not needed.

The standard errors in the MFRM are a result of the model fit. When Rasch standard errors are reported, they are usually reported in terms of three possible values.

i) "General" Standard error -- When defining the MFRM, an origin for the scale must be set. A common choice is to set the zero logit point at the difficulty of the first item in the test. All other measures become relative to this item. Therefore, the zero logit has perfect precision, and the error of other measurements are based on this assumption.

ii) Model "Ideal" Standard Error -- The highest possible precision for any measure is that obtained when every other measure is known, and the data fit the Rasch model. This standard error is called the "model" standard error and is reported by the FACETS software.

iii) Misfit-Inflated "Real" Standard Error -- Misfit to the model is quantified by fit statistics, which are assumed to have a stochastic component, and thus, some amount of misfit is to be expected. This standard error ensures the fit is not "too" perfect, and is also determined by the FACETs software.

APPENDIX I: IRT METHOD USING THE MANY-FACETS RASCH MODEL

The purpose of this study is to measure the accessibility of American Job Centers (AJCs) to individuals with disabilities. To perform this task, we established measurement properties to enable us to objectively compare and evaluate the level of AJCs' accessibility to people with disabilities. The IMPAQ team used IRT-based approaches due to the psychometric properties suitable to achieve this goal. The IRT model is a latent trait model, which creates a measure of a latent trait/construct on the latent continuum from a set of categorical responses.[1] IRT models are available that provide a defined and common metric for both the latent construct (e.g., accessibility level) and survey questions (e.g., survey item difficulty).[2] For example, English proficiency is measured by a set of reading, grammar and writing items on a standardized test. In our study, the latent construct is the level of AJCs' accessibility, which we measured by a set of survey items specifically targeted to measure the domain of interest (e.g., physical, communications, and programmatic accessibility).

Equation 1 provides the simplest form of the IRT model, showing that a log odds ratio or logit of probability of response, *p*, is determined by the latent construct level, θ, and the difficulty of item, δ.

$$logit(p) = \theta - \delta \qquad \text{(Equation 1)}$$

The IRT model expects that the higher the construct score, θ, relative to the item difficulty, δ, the more likely the respondent will be to endorse the correct response or higher category on the survey item. The model is probabilistic (i.e., modeling the probability of response) implying that a certain level of uncertainty (i.e., measurement error) is associated with differentiating categorical choices on the survey item.

IRT is a *model-based* approach, which requires the specification of the survey's constructs, particularly the clear relationship between each survey item and the construct of interest, so that appropriate analyses can be performed. The construct validity of the resulting scales is dependent on the quality and accuracy of conceptual definitions of survey constructs and survey item qualities. The IRT model is *confirmatory* in nature, providing the tools for the objective psychometric evaluation of individual items and the test construct compared to the conceptual survey design described in the test and item specifications.

We estimate scores from three accessibility constructs (i.e., programmatic, communications and physical accessibilities) separately because of the unidimensionality assumption of our IRT model, which requires one construct to be measured at a time. We conducted additional analyses

[1] For overview see: Van der Linden, W. & Hambleton, R. (Eds.). (1997). Handbook of modern item response theory. New York, NY: Springer-Verlag; and Embreston, S. & Reise, S. (2000). *Item response theory for psychologists.* Mahwah,NJ: Lawrence Erlbaum Associates.

[2] In the context of this study, the more "difficult" survey questions are those which best discriminate between high- and low-accessibility centers.

including a fit analysis to ensure that all survey questions within each construct measure predominantly the same construct and follow the assumptions of the IRT model.

The base measurement model for AJC scale development uses the Partial Credit Model (PCM; Maters, 1982) that estimates the accessibility levels for all AJCs and item parameters for all survey response categories (e.g., rarely, some of the time, most of the time, always). As a family of IRT models, the PCM provides the following:

- Defined metric/scale (e.g. yardstick, ruler)
- Sample independent estimates of item parameters
- Item independent estimates of the latent construct parameters
- Precision of measurement depends on responded survey items
- Sample independent estimates of item/test properties (e.g., item/respondent Fit statistics).

The IRT model places all estimated parameters in the model on the same defined interval level metric (i.e., logit scale). This property is crucial in any scale development because it allows researchers to objectively compare parameters (e.g., scale scores) and systematically evaluate items and respondents together. For example, the raw total scores of surveys are on the *ordinal* scale at best, and the score difference is undefined. Most of the benefits of IRT models are based on the presence of a defined scale and the *parameter invariance properties* described next.

The second and third points entail the *parameter invariance* properties of the IRT model where the formulation and estimation of IRT models separate the item and latent construct parameters. The effect of latent construct scores are eliminated during the process of item parameter estimations. In practical terms, the item parameters are not dependent on the samples used to make the estimate. In the AJC survey analysis, the responses from the Web-based survey and the in-person data collection visits can be considered as data from two samples which will be simultaneously analyzed by the IRT to estimate the sample invariant item parameters.

Similar to the sample invariance properties of item parameters, the latent construct scores are invariant regardless of the items answered by the respondent. This property is crucial for accommodating item non-response (i.e., missing responses within the same respondent). The last point allows the systematic investigation of item constructs to identify items that are not contributing to the measure of the construct of interest. Fit-statistics are valuable indices for examining item and respondent responses. Fit statistics provide information on how well items and respondents fit the IRT model. The examination of fit-statistics or *fit analysis* plays a crucial role in establishing the construct validity of the scales, as well as in identifying respondents exhibiting erratic or deterministic response behaviors.

Modeling Socially Desirable Response and Survey Non-Response: Facet Model. The IMPAQ team used the extension of the PCM because the AJC scale development requires evaluating and accounting for the impact of external factors, such as SDR and survey non-response (SNR). As

statistical remedies for SDR and SNR effects, the IMPAQ team used the many-facets Rasch model (MFRM) (Linacre, 1989; Eckes, 2011), which enabled the team to examine the effect of external factors such as respondent types and survey non-respondents. The MFRM provided the team an avenue to explore and correct for bias in survey responses. The MFRM estimates the magnitude of the responder's bias (i.e., responder as a facet) within the IRT framework (see Equations 2-5 below). These equations show that the probability of a given response is a function of an AJC's accessibility level (θ), a difficulty level of item (δ), and (possibly) the magnitude of responder's bias (*SDR*), or the nonresponse (SNR). Engelhard (1994) and Wilson & Wang (1995) showed that the MFRM approach is able to detect the responder's biases by pooling data across different responders. Wilson and Case (1997) showed that use of the MFRM was able to reduce the amount of error introduced by the administration mode effects (i.e., different raters) considerably.

Using a similar formulation to Equation 1, the Facet model can incorporate the external factors, or facets, into the measurement model as shown in: 1) SDR effect (Equation 2), 2) SNR effect (Equation 3), 3) both SDR and SNR effect (Equation 4), and 5) SDR and SNR main effects and SDR interact with items (Equation 5)[3].

$$logit(p) = \theta - \delta - SDR \qquad \text{(Equation 2)}$$

$$logit(p) = \theta - \delta - SNR \qquad \text{(Equation 3)}$$

$$logit(p) = \theta - \delta - SDR - SNR \qquad \text{(Equation 4)}$$

$$logit(p) = \theta - SDR \times \delta - SDR - SNR \qquad \text{(Equation 5)}$$

MFRMs provided the parameter estimates for all SDR and SNR levels and the resulting construct estimates, θ, which we adjusted for SDR and/or SNR effects. The magnitude of SDR and SNR parameters indicated the severity of the SDR and SNR effect. Equation 5 incorporated the SDR indicator (e.g., a respondent type such as AJC directors or site visit team) by survey question interaction effects, in addition to SDR and SNR main effects. The purpose of this model was to evaluate whether the survey questions measured the same construct across the different types of respondents (i.e., survey respondent, in-person data collectors) after controlling for SDR and SNR main effects. The name of this interaction effect is, *differential item functioning* (DIF)*,* which poses a threat to establishing the construct validity of measures.

The MFRM estimated the parameters for SDN and/or SNR effects on the same scale as the latent construct and item difficulty parameters. The magnitude of SDR and SNR parameters in terms of absolute values and variability compared to the distribution of item parameters (i.e., difficulties) and latent construct scores, indicating the severity and direction of biases introduced by SDR and SNR. In determining the level of SDR, we collected the information of all respondents who contributed to the completion of the survey questions, including the Center director and any

[3] Computer program, Conquest version 2.0 was used to fit all models. Conquest has a model statement to specify each model. For example, the specification for equation 4 is: Model = Item + Item * Step + SDR + SNR, where SDR and SNR are variables indicating both facets.

additional staff members. We assigned appropriate categories based on a number and type of respondents completing the survey, and then used the categories as a facet indicator in the analysis.

Similar to the Rasch model, the requirements needed for Many-Facets Rasch model include:

- Unidimensionality – all items administered must measure the same single underlying trait.
- Invariance – all parameters, such as the underlying trait, the item difficulty, and bias, are independent of one another.
- Additivity – The measurements are expressed in logits, which are equal interval over the entire scale of measurement.
- Ordering – item characteristic curves must not cross, and should appear to be roughly parallel.

In addition to the limitations that result from the above assumptions, inherent in the definition of the Rasch model is the requirement that the items have a common threshold, and that the pseudo guessing parameters are equal to zero.

Unidimensionality, additivity, and ordering were satisfied as a result of careful construction of the administered items. Invariance is difficult to ever guarantee, for example, we can never be certain that a given AJC respondent does not have more bias toward a certain item than others. Invariance is thus examined through the model fit, and if needed, adjustments can be made. In our case, there was not an issue with invariance, and therefore, no adjustment was needed. The other two limitations, the requirement of a common threshold and the lack of a pseudo-guessing parameter, are also addressed via model fit. In our case, our fit was sufficient enough that these limitations did not pose an issue.

Other IRT models for polytomous responses such as the Rating Scale Model (RSM) or the Generalized Partial Credit model (GPCM) were also considered. We have determined that neither RSM nor GPCM meets our objectives. RSM was not appropriate due to the presence of mixed response categories (e.g. binary questions and sliding scale questions) in surveys and GPCM cannot accommodate other facets such as SDR and SNR effects.

- To identify the statistically optimal model given the magnitude of SDR and SNR, we performed a comparison of four models (Equations 2 to 5) using three different methods (the likelihood ratio test when models are nested, AIC and BIC otherwise): The likelihood ratio test (Glas & Verhelst, 1995)
- Akaike Information Criterion (AIC; Akaike, 1987)
- Schwarz' Bayes information criterion (BIC; Schwarz, 1978).

TWG members suggested that we introduce the potential effects of facets to the baseline PCM (Equation 2). We performed all combination of facets in MFRM before making any statistical

comparisons among different models to eliminate the order effects. Typical in IRT analysis is post-hoc item removal, in which items deemed to significantly degrade the system are removed, and the model refit. IMPAQ analyzed each question in each domain, which resulted in only one item of questionable fit. After further analysis, it was determined that the item fit did not degrade the system, and do did not warrant removal.

Our survey design and survey administration strategies enabled us to systematically collect information necessary to conduct Facet based SDR and SNR studies while accommodating the matrix survey design.

The AIC and BIC penalize a model for overfitting (having more parameters than needed), but are otherwise based off of the likelihood ratio, and thus, since many of our models were nested, the likelihood ratio test was best fit for model comparison. Analysis of the various models (using the likelihood ratio test) showed a nearly perfect fit for equation (2), and further tests for interaction (equation (5)) showed no evidence of differential item functioning. Moreover, test for effects of SNR showed little to no effect, thus suggesting equation (2) as the best choice for our purpose.

APPENDIX J: AJC ACCESSIBILITY STUDY STANDARD SETTING PANELISTS

Expert	Position/Affiliation	Expertise
Robert Lissitz	Professor Emeritus and past Chair of Education, Department of Measurement, Statistics, and Evaluation, College of Education, University of Maryland, College Park	Standard Setting, Measurement Theory, IRT, Response Quality, Psychometrics, Item and Test Development, Standardized Assessment
Amy Hewitt	Senior Research Associate, Institute on Community Integration, University of Minnesota	Intellectual and Developmental Disabilities, Community Inclusion and Integration for people with disabilities.
Karen McCulloh	McCulloh and Associates Consulting focusing on diversity and inclusion of people with disabilities in integrated employment and focus on workforce development of people with disabilities for 26 years; Co-Founder and Co-Director, National Organization of Nurses with Disabilities	Presidential Appointee: U.S. AbilityOne Commission; U.S. DOL Federal Appointee to WIOA Advisory Committee and chair of the Marketplace Dynamics Subcommittee; member National Disability Leadership Alliance Steering Committee
John Trutko	President, Capital Research Corporation, Senior Consultant, Urban Institute	Employment, Training and Labor Market, Program Evaluation, Federal and State Workforce Development Initiative, ARRA
Steve Ferrera	Vice President, Performance Assessment, Pearson	Design, Implementation and Evaluation of Performance Assessments, contributed to Education Standard Setting in several states
Claudia Barrios	Ticket to Work Case Manager Community Work Incentive Coordinator (CWIC) Work Incentives Specialist Advocate (WISA) The SkillSource Group, Inc.	Case management for AJC customers with disability
Mandy Addison	Distance Driver – Enterprise Holdings, Richmond, Virginia Furniture Business Owner – Good Eye, Toano, Virginia	AJC Customer

APPENDIX K: ACCESSIBILITY LEVEL DESCRIPTORS (ALDS)

The concept of accessibility goes beyond compliance to focus on usability. Levels of accessibility can be viewed in the context of whether people with disabilities can participate in American Job Centers' (AJC) services and programs in the essentially same way as their non-disabled peers.

