



VOLUME 1: GOVERNANCE AND ADMINISTRATION	Effective Date: 12/2010
CHAPTER 28.2	Revision Date: 04/2016
1.28.2 EFFECTIVE COMMUNICATION DOCUMENTATION PROCEDURE	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. PROCEDURE OVERVIEW

California Correctional Health Care Services (CCHCS) shall ensure effective communication (EC) is achieved and documented when there is an exchange of health care information involving patients with a hearing, vision, and/or speech impairment; developmental disability and/or learning disability (as defined by the Clark Remedial Plan); Test of Adult Basic Education (TABE) reading score of 4.0 or less, which includes zero or no TABE score; and/or Limited English Proficiency (LEP), and in health care appeal communications with such patients. In the exchange of health care information and in health care appeal communications with such patients, the patients’ primary method of communication shall be used. If necessary, the patients’ secondary method of communication shall be used with the exception of patients needing a Sign Language Interpreter (SLI). If EC is not achieved, that shall also be documented.

II. RESPONSIBILITIES

The Chief Executive Officer or designee is responsible to ensure staff receive training on EC and to review monthly SLI and EC audits of documented exchanges of health care information submitted by medical, dental, and mental health services, and health care appeal communications with patients identified in Section I.

III. PROCEDURE

A. Determining the EC need for the patient

1. Health care staff shall determine the primary accommodation or assistance required to achieve EC by reviewing information in the following areas:
 - Disability Effective Communication Systems
 - Strategic Offender Management System
 - Patient Health Information Portal
 - TABE
 - LEP
 - CDC 128-B, General Chrono
 - Electronic Health Record System
2. Health care staff shall consider whether additional steps are necessary to achieve EC with a specific patient even if EC information is not identified in the areas listed above.
3. If the patient’s primary method of communication is unavailable, staff shall provide the secondary method of communication and document the reason for the unavailability.

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B. Accommodation or Assistance

Health care staff shall provide the necessary accommodation or assistance to achieve EC at each exchange of health care information with patients identified in Section I. Accommodations may be facilitated by sign language interpretation, certified bilingual health care staff, certified bilingual California Department of Corrections and Rehabilitation staff, other certified contracted language interpreters, assistive devices, or other methods of assistance and accommodation.

1. Assistive Devices

- a. Health care staff shall, in the presence of the patient, determine the need for any assistive device(s). These assistive devices include, but are not limited to, the following:
 - Sound amplification devices (e.g., hearing aids)
 - Corrective lenses
 - Reading magnifier
- b. During an exchange of health care information with a patient, health care staff shall determine and document the presence and the efficacy of the assistive device(s).
- c. When a patient presents without his or her prescribed assistive device, health care staff shall document the reason and provide alternate methods of accommodation.
- d. A patient reporting malfunctioning or lost assistive devices shall be referred to designated staff as identified in the Local Operating Procedure (LOP) to assess or discuss repair or replacement of the assistive devices.

2. Accommodation or Assistance

- a. A patient with hearing, vision, speech impairments and/or those with a TABE reading score of 4.0 or less, which includes zero or no TABE score, may require accommodations or assistance to achieve EC. Assistance or accommodations shall be documented and may include one or more of the following:
 - Additional Time – The patient was given additional time to respond or complete a task
 - Equipment – Special Equipment was used