Exemplary Accessibility – Centers have gone the extra mile to ensure that all people can participate to the same extent/in the essentially same way.

Accessible – All people can participate to the same extent/in essentially the same way.

Partially Accessible – People with disabilities can participate in some services/programs/activities, but not others, or not in the same way.

Not Accessible – People with disabilities really can't participate in the same way as other AJC customers.

"Exemplary" (Exceeds standard level)

Goes beyond what is required to achieve basic accessibility, with evidence of a commitment to continuous improvement and to maximizing accessibility over time.

Some hallmarks of exemplary Centers (in addition to all the hallmarks of accessible Centers):

- Consults with groups of disabled individuals and other stakeholders for advice about outreach and maximizing accessibility.
- Has **effective** partnerships with disability organizations for collaboration in service delivery.
- Has a disability specialist.
- Proportion of people with disabilities who receive services above and beyond basic core services is equivalent to the proportion of those without disabilities.
- Conducts **proactive and targeted** outreach to potential customers with disabilities.
- Staff receives training on **a wide range** of disability-related topics.
- Staff knows and can use multiple "best practices" strategies for overcoming disability-related employment barriers (e.g., Individual Resource Teams, Customized Employment, Supported Employment, Asset Development, etc.)

"Accessible" (Meets standard level)

Fully meets basic accessibility standards for customers with all types of disabilities:

- *Communications Accessibility: Center staff and partner agencies are able to communicate with persons with disabilities as effectively as with others.*
- *Programmatic Accessibility: People with disabilities have access to the full range of services available to all AJC customers regardless of disability type (e.g., physical, mental, cognitive, and sensory disabilities).*
- *Physical Accessibility: Facilities are designed, constructed, or altered in such a manner that they are readily accessible to and usable by individuals with disabilities.*

Some hallmarks of accessible Centers:

- Staff proactively offers accommodations and assistance to customers throughout the service process.
- Mostly serves people with disabilities at AJC, sometimes in conjunction with another entity, rather than routinely referring people with disabilities to Vocational Rehabilitation services.
- Conducts outreach to potential customers with disabilities.
- Provides alternative ways to contact the AJC in its outreach materials.
- Staff knows how to provide accommodations and assist with adaptive technology.
- Staff receives trainings on multiple topics related to serving people with disabilities, beyond a basic overview during staff orientation.
- Has a good website with accessibility features.
- Is easy to get to – good location and access to transportation.
- Has active partnerships with disability organizations.
- Has a process of keeping current with practices and lessons relevant to serving people with disabilities: Ongoing learning; continuous efforts to be accessible, including up-to-date training, policies/procedures for new staff, up-to-date adaptive technology.

"Partially Accessible" (Below standard level)

Does not meet the threshold of acceptability; is accessible in some areas but not others; shows signs of making some progress towards increased accessibility.

Some hallmarks of partially accessible centers:

- Mostly refers people with disabilities to other providers, such as providers that serve people with disabilities exclusively.
- Staff does not proactively offer accommodations to customers.
- Staff have only minimal training in serving people with disabilities.
- Consideration of accessibility in outreach, promotional, or informational materials is limited or missing.
- Incomplete level of physical accessibility (e.g., adaptive technology is not set up and ready to go, there are no signs or posters posted, etc.).
- Is only able to accommodate some types of disabilities.
- Accommodations are not readily available or not available without significant delay.

"Not Accessible" (Well below standard level)

Does not meet the threshold of accessibility; shows few or no signs of making progress towards increased accessibility.

Some hallmarks of Centers that are not accessible (in addition to the hallmarks of partially accessible Centers):

- Little or no evidence of efforts made to remove barriers for people with disabilities.
- Unaware of serving people with disabilities (may have been serving people with disabilities but are unaware that they have a disability).
- Staff has limited awareness of disability and/or ability to respond to the needs of customers with disabilities.
- No training for serving people with disabilities is offered to staff.
- Physical barriers (such as no clear path of travel to resource/computer room).

APPENDIX L: VALIDATION STUDIES

The IMPAQ team assessed the validity of the IRT model using the following techniques:

- Examine the infit and outfit statistics
- Assess the need for item removal
- Compare survey findings on physical accessibility with those from UDC assessments

Infit and Outfit. The infit mean-square and the outfit mean-square are measurements of how well the model predicts the observed data. The outfit is not robust in the presence of unexpected observations. For example, when a respondent answers an item in an unexpected manner (i.e., gives the incorrect response to an easy item, or the correct response to a very difficult item), the outfit can be misleading. Due to this, we also calculated the infit, which is more sensitive to responses on items roughly targeted to the individual. Therefore, to have good fit, we would expect both an infit and outfit score near one. Infit and outfit values equal to 1 suggest a perfect fit, while values below 1 suggest over fit, and values above 1 suggest under fit. As the infit/outfit grows beyond 2, one can expect a degradation in the results, scores below 0.5 are less informative, but not degrading, and those in 0.5 to 2.0 are considered to be decent results. A Z-standardized value is associated with both scores. This value gives information about the statistical significance of the fit. Exhibit 1 describes the meaning of varying infit and outfit mean-square values.

Exhibit 1. Mean Square Implications

Mean-square Value	Implication for Measurement
> 2.0	Distorts or degrades the measurement system. May be caused by only one or two observations.
1.5 - 2.0	Unproductive for construction measurement, but not degrading.
0.5 - 1.5	Productive for measurement.
< 0.5	Less productive for measurement, but not degrading.

Linacre, JM, Rasch Measurement Transactions, 2002, 16:2

Exhibit 2 and Exhibit 3 illustrate box plots for the infit and outfit mean-square values associated with AJCs. The infit and outfit mean-square for AJCs across domains have a mass centered within an acceptable range, with very low probabilities of values beyond 2.

Exhibit 2. AJC Infit Mean Square Values

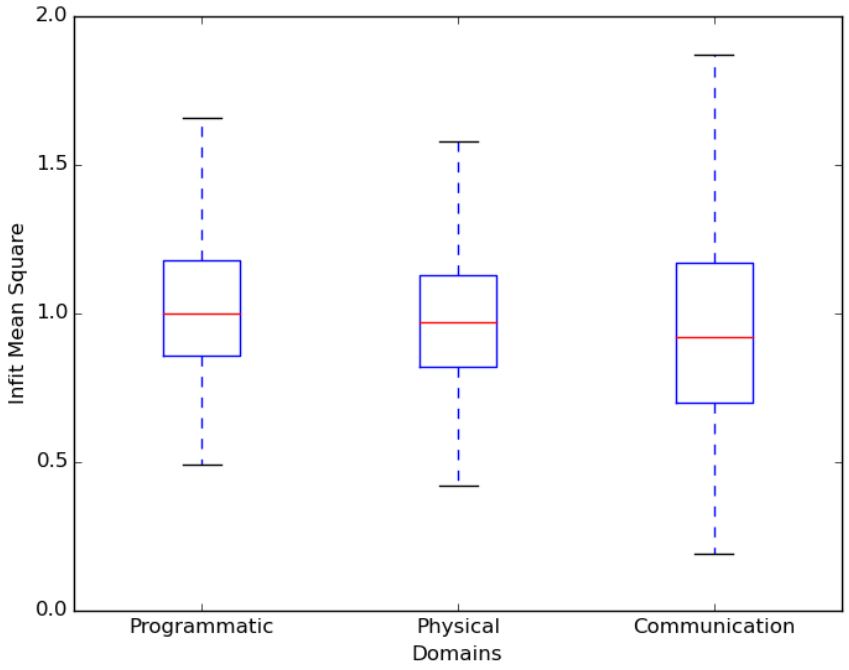
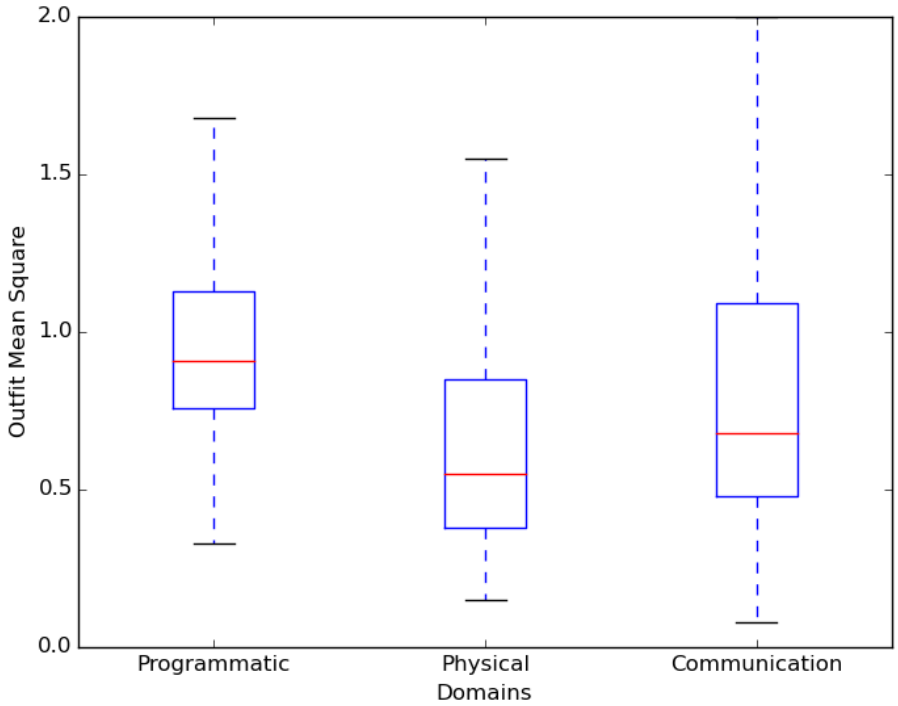


Exhibit 3. AJC Outfit Mean Square Values



We also calculated the infit and outfit mean square for each item. The results are displayed in Exhbit 4 and Exhibit 5. Again, we see masses centered within an acceptable range, with low probabilities associated with values larger than 2.

Exhibit 4. Item Infit Mean Square

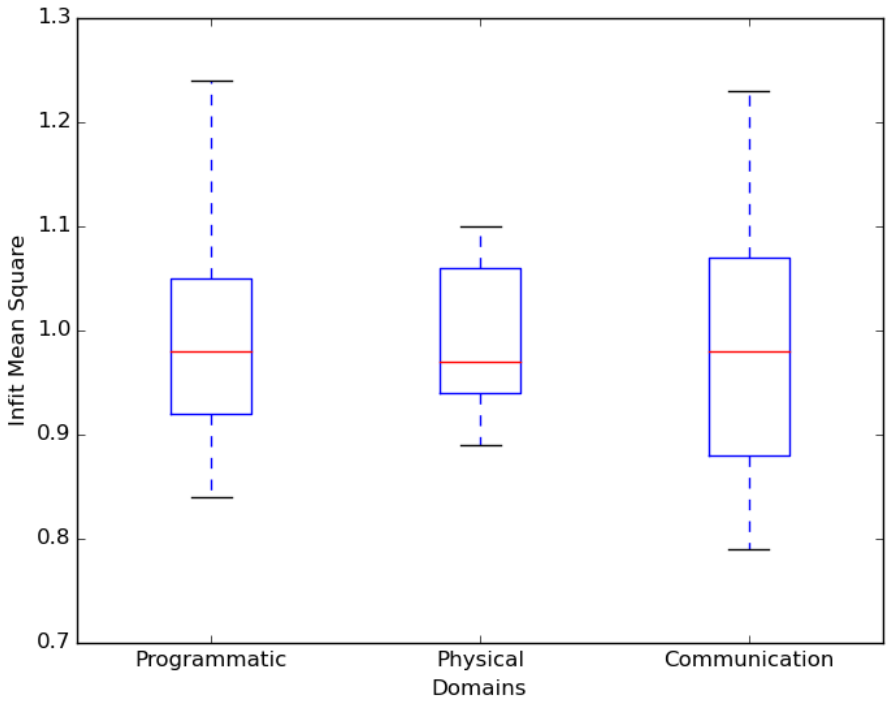
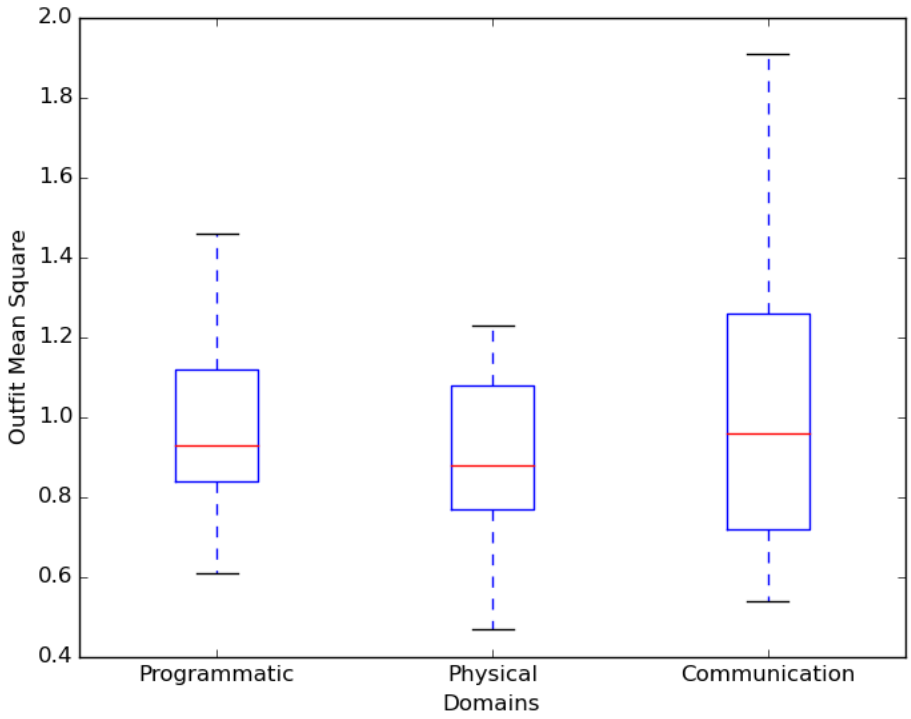


Exhibit 5. Item Outfit Mean Square



Z-Standardized Fit. A standardized fit statistic, often written as Z-Std, is associated with each infit and outfit mean-square value. This value provides information about the improbability of the data. If the data fit the model perfectly, a standardized value of 0.0 is expected, less than 0.0 suggests the model is too predictable, and more than 0.0 indicates a lack of predictability. Exhibit 6 describes the meaning of various Z-Std values.

Exhibit 6: Z-Standardization Implications

Standardized Value	Implication for Measurement
≥ 3	Data very unexpected if they fit the model (perfectly), so they probably do not. But, with a large sample size, substantive misfit may be small.
2.0 – 2.9	Data noticeably unpredictable.
-1.9 – 1.9	Data have reasonable predictability.
≤ −2	Data are too predictable.

Linacre, JM, Rasch Measurement Transactions, 2002, 16:2

The Z-Std box plots for the AJCs are displayed in Exhibit 7 and Exhibit 8. In these plots, the Z-standardization values rarely exceed two, thus suggesting a nice fit.

Exhibit 7. AJC Infit Z-Std

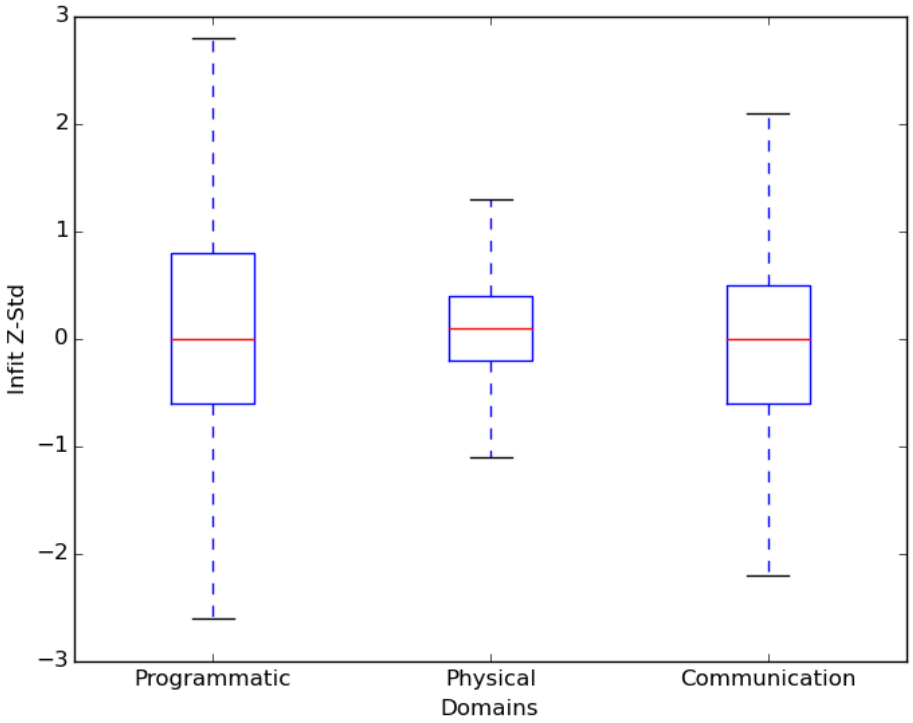


Exhibit 8. AJC Outfit Z-Std

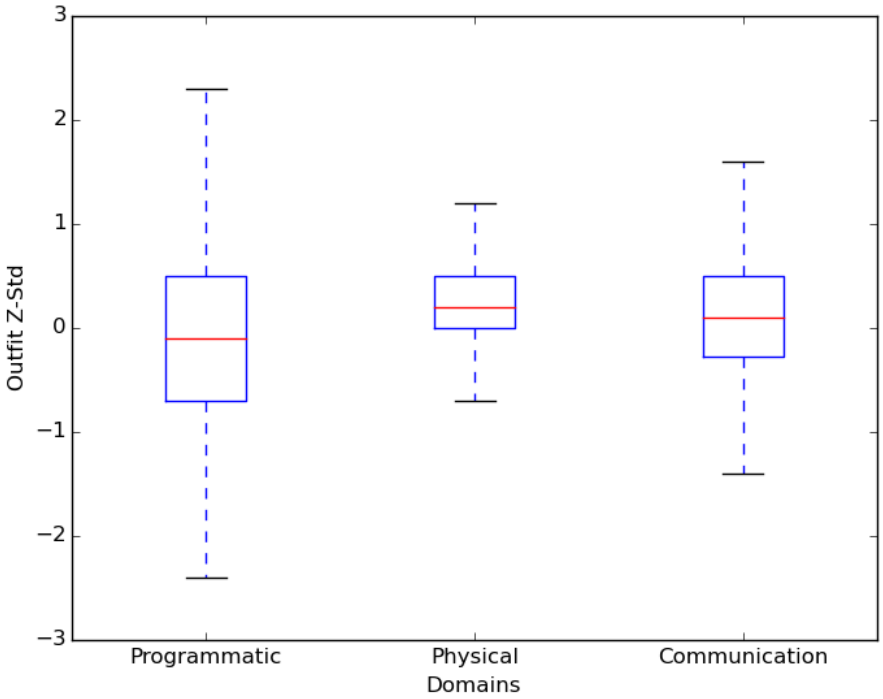
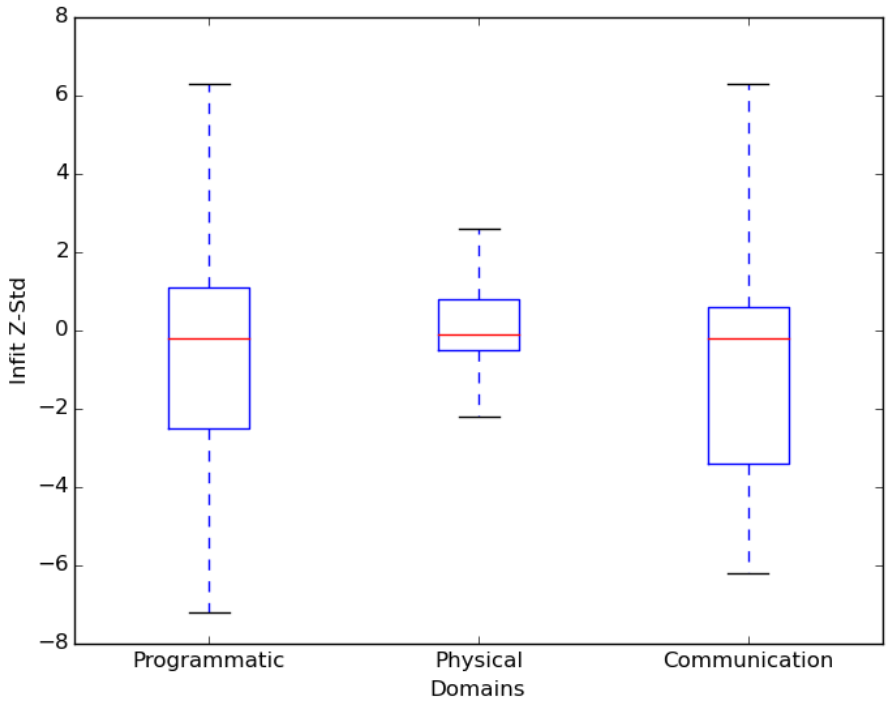


Exhibit 9 displays Z-Std scores for the item fit. The Z-Standardized values across domains are within an acceptable range, with a mass centered around 0. Values in the communication domain vary much more significantly that the other domains, and it is suspected that this is due to the smaller number of items in the communications domain.

Exhibit 9. Item-Level Infit Z-Std



Item Removal. Post-hoc item removal is common in IRT analysis. This occurs when items deemed to significantly degrade the system are removed (that is, items having too high an infit or outfit mean-square), and the data are run again. In the communications domain, of the items administered, only one had a mean-square value greater than 2.0. For this item, the outfit was 2.28; however, the infit was nearly perfect at 1.07. Because of the infit value, we determined that this item did not warrant removal. In the physical domain, all items administered had mean-square values near 1.0, with no values exceeding 2.0. Thus, no items warranted removal. Finally, in the programmatic domain, of the large number of items administered, none had a mean-square value that exceeded 2.0. Therefore, we determined that no items warranted removal.

Comparison with UDC Physical Accessibility Rating. When UDC conducted site visits, the UDC staff assessed the physical accessibility of an AJC using questions that mirrored the physical accessibility section of the IMPAQ survey. These values were included in the IRT model. In addition, they also used a separate UDC checklist that closely mirrored ADA requirements. Having both data collection tools enabled us to compare the physical accessibility measures obtained using the IMPAQ IRT to those on the UDC checklist and to AJC ratings. Since the UDC ratings are on a discrete scale (values from 1 to 4, with half-steps allowed) and the IMPAQ IRT ratings are on a continuous scale, a direct distributional comparison is not valid. We denote the set of UDC

ratings obtained from the UDC checklist as X_0, the set of UDC ratings obtained from the IMPAQ survey by X_1, and the set of IMPAQ IRT measures by X_2. Using the above sets of measures, respective quartiles, Q_0, Q_1, Q_2, are calculated. That is, Q_i gives the quartile values associated to the measures in X_i, $i = 1, 2, 3$. For the j^{th} AJC, denote the associated score in X_i, $i = 1, 2, 3$, by a_{ji}. For each $j \in \{1, \dots, J\}$, we define the three measures q_{j1}, q_{j2}, q_{j3}, where q_{ji} is the minimal value in Q_i that is greater than a_{ji}. More formally, $q_{ji} = \min\{q \in Q : q > a_{ji}\}$. Using the above measures, we compared the scores across measurement tools.

The mean and standard deviation of the quartile differences are outlined in Exhibit 10 with standard deviations in parenthesis. On average, the physical accessibility scores differ less than one (quartile), suggesting a high level of agreement among measures.

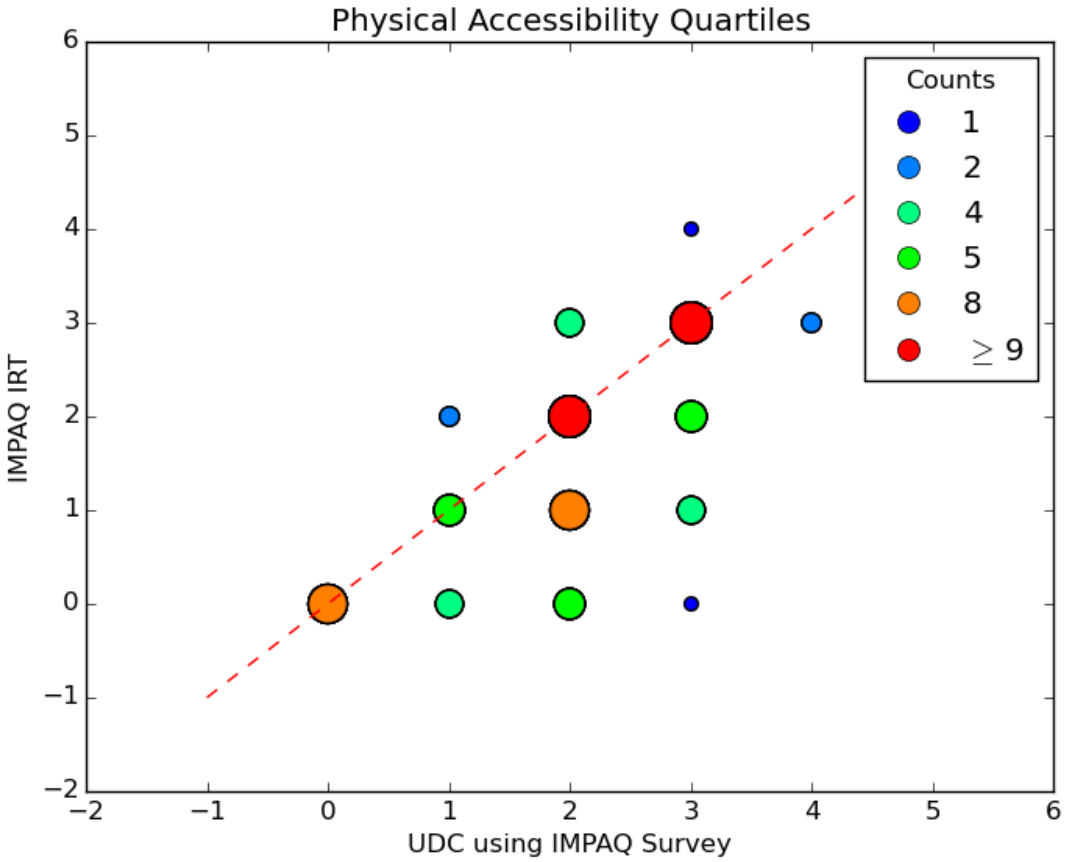
Exhibit 10: Mean and Standard Deviation of Quartile Difference

	UDC(UDC)	UDC(IMPAQ)	IMPAQ IRT
UDC (UDC)	0.0 (0.0)		
UDC (IMPAQ)	0.714 (0.740)	0.0 (0.0)	
IMPAQ IRT	0.957 (0.836)	0.671 (0.751)	0.0 (0.0)

The quartiles comparison is also illustrated in Exhibit 11 through Exhibit 13. Values on the x-axis represent quartile values (q_{ji} above) of a measurement set, with the y-axis representing quartile values of a second measurement set. Markers are colored and sized according to the count of measurements of this value. Therefore, in a perfect situation, we would expect all values to be centered along the 45 degree line $y = x$.

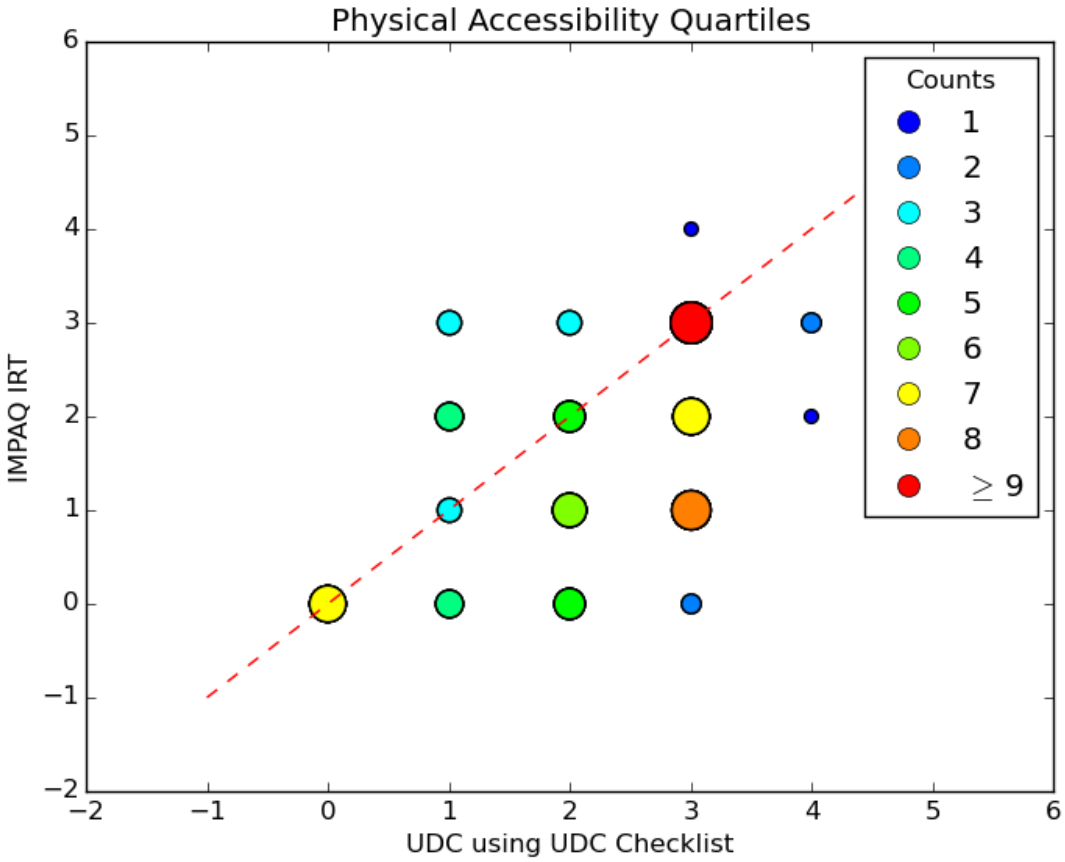
In Exhibit 11 we see a large number of observations along the line $y = x$, implying a significant agreement between measurements. Furthermore, the larger number of measurements below the line $y = x$ suggest that the IMPAQ IRT is slightly more conservative than the UDC rating obtained using the IMPAQ survey.

Exhibit 11. Comparison of IMPAQ IRT to UDC's use of IMPAQ Survey



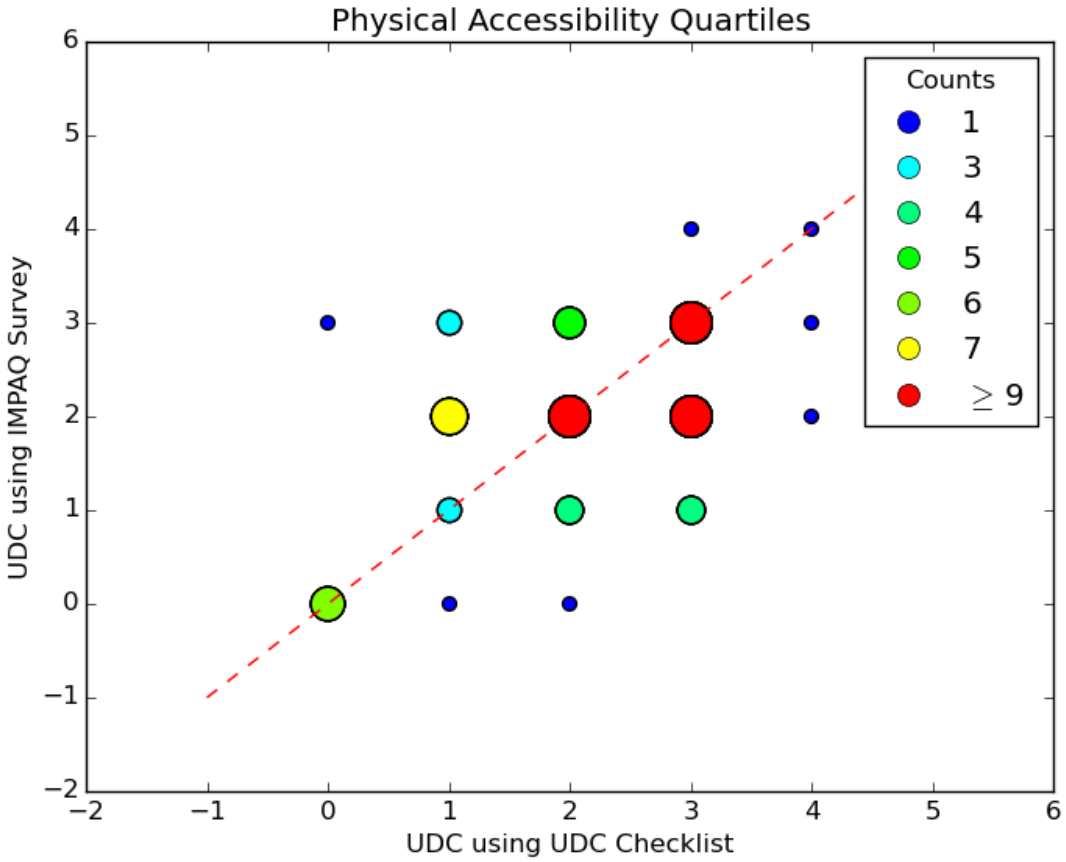
In Exhibit 12, which compares IMPAQ IRT ratings to ratings using the UDC checklist, we still see a significant number of observations along the line $y = x$, most notably, in the more extreme quartiles. However, a larger number of observations lie below the line. Since the majority of these points lie on the line $y = x - 1$, there is still a strong level of agreement, but again the IMPAQ IRT is slightly more conservative than the UDC ratings

Exhibit 12. Comparison of IMPAQ's IRT to UDC Ratings Using UDC Checklist



In the last quartile comparison plot in Exhibit 13, we see a strong level of agreement between UDC using the IMPAQ survey and UDC using their own checklist. The disagreements lie mostly within the lines $y = x - 1$ and $y = x + 1$. This suggests a strong level of agreement but does not suggest either method to be more conservative than the other.

Exhibit 13. Comparison of UDC Using the IMPAQ Survey to UDC Ratings Using UDC Checklist



Checklist 2014

American Job Center #_____
Location: _____
Surveyed by: _____
Surveyed Date: _____

Department of Labor

IMPAQ International, LLC

Universal Designers and Consultants

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
C			**Accessible Parking-Dept. of Labor**	
C1			Is parking available for AJC customers on the street or in local parking lots/garages? **If YES go to C1a, if NO go to C2**	
C1a			Are disability accessible parking spaces provided? **If YES go to C1b, if NO go to C1c**	
C1b			Are the disability accessible parking spaces the ones closest to the main entrance?	
C1c			Is "van accessible" parking provided with an access aisle?	
1.00			**Accessible Parking-UDC**	
1.01			Is the accessible parking on the shortest *accessible route* to the accessible entrance?	208.3.1
1.02			Are the *accessible routes* from accessible parking spaces to an accessible entrance 36 inches wide minimum and unobstructed by curbs, vehicle overhangs or any other barriers?	208.3
1.03			Is there 80 inches high minimum head clearance along all the circulation paths from the parking?	307.4
1.04			Are all the *circulation paths* from the parking free of *protruding objects* (such as sconces and signage) projecting more than 4 inches out horizontally between 27 inches and 80 inches *AFF*?	307
1.05			Is an 8 foot *van accessible* parking space with an 8 foot wide minimum access aisle provided or is there an 11 foot wide parking space with a 5 foot wide *access aisle*?	208.2.4, 502.2
1.06			Do all *van accessible* spaces and their *access aisles* have 98 inches of vertical clearance?	502.5
1.07			Is there 1 *van accessible* space provided?	208.2.4
1.08			Is every accessible parking space at least 8 feet wide?	502.2
1.09			Is every non-van accessible *access aisle* at least 5 feet wide?	208.2 502.3.1
1.10			Do all the accessible parking spaces have slopes of less than 2 percent?	502.4
1.11			Do all the *access aisles* have slopes of less than 2 percent?	502.4
1.12			Are all *access aisles* free of encroaching *ramps* or *curb ramps*?	502.4
1.13			Are all accessible parking spaces free of encroaching *ramps* or *curb ramps*?	502.4
1.14			Do all accessible parking spaces have an *International Symbol of Accessibility (ISA)* vertical signage?	502.6
1.15			Are all vertical parking signs with the ISA posted 60 inches minimum measured from the parking surface to the bottom of the sign at each space?	502.6
1.16			Are all required *van accessible* spaces designated with a "van accessible" sign?	502.6
1.17			Are all the *access aisles* marked to discourage parking in them?	502.3.3

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Exterior Accessible Routes-Dept. of Labor	
C2			**Are "curb ramps" provided between the facility entrance and the following areas?**	
a			Center parking area	
b			Public parking area	
c			Public transportation	
d			Public sidewalk	
C3			**Is the route to the facility entrance from the following areas at least 36" wide?**	
a			Center parking area	
b			Public parking area	
c			Public transportation	
d			Public sidewalk	
C4			**Is the route to the facility entrance from the following areas stable, firm and slip resistant?**	
a			Center parking area	
b			Public parking area	
c			Public transportation	
d			Public sidewalk	
2.00			**Exterior *Accessible Route-UDC***	
2.01			If there is a sidewalk along a street bordering the site, is there a 36 inches wide minimum *accessible route* which is unobstructed by curbs, vehicle overhangs, or any other barriers from the sidewalk to the entrance?	206.2.1 403.5.1
2.02			Are wheel stops located 30 inches minimum from the edge of the sidewalk for sidewalks less than 66 inches wide (inclusive of curb)?	206.2.1 403.5.1
2.03			Are all crosswalks along the accessible route designated with painted stripes or differentiated surface materials?	…
2.04			Are all required *accessible routes* free of abrupt changes in level greater than 1/4 inch in height?	206.2.1 206.2.2 403.4 303
2.05			Are all abrupt level changes that are greater than 1/4 inch no higher than 1/2 inch and beveled no steeper than 1:2?	303.3
2.06			Are all required *accessible routes* free of horizontal gaps greater than 1/2 inch wide?	206.2.1 206.2.2 403.2 302.3
2.07			Are all elongated openings (such as surface drains) that are located on all required access routes placed with the long dimension perpendicular to the dominant direction of travel?	302.3
2.08			Do all *accessible routes* have *running slopes* 5 percent maximum?	206.2.1 206.2.2 403.3
2.09			Do all *accessible routes* have *cross slopes* 2 percent maximum?	206.2.1 206.2.2 403.3
2.10			Is there 80 inches high minimum head clearance along all the circulation paths from the public right of way?	307.4
2.11			Are all the circulation paths from the public right of way free of protruding objects (such as sconces and signage) projecting more than 4 inches out horizontally between 27 inches and 80 inches AFF?	307
2.12			Is the edge between all pedestrian paths and vehicular ways identified by a change in level (curbs) or truncated dome *detectable warnings* ?	….

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
3.00			**Accessible Curb CUT *Ramps***	
3.01			Is there a smooth transition between the road and the *curb ramp* ?	406.2
3.02			Is the slope of the adjoining gutter and road surface 5 percent maximum?	406.2
3.03			Are truncated dome *detectable warnings* provided?	…
3.04			Do the *detectable warnings* on the *curb ramp* contrast visually with the adjoining surfaces?	…
3.05			Are *detectable warnings* 24 inches deep minimum, extending the full width of the flush portion of the *curb ramp* .	…
3.06			Are the perpendicular or parallel *curb ramps* 36 inches wide minimum?	406.1 405.5
3.07			Do all the *curb ramps* have *running slopes* 8.3 percent maximum?	406.1 405.2
3.08			Do all the *curb ramps* have *cross slopes* 2 percent maximum?	406.1 405.3
3.09			Are the *curb ramp* flares sloped 10 percent maximum?	406.3
3.10			Is a level landing (2 percent maximum slope in any direction) 36 inches deep minimum by 60 inches wide minimum provided at the bottom of all parallel *curb ramps* ?	406
3.11			Is a level landing (2 percent maximum slope in any direction) 36 inches deep minimum provided at the top of all the *curb ramps* (if no accessible route crosses the over the landing nor is a turn is required on the landing then it may be 5 percent or less running slope)?	406.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Ramps **-as applicable- changes in level greater than 6"=-Dept. of Labor**	
C5			Does your center have at least one ramp that allows access to the main entrance of your Center? **If YES go to C5a, if NO go to C6**	
C5a			Are all ramps at least 36" wide?	
4.00			***Ramps*** **-as applicable- changes in level greater than 6"-UDC**	
4.01			Do all *ramps* have *running slopes* 8.3 percent maximum?	405.2
4.02			Do all the *ramps* have *cross slopes* 2 percent maximum?	405.3
4.03			Is the clear width of the *ramp* at least 36 inches minimum?	405.5
4.04			Is a 5 feet long landing provided at the top and bottom of each *ramped* section?	405.7.3
4.05			Are the landings (where no turns occur) at least as wide as the *ramp* leading to them?	405.7.2
4.06			Is each intermediate landing at least 5 feet long minimum?	405.7
4.07			Is the maximum rise between landings 30 inches high?	405.6
4.08			Are landings where a change in direction occurs 60 inches deep minimum by 60 inches wide minimum?	405.7.4
4.09			Are all landings sloped 2 percent or less?	405.7.1 302
4.10			Are all landings that are subject to wet conditions designed to prevent the accumulation of water?	405.10
4.11			Is a 12 inches minimum extended ground surface or 4 inches high edge protection provided along each side of the *ramp* ?	405.9
4.12			Are the handrails located 34 inches minimum to 38 inches maximum *AFF* to the top of the gripping surface?	405.8 505.4
4.13			Are the handrails continuous along the length of the *ramp* ?	405.8 505.3
4.14			Is the clearance between the handrail gripping surface and adjacent surfaces 1-1/2 inches minimum?	405.8 505.5
4.15			Are the handrails 1-1/4 inches minimum to 2 inches maximum in diameter?	405.8 505.7.1
4.16			If the handrail is non-circular, does it have a perimeter dimension of 4 inches minimum and 6-1/4 inches maximum and a cross-section dimension of 2-1/4 inches maximum?	505.7.2
4.17			Does each handrail have a horizontal extension at the top and bottom of each *ramp* section that extends 12 inches minimum above the landing?	405.8 505.10
4.18			Are the handrail extensions free of *protruding object* conditions?	307

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
4.19			***Ramps*** **-as applicable- changes in level less than 6"**	
4.20			Do all *ramps* have *running slopes* 8.3 percent maximum?	405.2
4.21			Do all the *ramps* have *cross slopes* 2 percent maximum?	405.3
4.22			Is the clear width of the *ramp* at least 36 inches minimum?	405.5
4.23			Is a 5 feet long landing provided at the top and bottom of each *ramped* section?	405.7.3
4.24			Are the landings (where no turns occur) at least as wide as the *ramp* leading to them?	405.7.2
4.25			Are all landings sloped 2 percent or less?	405.7.1 302
4.26			Are all landings that are subject to wet conditions designed to prevent the accumulation of water?	405.10

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Exterior Entry Doors-Dept. of Labor	
C6			If a main entrance is not accessible for PWD, is there another accessible entrance?	
C7			Is there an International Symbol of Accessibility located at the accessible entrance(s)?	
C8			Is there at least one entrance with a power operated door that either opens automatically or operates by a push button that is easy to reach?	
C9			Is space available for a wheelchair/scooter user to approach, maneuver and open the door to your center?	
5.00			**Exterior Entry Doors-UDC**	
5.01			Are 60 percent of the entrance doors accessible (round up fractions)?	206.4.1
5.02			Is the clear width of at least one single leaf 32 inches minimum below 34 inches *AFF* when open 90 degrees?	404.2.3
5.03			Is the operable portion of the door hardware located between 34 inches and 48 inches *AFF* ?	404.2.7
5.04			Do both door leaves have a closing speed 5 seconds minimum from 90 degrees to 12 degrees from the latch?	404.2.8.1
5.05			Does the *threshold* have abrupt portions that are 1/4 inch high maximum?	302 303 404.2.5
5.06			If *threshold* is greater than 1/4 inches does the threshold have an overall height of 1/2 inch maximum with a beveled at 1:2 maximum?	302 303 404.2.5
5.07			Does the door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4
5.08			Are the required maneuvering clearances on each side of the door sloped 2 percent maximum in all directions?	404.2.4.4
5.09			Are the required door maneuvering clearances free of bollards?	404.2.4
5.10			Is automatic door hardware located 48 inches high maximum?	308
5.11			Is a 30 inches minimum by 48 inches minimum *clear floor space* provided at the automatic door hardware?	305.3
5.12			Is the required *clear floor space* sloped 2 percent maximum in all directions?	305.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
6.00			**Interior Entry Doors**	
6.01			Is the clear width of at least one single leaf 32 inches minimum below 34 inches *AFF*?	404.2.3
6.02			Is the operable portion of the door hardware located between 34 inches and 48 inches *AFF*?	404.2.7
6.03			Do both door leaves have a closing speed 5 seconds minimum from 90 degrees to 12 degrees from the latch?	404.2.8.1
6.04			Do both door leaves have an opening force of 5 pounds maximum?	404.2.9
6.05			Does the *threshold* have abrupt portions that are 1/4 inch high maximum?	302 303 404.2.5
6.06			If *threshold* is greater than 1/4 inches does the threshold have an overall height of 1/2 inch maximum with a beveled at 1:2 maximum?	302 303 404.2.5
6.07			Does the door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4
6.08			Are the required maneuvering clearances on each side of the door sloped 2 percent maximum in all directions?	404.2.4.4
6.09			Is the space between the interior door open at 90 degrees and the face of the exterior door in a closed position 48 inches minimum?	404.2.6
6.10			Is automatic door hardware located 48 inches high maximum?	308
6.11			Is a 30 inches minimum by 48 inches minimum *clear floor space* provided at the automatic door hardware?	305.3
6.12			Is the required *clear floor space* sloped 2 percent maximum in all directions?	305.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Interior *Accessible Routes* and Elements-Dept. of Labor	
C10			**Can PWD get to the following areas inside your center without difficulty?**	
a			Toilet facilities	
b			Resource/computer room	
c			Training/meeting room	
d			Other public areas	
7.00			**Interior *Accessible Routes* and Elements**	
7.01			Is there a 36 inches wide *accessible route* , reduced to 32 inches for a depth of 24 inches maximum with 48 inches minimum between sections that are less than 36 inches wide, connecting the accessible entry/entrances with all accessible public spaces and elements within the facility including lounge areas and restrooms?	206.2.4 402
7.02			Are all floor surfaces along required *accessible routes* stable, firm and slip resistant?	206.2.4 302.1
7.03			Are all abrupt changes in level along all required *accessible routes* 1/4 inch maximum in height?	206.2.4 403.4 303
7.04			Are all abrupt level changes greater than 1/4 inch, 1/2 inch high maximum overall and beveled at 1:2 maximum?	303.3
7.05			Are all required *accessible routes* free of *horizontal gaps* greater than 1/2 inch wide?	206.2.4 403.2 302.3
7.06			Are all *circulation paths* free of protruding objects projecting more than 4 inches out horizontally between 27 inches and 80 inches AFF? (12 inches if post mounted)	307
7.07			Is there 80 inches high minimum head clearance along all interior circulation paths?	307.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Emergency Evacuation Systems-Dept. of Labor	
C11			Does your center have emergency alert systems with audio and visual signals (e.g., loud bells and flashing lights) that direct customers safely out of the building during an emergency?	
			Counters-Dept of Labor	
C12			Is there sufficient space in the reception or waiting area at your center to accommodate a wheelchair or electric scooter user?	
C13			Does your center have a lowered counter or some other way that PWD can sign-in/register?	
8.00			**Counters-UDC**	
8.01			Is the height of at least one of the accessible transaction counters 36 inches maximum?	904.4
8.02			Is the width of the accessible transaction counter 36 inches minimum with a 30 inches minimum by 48 inches minimum *clear floor space* provided for a side approach?	904.4.1 305.5
8.03			Does the accessible portion of the transaction counter extend the full depth of the counter?	904.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
9.00			**Men's Restroom - Restroom -UDC**	
9.01			Is there a sign located 9 inches minimum from the latch side edge of the door to the centerline of the raised characters, outside the swing of the door? (Or located on the face of in-swinging doors that has a *closer* but no hold open device?)	703.4.2
9.02			Does the sign have tactile characters that are raised 1/32 inch minimum ?	703.2.1
9.03			Is the character height of the tactile characters between 5/8 inch minimum and 2 inches maximum?	703.2.5
9.04			Is the baseline of the lowest tactile character 48 inches minimum and the baseline of the highest tactile character 60 inches maximum?	703.4.1
9.05			Does the sign have braille?	703.3
9.06			Is the sign non-glare?	703.5.1
9.07			Do the characters on the sign visually contrast with the background?	703.5.1
9.08			Are the raised characters upper case and sans serif?	703.2.2 703.2.3

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
10.00			**Men's Entry Door-Restroom -UDC**	
10.01			Is door hardware located between 34 inches minimum and 48 inches maximum *AFF*?	404.2.7
10.02			Is the door opening force 5 pounds maximum?	404.2.9
10.03			Is the door closing speed 5 seconds minimum from 90 degrees to 12 degrees from the latch for all leaves of this doorway?	404.2.8.1
10.04			Does the *threshold* have abrupt portions that are 1/4 inch high maximum?	302 303 404.2.5
10.05			If *threshold* is greater than 1/4 inches does the threshold have an overall height of 1/2 inch maximum with a beveled at 1:2 maximum?	302 303 404.2.5
10.06			Does the door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
11.00			**Men's Restroom General - Restroom -UDC**	
11.01			Is there a motion detection light switch within the room or on the switch? (Or is the manual switch located 48 inches maximum *AFF* adjacent to a 30 inches minimum by 48 inches minimum *clear floor space* provided ?)	308
11.02			Is the coat hook located 48 inches maximum *AFF* ?	308
11.03			Is there a 30 inches minimum by 48 inches minimum *clear floor space* provided at the coat hook?	305
11.04			Is there a 60 inches minimum diameter or a T-Turn *turning space* provided in the restroom?	304.3
11.05			In single user restrooms, is there a 30 inches minimum by 48 inches minimum *clear floor space* provided beyond the arc of the in swinging door?	603.2.3
11.06			If an audible alarm is provided within the facility, is there a visual alarm provided in the restroom?	702
11.07			Is the restroom free of *protruding objects* projecting more than 4 inches out horizontally between 27 inches and 80 inches *AFF* ? (12 inches if post mounted)	307
11.08			Is there 80 inches high minimum head clearance in the restroom?	307.4
11.09			Are the restroom floor surfaces (including those at the floor drain) sloped 2 percent maximum in all directions with no abrupt change in level greater than 1/4 inch high and no *horizontal gaps* greater than 1/2 inch wide?	206.2.4, 302.3 303, 403.2 403.3, 403.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Men's Restroom - Restroom -Dept. of Labor	
C15			Is at least one mirror in your center's public restroom accessible (e.g., low enough and within reasonable sight distance) to customers who are seated or of short stature?	
12.00			**Men's Lavatory - Restroom -UDC**	
12.01			Is the top of the accessible lavatory rim 34 inches maximum *AFF* ?	213.3.4 606.3
12.02			Is *knee clearance* 27 inches high minimum by 30 inches wide minimum by 8 inches deep minimum provided under the lavatory?	213.3.4 305.4 306 606.2
12.03			Is *toe clearance* 9 inches high minimum by 30 inches wide minimum by 17 inches deep minimum provided under the lavatory?	213.3.4 305.4 306 606.2
12.04			Are all pipes below the accessible lavatory insulated or otherwise protected from contact?	213.3.4 606.5
12.05			Is the faucet hardware at the accessible lavatory automatic or operable with a *closed fist* or flail hand?	213.3.4 309 606.4
12.06			Is the bottom of the vertical reflecting edge (not the frame) of the mirror located 40 inches *AFF* maximum?	213.3.4 603.3

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
13.00			**Men's Dispensers / Accessories - Restroom -UDC**	
13.01			Is at least one of each type of dispenser in the restroom on an *accessible route* adjacent to a 30 inches minimum by 48 inches minimum *clear floor space* ?	305.3
13.02			Is at least one of each type of dispenser mounted with its *operable controls* 48 inches maximum *AFF* ?	308
13.03			Can all required accessible dispensers controls be used with a flail hand or *closed fist* and require 5 pounds maximum of force to operate?	309
13.04			If a baby changing station is provided is it on an *accessible route* with a 30 inches minimum by 48 inches minimum *clear floor space* provided for a forward approach?	305 902.1 902.2
13.05			Is the baby changing station pull down handle and all other *operable controls* located 48 inches high maximum?	305
13.06			Is the baby changing station surface (when open) 28 inches minimum to 34 inches maximum *AFF* ?	902.1 902.3
13.07			Does the baby changing station surface (when open) provide *knee clearance* 27 inches minimum high by 30 inches wide minimum by 8 inches deep minimum and *toe clearance* 17 inches deep minimum for a frontal approach?	306 902.1 902.2
13.08			If wipes or other baby changing accessories are provided are they located 48 inches maximum AFF for depths from 20 inches maximum or 44 inches maximum AFF for depths from 20 inches to 25 inches?	306 902.1 902.2
13.09			Are all controls, wipes or other baby changing accessories which are provided located within the knee and toe clearance depth (not located beyond the toe clearance) when the baby changing station is open?	306 902.1 902.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Men's Restroom - Restroom -Dept. of Labor	
C14			Is there at least one wheelchair or electric scooter accessible restroom stall available in your public restroom? **If YES go to C14a, if NO go to C15.**	
C14a			Are both side and rear grab bars provided?	
14.00			**Men's Toilet - Restroom -UDC**	
14.01			Is at least 60 inches wide minimum clearance provided, measured perpendicular to the side wall?	604.3
14.02			Is 56 inches deep minimum clearance provided, measured perpendicular from the rear wall?	604.3
14.03			Is an accessible stall provided?	604.8
14.04			Is the stall door net clear width 32 inches wide minimum?	404.2.3
14.05			Does the stall door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4
14.06			Is the door opening to the corner 4 inches maximum?	604.8.1.2
14.07			Is there accessible door pulls on both sides?	604.8.1.2
14.08			Is the stall door self closing?	604.8.1.2
14.09			Is an accessible lock provided?	309
14.10			Is the toe clearance 9 inches high minimum?	604.8.1.4
14.11			Is the coat hook located 48 inches maximum *AFF*?	308
14.12			Is the accessible toilet centered 16 inches minimum to 18 inches maximum from sidewall?	604.2
14.13			Is the accessible toilet seat 17 inches minimum to 19 inches maximum *AFF*?	604.4
14.14			Is the toilet flush control automatic or located on the open side of the toilet?	604.6
14.15			Is a horizontal **side wall grab bar** provided that is 1-1/4 to 1-1/2 inches in diameter, 42 inches long minimum, starting at 12 inches maximum and extending 54 inches minimum from the rear wall, 33 inches minimum to 36 inches maximum *AFF* to the top of the gripping surface and with no obstructions within 12 inches above or 1-1/2 inches below the bar?	604.5.1 609
14.16			Is a horizontal **rear wall grab bar** provided that is 1-1/4 to 1-1/2 inches in diameter, 36 inches long minimum, extending 12 inches minimum from the toilet centerline towards the near side wall and 24 inches minimum on the other, 33 inches minimum to 36 inches maximum *AFF* to the top of the gripping surface and with no obstructions within 12 inches above or 1-1/2 inches below the bar?	604.5.2 609
14.17			Is the centerline of the toilet paper dispenser located 7 inches minimum to 9 inches maximum from the front of the water closet?	604.7
14.18			Is the toilet paper dispenser opening located between 15 inches minimum and 48 inches maximum *AFF*?	604.7 609.3
14.19			Is there a urinal that is 17 inches high maximum to the lip?	605.2
14.20			Is the urinal flush operating control automatic or is it located 48 inches high maximum *AFF*?	605.4
14.21			Is a 30 inches wide minimum by 48 inches deep minimum *clear floor space* provided at the urinal? (Is a 36 inches wide minimum by 48 inches deep minimum *clear floor space* provided if an alcove condition is greater then 24 inches deep?)	605.3
14.22			Is the urinal 13-1/2 inches deep minimum measured from the outer face of the rim to the wall?	605.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
15.00			**Women's Restroom - Restroom -UDC**	
15.01			Is there a sign located 9 inches minimum from the latch side edge of the door to the centerline of the raised characters, outside the swing of the door? (Or located on the face of in-swinging doors that has a *closer* but no hold open device?)	703.4.2
15.02			Does the sign have tactile characters that are raised 1/32 inch minimum ?	703.2.1
15.03			Is the character height of the tactile characters between 5/8 inch minimum and 2 inches maximum?	703.2.5
15.04			Is the baseline of the lowest tactile character 48 inches minimum and the baseline of the highest tactile character 60 inches maximum?	703.4.1
15.05			Does the sign have braille?	703.3
15.06			Is the sign non-glare?	703.5.1
15.07			Do the characters on the sign visually contrast with the background?	703.5.1
15.08			Are the raised characters upper case and sans serif?	703.2.2 703.2.3

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
16.00			**Women's Entry Door -Restroom -UDC**	
16.01			Is door hardware located between 34 inches minimum and 48 inches maximum *AFF*?	404.2.7
16.02			Is the door opening force 5 pounds maximum?	404.2.9
16.03			Is the door closing speed 5 seconds minimum from 90 degrees to 12 degrees from the latch for all leaves of this doorway?	404.2.8.1
16.04			Does the *threshold* have abrupt portions that are 1/4 inch high maximum?	302 303 404.2.5
16.05			If *threshold* is greater than 1/4 inches does the threshold have an overall height of 1/2 inch maximum with a beveled at 1:2 maximum?	302 303 404.2.5
16.06			Does the door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
17.00			**Women's Restroom General -Restroom -UDC**	
17.01			Is there a motion detection light switch within the room or on the switch? (Or is the manual switch located 48 inches maximum *AFF* adjacent to a 30 inches minimum by 48 inches minimum *clear floor space* provided ?)	308
17.02			Is the coat hook located 48 inches maximum *AFF* ?	308
17.03			Is there a 30 inches minimum by 48 inches minimum *clear floor space* provided at the coat hook?	305
17.04			Is there a 60 inches minimum diameter or a T-Turn *turning space* provided in the restroom?	304.3
17.05			In single user restrooms, is there a 30 inches minimum by 48 inches minimum *clear floor space* provided beyond the arc of the in swinging door?	603.2.3
17.06			If an audible alarm is provided within the facility, is there a visual alarm provided in the restroom?	702
17.07			Is the restroom free of *protruding objects* projecting more than 4 inches out horizontally between 27 inches and 80 inches *AFF* ? (12 inches if post mounted)	307
17.08			Is there 80 inches high minimum head clearance in the restroom?	307.4
17.09			Are the restroom floor surfaces (including those at the floor drain) sloped 2 percent maximum in all directions with no abrupt change in level greater than 1/4 inch high and no *horizontal gaps* greater than 1/2 inch wide?	206.2.4, 302.3 303, 403.2 403.3, 403.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Women's Restroom - Restroom -Dept. of Labor	
C15			Is at least one mirror in your center's public restroom accessible (e.g., low enough and within reasonable sight distance) to customers who are seated or of short stature?	
18.00			**Women's Lavatory -Restroom -UDC**	
18.01			Is the top of the accessible lavatory rim 34 inches maximum *AFF* ?	213.3.4 606.3
18.02			Is *knee clearance* 27 inches high minimum by 30 inches wide minimum by 8 inches deep minimum provided under the lavatory?	213.3.4 305.4 306 606.2
18.03			Is *toe clearance* 9 inches high minimum by 30 inches wide minimum by 17 inches deep minimum provided under the lavatory?	213.3.4 305.4 306 606.2
18.04			Are all pipes below the accessible lavatory insulated or otherwise protected from contact?	213.3.4 606.5
18.05			Is the faucet hardware at the accessible lavatory automatic or operable with a *closed fist* or flail hand?	213.3.4 309 606.4
18.06			Is the bottom of the vertical reflecting edge (not the frame) of the mirror located 40 inches *AFF* maximum?	213.3.4 603.3

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
19.00			**Women's Dispensers / Accessories -Restroom -UDC**	
19.01			Is at least one of each type of dispenser in the restroom on an *accessible route* adjacent to a 30 inches minimum by 48 inches minimum *clear floor space* ?	305.3
19.02			Is at least one of each type of dispenser mounted with its controls 48 inches maximum *AFF* ?	308
19.03			Can all required accessible dispensers controls be used with a flail hand or *closed fist* and require 5 pounds maximum of force to operate?	309
19.04			If a baby changing station is provided is it on an *accessible route* with a 30 inches minimum by 48 inches minimum *clear floor space* provided for a forward approach?	305 902.1 902.2
19.05			Is the baby changing station pull down handle and all other operable controls located 48 inches high maximum?	305
19.06			Is the baby changing station surface (when open) 28 inches minimum to 34 inches maximum *AFF* ?	902.1 902.3
19.07			Does the baby changing station surface (when open) provide *knee clearance* 27 inches minimum high by 30 inches wide minimum by 8 inches deep minimum and *toe clearance* 17 inches deep minimum for a frontal approach?	306 902.1 902.2
19.08			If wipes or other baby changing accessories are provided are they located 48 inches maximum AFF for depths from 20 inches maximum or 44 inches maximum AFF for depths from 20 inches to 25 inches?	306 902.1 902.2
19.09			Are all controls, wipes or other baby changing accessories which are provided located within the knee and toe clearance depth (not located beyond the toe clearance) when the baby changing station is open?	306 902.1 902.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Women's Restroom - Restroom-Dept. of Labor	
C14			Is there at least one wheelchair or electric scooter accessible restroom stall available in your public restroom? **If YES go to C14a, if NO go to C15.**	
C14a			Are both side and rear grab bars provided?	
20.00			**Women's Toilet -Restroom -UDC**	
20.01			Is at least 60 inches wide minimum clearance provided, measured perpendicular to the side wall?	604.3
20.02			Is 56 inches deep minimum clearance provided, measured perpendicular from the rear wall?	604.3
20.03			Is an accessible stall provided?	604.8
20.04			Is the stall door net clear width 32 inches wide minimum?	404.2.3
20.05			Does the stall door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4
20.06			Is the door opening to the corner 4 inches maximum?	604.8.1.2
20.07			Is there accessible door pulls on both sides?	604.8.1.2
20.08			Is the stall door self closing?	604.8.1.2
20.09			Is an accessible lock provided?	309
20.10			Is the toe clearance 9 inches high minimum?	604.8.1.4
20.11			Is the coat hook located 48 inches maximum *AFF*?	308
20.12			Is the accessible toilet centered 16 inches minimum to 18 inches maximum from sidewall?	604.2
20.13			Is the accessible toilet seat 17 inches minimum to 19 inches maximum *AFF*?	604.4
20.14			Is the toilet flush control automatic or located on the open side of the toilet?	604.6
20.15			Is a horizontal **side wall grab bar** provided that is 1-1/4 to 1-1/2 inches in diameter, 42 inches long minimum, starting at 12 inches maximum and extending 54 inches minimum from the rear wall, 33 inches minimum to 36 inches maximum *AFF* to the top of the gripping surface and with no obstructions within 12 inches above or 1-1/2 inches below the bar?	604.5.1 609
20.16			Is a horizontal **rear wall grab bar** provided that is 1-1/4 to 1-1/2 inches in diameter, 36 inches long minimum, extending 12 inches minimum from the toilet centerline towards the near side wall and 24 inches minimum on the other, 33 inches minimum to 36 inches maximum *AFF* to the top of the gripping surface and with no obstructions within 12 inches above or 1-1/2 inches below the bar?	604.5.2 609
20.17			Is the centerline of the toilet paper dispenser located 7 inches minimum to 9 inches maximum from the front of the water closet?	604.7
20.18			Is the toilet paper dispenser opening located between 15 inches minimum and 48 inches maximum *AFF*?	604.7 609.3

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
21.00			**Unisex Restroom - Restroom -UDC**	
21.01			Is there a sign located 9 inches minimum from the latch side edge of the door to the centerline of the raised characters, outside the swing of the door? (Or located on the face of in-swinging doors that has a *closer* but no hold open device?)	703.4.2
21.02			Does the sign have tactile characters that are raised 1/32 inch minimum ?	703.2.1
21.03			Is the character height of the tactile characters between 5/8 inch minimum and 2 inches maximum?	703.2.5
21.04			Is the baseline of the lowest tactile character 48 inches minimum and the baseline of the highest tactile character 60 inches maximum?	703.4.1
21.05			Does the sign have braille?	703.3
21.06			Is the sign non-glare?	703.5.1
21.07			Do the characters on the sign visually contrast with the background?	703.5.1
21.08			Are the raised characters upper case and sans serif?	703.2.2 703.2.3
22.00			**Unisex Entry Door -Restroom -UDC**	
22.01			Is door hardware located between 34 inches minimum and 48 inches maximum *AFF* ?	404.2.7
22.02			Is the door opening force 5 pounds maximum?	404.2.9
22.03			Is the door closing speed 5 seconds minimum from 90 degrees to 12 degrees from the latch for all leaves of this doorway?	404.2.8.1
22.04			Does the *threshold* have abrupt portions that are 1/4 inch high maximum?	302 303 404.2.5
22.05			If *threshold* is greater than 1/4 inches does the threshold have an overall height of 1/2 inch maximum with a beveled at 1:2 maximum?	302 303 404.2.5
22.06			Does the door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
23.00			**Unisex Restroom General -Restroom -UDC**	
23.01			Is there a motion detection light switch within the room or on the switch? (Or is the manual switch located 48 inches maximum *AFF* adjacent to a 30 inches minimum by 48 inches minimum *clear floor space* provided ?)	308
23.02			Is the coat hook located 48 inches maximum *AFF* ?	308
23.03			Is there a 30 inches minimum by 48 inches minimum *clear floor space* provided at the coat hook?	305
23.04			Is there a 60 inches minimum diameter or a T-Turn *turning space* provided in the restroom?	304.3
23.05			In single user restrooms, is there a 30 inches minimum by 48 inches minimum *clear floor space* provided beyond the arc of the in swinging door?	603.2.3
23.06			If an audible alarm is provided within the facility, is there a visual alarm provided in the restroom?	702
23.07			Is the restroom free of *protruding objects* projecting more than 4 inches out horizontally between 27 inches and 80 inches *AFF* ? (12 inches if post mounted)	307
23.08			Is there 80 inches high minimum head clearance in the restroom?	307.4
23.09			Are the restroom floor surfaces (including those at the floor drain) sloped 2 percent maximum in all directions with no abrupt change in level greater than 1/4 inch high and no *horizontal gaps* greater than 1/2 inch wide?	206.2.4, 302.3 303, 403.2 403.3, 403.4

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Unisex Restroom - Restroom -Dept. of Labor	
C15			Is at least one mirror in your center's public restroom accessible (e.g., low enough and within reasonable sight distance) to customers who are seated or of short stature?	
24.00			**Unisex Lavatory -Restroom -UDC**	
24.01			Is the top of the accessible lavatory rim 34 inches maximum *AFF* ?	213.3.4 606.3
24.02			Is *knee clearance* 27 inches high minimum by 30 inches wide minimum by 8 inches deep minimum provided under the lavatory?	213.3.4 305.4 306 606.2
24.03			Is *toe clearance* 9 inches high minimum by 30 inches wide minimum by 17 inches deep minimum provided under the lavatory?	213.3.4 305.4 306 606.2
24.04			Are all pipes below the accessible lavatory insulated or otherwise protected from contact?	213.3.4 606.5
24.05			Is the faucet hardware at the accessible lavatory automatic or operable with a *closed fist* or flail hand?	213.3.4 309 606.4
24.06			Is the bottom of the vertical reflecting edge (not the frame) of the mirror located 40 inches *AFF* maximum?	213.3.4 603.3
25.00			**Unisex Dispensers / Accessories -Restroom -UDC**	
25.01			Is at least one of each type of dispenser in the restroom on an *accessible route* adjacent to a 30 inches minimum by 48 inches minimum *clear floor space* ?	305.3
25.02			Is at least one of each type of dispenser mounted with its controls 48 inches maximum *AFF* ?	308
25.03			Can all required accessible dispensers controls be used with a flail hand or *closed fist* and require 5 pounds maximum of force to operate?	309
25.04			If a baby changing station is provided is it on an *accessible route* with a 30 inches minimum by 48 inches minimum *clear floor space* provided for a forward approach?	305 902.1 902.2
25.05			Is the baby changing station pull down handle and all other operable controls located 48 inches high maximum?	305
25.06			Is the baby changing station surface (when open) 28 inches minimum to 34 inches maximum *AFF* ?	902.1 902.3
25.07			Does the baby changing station surface (when open) provide *knee clearance* 27 inches minimum high by 30 inches wide minimum by 8 inches deep minimum and *toe clearance* 17 inches deep minimum for a frontal approach?	306 902.1 902.2
25.08			If wipes or other baby changing accessories are provided are they located 48 inches maximum AFF for depths from 20 inches maximum or 44 inches maximum AFF for depths from 20 inches to 25 inches?	306 902.1 902.2
25.09			Are all controls, wipes or other baby changing accessories which are provided located within the knee and toe clearance depth (not located beyond the toe clearance) when the baby changing station is open?	306 902.1 902.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Unisex Restroom - Restroom -Dept. of Labor	
C14			Is there at least one wheelchair or electric scooter accessible restroom stall available in your public restroom? **If YES go to C14a, if NO go to C15.**	
C14a			Are <u>both</u> side and rear grab bars provided?	
26.00			**Unisex Toilet -Restroom -UDC**	
26.01			Is at least 60 inches wide minimum clearance provided, measured perpendicular to the side wall?	604.3
26.02			Is 56 inches deep minimum clearance provided, measured perpendicular from the rear wall?	604.3
26.03			Is an accessible stall provided?	604.8
26.04			Is the stall door net clear width 32 inches wide minimum?	404.2.3
26.05			Does the stall door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4
26.06			Is the door opening to the corner 4 inches maximum?	604.8.1.2
26.07			Is there accessible door hardware on both sides?	604.8.1.2
26.08			Is the stall door self closing?	604.8.1.2
26.09			Is an accessible lock provided?	309
26.10			Is the toe clearance 9 inches high minimum?	604.8.1.4
26.11			Is there a coat hook provided at 48 inches high maximum?	308
26.12			Is the accessible toilet centered 16 inches minimum to 18 inches maximum from sidewall?	604.2
26.13			Is the accessible toilet seat 17 inches minimum to 19 inches maximum *AFF*?	604.4
26.14			Is the toilet flush control automatic or located on the open side of the toilet?	604.6
26.15			Is a horizontal **side wall grab bar** provided that is 1-1/4 to 1-1/2 inches in diameter, 42 inches long minimum, starting at 12 inches maximum and extending 54 inches minimum from the rear wall, 33 inches minimum to 36 inches maximum *AFF* to the top of the gripping surface and with no obstructions within 12 inches above or 1-1/2 inches below the bar?	604.5.1 609
26.16			Is a horizontal **rear wall grab bar** provided that is 1-1/4 to 1-1/2 inches in diameter, 36 inches long minimum, extending 12 inches minimum from the toilet centerline towards the near side wall and 24 inches minimum on the other, 33 inches minimum to 36 inches maximum *AFF* to the top of the gripping surface and with no obstructions within 12 inches above or 1-1/2 inches below the bar?	604.5.2 609
26.17			Is the centerline of the toilet paper dispenser located 7 inches minimum to 9 inches maximum from the front of the water closet?	604.7
26.18			Is the toilet paper dispenser opening located between 15 inches minimum and 48 inches maximum *AFF*?	604.7 609.3
26.19			Is there a urinal that is 17 inches high maximum to the lip?	605.2
26.20			Is the urinal flush operating control automatic or is it located 48 inches high maximum *AFF*?	605.4
26.21			Is a 30 inches wide minimum by 48 inches deep minimum *clear floor space* provided at the urinal? (Is a 36 inches wide minimum by 48 inches deep minimum *clear floor space* provided if an alcove condition is greater then 24 inches deep?)	605.3
26.22			Is the urinal 13-1/2 inches deep minimum measured from the outer face of the rim to the wall?	605.2

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
27.00			**Drinking Fountains**	
27.01			Is a high / low drinking fountain provided?	211 602
27.02			Is a 30 inches minimum by 48 inches minimum *clear floor space* centered on the low drinking fountain for a forward approach?	602.2
27.03			Is the spout height of the low drinking fountain 36 inches maximum *AFF*?	602.4
27.04			Is the spout located 5 inches maximum from the front of the of the unit (including bumpers)?	602.5
27.05			Is the water arc 4 inches minimum high?	602.6
27.06			Is *knee clearance* 27 inches high minimum by 30 inches wide minimum by 8 inches deep minimum provided at the low drinking fountain?	305.4 306 602.2
27.07			Is *toe clearance* 9 inches high minimum by 30 inches wide minimum by 17 inches deep minimum toe clearance provided at the low drinking fountain?	305.4 306 602.2
27.08			Is the spout for the high drinking fountain 38 inches high minimum to 43 inches high maximum *AFF*?	602.7
27.09			Is a 27 inches high maximum cane *detectable apron* provided at all the drinking fountains?	307

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
28.00			**Training Room**	
28.01			Is the clear width of the door 32 inches minimum below 34 inches *AFF*?	404.2.3
28.02			Is the operable portion of the door hardware located between 34 inches and 48 inches *AFF*?	404.2.7
28.03			Do both door leaves have a closing speed 5 seconds minimum from 90 degrees to 12 degrees from the latch?	404.2.8.1
28.04			Do both door leaves have an opening force of 5 pounds maximum?	404.2.9
28.05			Does the *threshold* have abrupt portions that are 1/4 inch high maximum?	302 303 404.2.5
28.06			If *threshold* is greater than 1/4 inches does the threshold have an overall height of 1/2 inch maximum with a beveled at 1:2 maximum?	302 303 404.2.5
28.07			Does the door have pull and push side maneuvering clearances that comply with figure 404.2.4?	404.2.4
28.08			Are all controls on an *accessible route* with a 30 inches by 48 inches minimum *clear floor space*?	305.3
28.09			Are all controls located within 48 inches maximum AFF or 46 inches maximum *AFF* for depths from 10 inches to 24 inches?	308
28.10			If table is provided does it provide 34 inches high maximum top and 30 inches wide x 27 inches high x 17 inches deep minimum knee and toe clearance.	226.1

Line #	Y/ N / N.A.	Comment / Dimension	Question	2010 Standards
			Elevators-Dept. of Labor	
C16			Does your center have an elevator? **If YES go to C16a, if NO go to C17.**	
C16a			Is there a raised letter & Braille sign on each side of each elevator door jamb?	
C16b			Is at least one elevator large enough for a wheelchair/scooter user to enter, turn to reach the controls, and exit?	
C16c			Do the buttons on the control panel inside the elevator have Braille or raised characters?	
29.00			**Elevators Hall-UDC**	
29.01			Is the elevator hall call button between 15 inches minimum to 54 inches maximum AFF?	407.2.1.1
29.02			Is there an audible arrival signal?	407.2.2.1
29.03			Is there a visual arrival signal?	407.2.2.1
29.04			Is there an audible direction of travel signal?	407.2.2.1
29.05			Is there a direction of travel lantern?	407.2.2.1
29.06			Is the direction of travel lantern located at 72 inches minimum AFF?	407.2.2.2
29.07			Is there a floor sign on each jamb of the elevator?	407.2.3
29.08			Is the sign centerline height 60 inches maximum?	407.2.3
29.09			Is the baseline of the lowest tactile character 48 inches minimum and the baseline of the highest tactile character 60 inches maximum?	703.4.1 407.2.3
29.10			Does the sign have tactile and braille characters?	703.2.1 703.3
29.11			Is there a raised star tactile symbol at the main entry level?	407.4.7
30.00			**Elevators Cab-UDC**	
30.01			Is the gap at the threshold 1-1/4 inches wide maximium and 1/2 inch high maximum?	407.4.4
30.02			Does the door have a clear width of 36 inches minimum?	407.4.1
30.03			Does the door stay fully open for 3 seconds minimum?	407.3.5
30.04			Does an obstructed door remain open for 20 seconds minimum?	407.3.3.3
30.05			Is there an electric eye or sensor strip?	407.3.3
30.06			Do the dimensions of the cab comply with table 407.4.1?	407.4.1
30.07			Is there an audible passage of floor signal?	407.4.8.2
30.08			Is there a visual car position indicator?	407.4.8.1
30.09			Is there a visual indicator at the floor button when call is registered and when answered?	407.4.8.1.3
30.10			Is the top floor button located at 54 inches maximum AFF to the centerline?	407.4.6.1
30.11			Do the buttons have tactile and braille?	703.2.1 703.3
30.12			Is there a raised star tactile symbol at the main entry level?	407.4.7
30.13			Are the emergency controls located at 35 inches maximum AFF to the centerline?	407.4.6.4.1
30.14			Do the buttons have tactile and braille?	703.2.1 703.3
30.15			Does the emergency communication device have tactile and text?	407.4.9
30.16			Does the phone door have an accessible pull?	407.4.9
30.17			Is the phone located at 48 inches maximum AFF?	407.4.9
30.18			Is the phone operable without voice?	407.4.9

APPENDIX M: SUMMARY OF AJC FOCUS GROUPS

As part of the in-person data collection at the AJCs, we conducted focus groups at nine sites with AJC customers with disabilities. These focus groups were used to obtain the perspectives of people with disabilities as to the accessibility of the AJCs. Topics of discussion for the people with disabilities in the focus groups included: accessing the Center facilities; use of the AJC website; interactions with staff; use of assistive technology; usefulness of Center materials; barriers or facilitators to receiving services; and customer with disabilities' overall experience interacting with the AJC. In addition to offering their perspectives on the accessibility of services at the AJC, focus group participants had the opportunity to share their suggestions about how these services could be improved.

1. Characteristics of Sites

As shown in Exhibit 1, the nine Centers where we conducted focus groups represented a wide range of different types of Centers across key Center characteristics.

Exhibit 1: Characteristics of AJCs with Focus Groups of AJC Customers with Disabilities

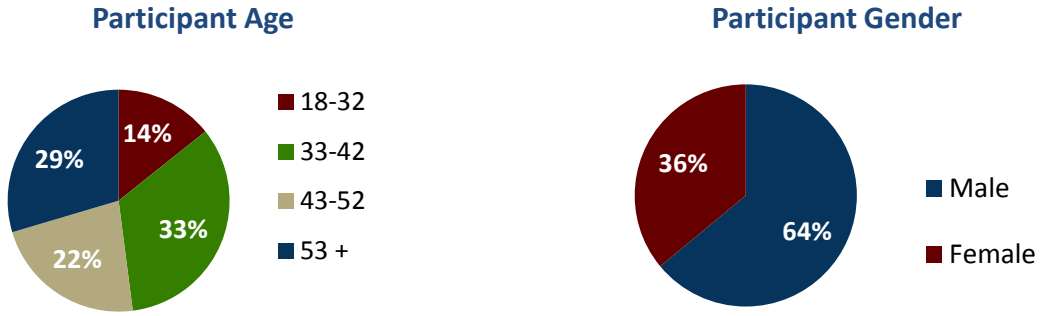
State	Urbanicity	Type of Center	Operator	VR Co-location	TTW Employment Network (EN)
Alabama	Suburban	Comprehensive	Government	Co-located	Not an EN
California	Rural	Comprehensive	Non-profit	Co-located	Not an EN
Kansas	Rural	Comprehensive	Non-profit	Not co-located	EN not currently taking tickets
Ohio	Urban	Comprehensive	Non-profit	Co-located	Active EN
New York	Rural	Satellite	Non-profit	Not co-located	Not an EN
North Carolina	Rural	Satellite	Consortium	Not co-located	Not an EN
Pennsylvania	Urban	Comprehensive	Consortium (government and private)	Not co-located	Not an EN
Texas	Urban	Comprehensive	For-profit	Not co-located	Not an EN
Virginia	Suburban	Comprehensive	Consortium	Co-located	Active EN

2. Characteristics of Focus Group Participants

Focus groups varied in size from one that included only three participants, to several that had 12 participants. In total across the nine sites, a total of 76 individuals with disabilities participated in focus groups. As shown in Exhibit 2, participants represented a full range of age groups, with about one-third of the participants falling in 33-42 age category and 64% were men. Focus group

participants were asked to identify their primary disability, which we then grouped into six categories. Only five participants (8%) declined to identify their type of disability.

Exhibit 2: Age and Gender of Focus Group Participants (N=76)



As shown in Exhibit 3, focus group participants represented a wide range of different types of disabilities. More than half of the participants indicated that they also have at least one secondary disability.

Exhibit 3: Type of Disability of Focus Group Participants (N=76)

As shown in Exhibit 4, almost all (95%) of the participants had at least a high school education. Almost two-thirds of the focus group participants (33%) had at least some college, and about a third (30%) had completed a college degree.

Exhibit 4: Educational Background of Focus Group Participants (N=76)

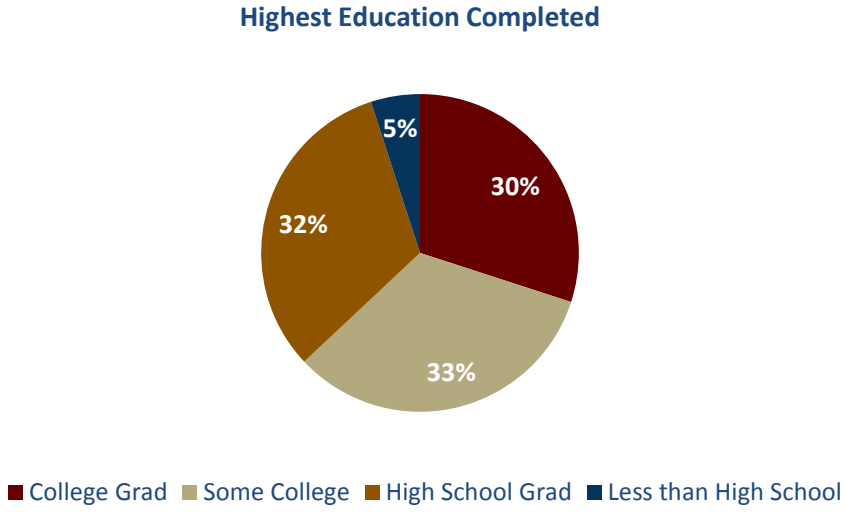
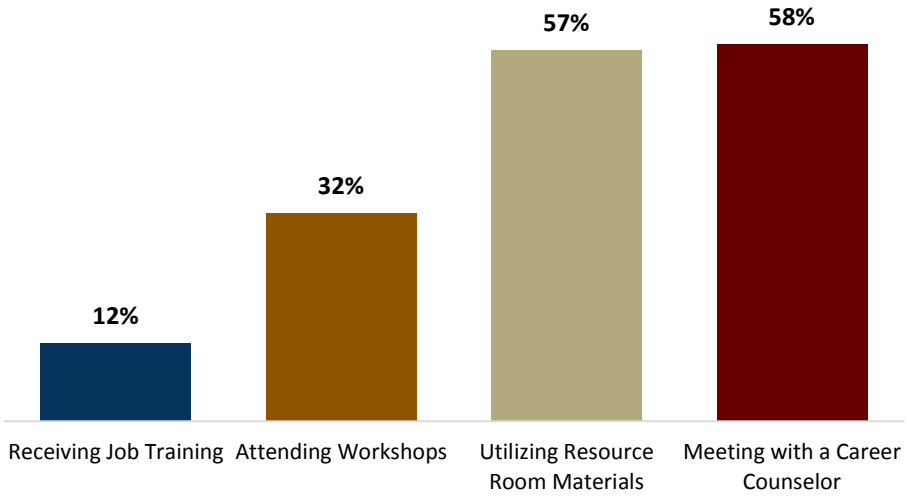


Exhibit 5 shows the kinds of experience participants had with the workforce center. Most had met with a counselor or used the resource room. Almost one-third (32%) reported attending workshops and a relatively small portion (12%) reported participating in job training.

Exhibit 5: Focus Group Participants' Experience with the AJC (N=76)



3. Barriers to AJC Services for Customers with Disabilities

The accessibility survey completed by Center directors provided a great deal of information about the types of barriers to participation that customers with disabilities might face in accessing Center services. Here we focus on barriers mentioned in the focus groups that provide additional detail or that provide insights into barriers that were not captured on the survey.

Physical barriers:

- No public restroom, so that customers have to go across the street for access to a restroom. As one participant remarked: "Who wants to come back after that?"
- It can be very confusing finding your way around the Center, especially for people who are blind or visually impaired. One customer said she needs someone to help her get around. There need to be more Braille labels around the Center.
- The main entrance door has no electric door opener, which would not be a problem except that the door is very heavy.
- The accessible stall in the men's restroom is out of order and had been for a long time.
- The chairs at the computer workstations are hard to slide on the carpet.
- There is a shortage of parking spots for people with disabilities close to the AJC.

Accessible work stations:

- JAWS screen reading software is outdated and not very accessible. The staff is unfamiliar with how to use it and unable to provide assistance on the computer.
- Other types of software are not up to date (e.g. customers were unable to access their email accounts because the browser was too old.)
- The workstation has no voice-to-text (voice recognition) program to help with typing.

Programmatic barriers:

- There are so many signs/flyers it is hard to take notice of them.
- Staff do not know what other disability service agencies do or who they serve.
- Staff do not understand participants' disabilities.
- The Center do not have adequate training services to help participants train for jobs.

Overall limitations (not specific to disability):

- Not enough computers, which creates a wait.
- The job bank (labor exchange) repeatedly refers participants for jobs for which they are not qualified (e.g. one individual with computer support experience, for example, received numerous listings for computer programming jobs).
- Participants raised concerns about resource room staff that are not related to disability, but rather lack of professionalism and limited "soft skills."
- Veterans Representatives and case managers need to have a better sense of each customer's skill sets and limitations to provide better matching with job leads (e.g. veterans with college education were repeatedly encouraged to apply for manual labor or mechanics jobs.)

4. Positive Feedback from Customers with Disabilities about Center Accessibility

Although most of the feedback from customers focused on barriers, customers also had positive feedback for some of the Centers:

- A staff person also has a disability and is really understanding and great to work with.
- A staff person regularly sends participant materials for classes ahead of time in an email so the participant can look at them in advance.
- A staff person helped a participant to get memory foam shoes which helped her posture and back problem from a car accident.
- An auditory learner had difficulties understanding some of the text so staff is able to talk about the materials with her.

5. Recommendations for Improving Accessibility

Most of participants' recommendations for improving accessibility were focused on removing the barriers listed above. Several themes emerged:

- Provide staff with training about different types of disabilities and their implications for employment opportunities, partnerships with other community agencies, and service delivery approaches.
- Provide staff with training on how to use assistive technology.
- Hire more people with disabilities to work in the Centers.
- Give more thought to the visual environment and use of signage. Consult with people with disabilities about where signage is most needed and reducing clutter to make information easier to find and process.
- Budget for ongoing upgrades to assistive technology.
- When selecting a new facility or site for housing the AJC, take customers with disabilities into account for basic needs such as restrooms, parking, and public transportation.

APPENDIX N: COMPARISON OF SITE VISITORS' ASSESSMENTS AND CENTER SELF-REPORT

A. The following survey items were rated more accessible on Center Surveys than by Site Visitors as indicated by a " + ":

B2. When your Center conducts outreach, does it:	Rarely or not at all	Some of the time	Most of the time	Always
a. Provide information about alternative ways to contact your Center (e.g., the address of an accessible website, a TDD/TTY number, or the number for the telephone relay service)?			+	+
b. Indicate whether communication aids and services for persons with disabilities (PWD) are available?			+	+
c. Indicate whether assistive technology for PWD is available?			+	+
d. Include images or language about PWD receiving services together with other customers?			+	+
e. Consult with disability and other stakeholder groups about how to improve outreach to PWD?			+	+

B3. Do customers experience each of the following when they first visit your Center?	All customers	Only customers with a disability	Not provided or offered
a. Customers are provided with information on Center services and programs for PWD.	+		
b. Customers are provided with information on how to seek accommodations and communication aids and services.	+		
c. Customers are offered assistance in filling out forms and application materials.	+		

B4. Are there notices outlining rights and protections for PWD posted in high visibility areas in the Center?

+ Yes

No

B6. Does the website for your Center have? *(Check all that apply.)*

+ Text descriptions of graphics or pictures

Equivalent alternatives for information presented in audio or video formats

Online forms that can be filled out using assistive technology

B8. During the service planning process, does Center staff offer customers accommodations when completing skills assessments or other planning activities?

+ ***Yes, to all customers, whether or not they seem to need them***
+ ***Yes, to all customers who are known to have a disability***

Yes, to customers who seem to need them, based on staff observation

Staff only provides accommodations when customers ask for them

No, staff does not offer accommodations for skills assessments or service planning activities

B11. If eligibility criteria for <u>WIA training services</u> present a disability-specific barrier for someone, does your staff make modifications?

+ Yes

No

B16. During the service delivery process, does your center consult with organizations such as the Job Accommodation Network that provide assistance with job accommodations for PWD?

+ Yes

No

B17	How does your Center address confidentiality of disability information?	Yes	No	Do Not Know	Missing
a.	All customers are asked in writing whether they have a disability.				
b.	***Customers are informed that disclosure of a disability is strictly voluntary.***	+			
c.	***Customers are informed that information about their disability will be kept confidential.***	+			
d.	***Information concerning a person's disability is limited to staff who require this information.***	+			
e.	***If a customer needs help in filling out registration or intake forms, this is done one-on-one in an area that offers privacy.***	+			
f.	***Staff ask the customer's permission before discussing his or her disability with other individuals.***	+			
g.	***Staff discusses with PWD the pros and cons of talking about their disability with employers and/or potential employers.***	+			

B18	Does your staff receive training focused on any of the following subjects? *(Check all that apply)*	+/-
A	Orientation to serving PWD for new employees	
b.	***Basic disability etiquette***	+
c.	Procedures for arranging communication aids and services for PWD	+
d.	Specific employment strategies for PWD (e.g., supported employment, Ticket to Work, customized employment)	+
e.	How to help PWD use the assistive technologies currently available in your Center	+

B19	Does your staff receive training focused on any of the following subjects? *(Check all that apply)*	+/-
a.	***Knowledge of specific types of disabilities and implications for service delivery***	+
b.	***Application of "universal design" principles to Center programs and services***	+
c.	***Community resources and Center resources that can support PWD***	+
d.	***Avoiding assumptions about the capabilities of PWD when evaluating skills or job opportunities***	+
e.	***Emergency evacuation procedures for PWD***	+

Adaptive and Assistive Technology

B20	Does your Center have at least one computer work station(s) for PWD with:	Yes	No
a.	***A large monitor (at least 19") with a moveable mounting arm***	+	
b.	Screen enlargement capability		
c.	***Screen reading software***	+	
d.	***Voice output capability***	+	
e.	***Large keyboard caps and keyboard orientation aids***	+	
f.	***Word prediction software***	+	
g.	A height adjustable table		

B21. Does your Center have a hands-free speaker phone with large keypad available for customers with visual impairments or limited hand use?

+ Yes
No

Involvement of PWD at the Center

B22.	Are PWD involved in your Center in any of the following ways?	Yes	No	Do Not Know	Missing
a.	***PWD are consulted to help <u>identify</u> accessibility issues at your Center.***	+			
b.	***PWD are consulted to help <u>resolve</u> accessibility issues at your Center.***	+			
c.	One or more PWD sit on the WIB or Center governing team.				
d.	PWD serve as advisors to Center staff regarding Center operations.				

B23	For customers who are deaf or hard of hearing, does your Center provide:	Yes	No	Do Not Know	Missing
a.	***Staff that is familiar with how to use telephone or web-based options for communicating (e.g., telephone relay service, TDD/TTY)?***	+			
b.	***Staff that is familiar with the etiquette of a text-based telephone call?***	+			
c.	***Technology-based options available for customers to call into your Center?***	+			
d.	Technology-based options for customers to make outgoing calls from your Center?				
e.	***Sign language interpreters?***	+			
f.	Portable Assistive Listening Devices				
g.	***Computer Assisted Real-Time (CART) captioning?***	+			
h.	Information in writing that is otherwise presented orally?				

C1a. Are disability accessible parking spaces marked with an upright sign? [Include picture of ISA on post]?

+ Yes

No

C4. Does your Center have at least one ramp that allows access to the <u>main entrance</u> of your Center?

+ Yes

No

C4a. Are <u>all</u> ramps at least 36" wide?

+ Yes

No

C6. Is there an International Symbol of Accessibility [] located at the accessible entrance(s)?

+ Yes

No

C9. Does your Center have an emergency alarm system with audio <u>and</u> visual signals (e.g., loud bells and flashing lights) that notifies customers of an emergency?

+ Yes

No

C13. Do all accessible toilets have the flush handle positioned away from the side wall? [Picture suggested here]

+ Yes

No

B. The following survey items were rated more accessible by Site Visitors than on the Center surveys as indicated by a "*":

B7. How does your Center determine whether or not a customer or prospective customer has a disability? *(Check all that apply.)*

**** All customers are asked whether they have a disability when they register/enroll***

**** A customer/potential customer identifies him or herself as a PWD***

Through a referral from another agency or disability service organization

Based on staff judgment[1]

Through an assessment process used with all customers receiving services

Through an assessment process used with select individuals

B9. In service planning with individual customers, how are strategies for overcoming disability-related barriers addressed? *(Check all that apply.)*

**** Staff informally reviews strategies for overcoming disability related barriers with customers***

**** Staff record strategies for overcoming disability-related barriers in their case notes.***

Staff use a planning tool such as an Individual Employment Plan to incorporate strategies for overcoming disability-related barriers

We do not discuss strategies for overcoming disability-related barriers.

[1] Site visitors were also somewhat more likely to check "Based on staff judgement" compared to the Center surveys. However, this item does not indicate a higher level of accessibility; it may, in fact, indicate an assumption that only individuals with obvious conditions have a disability.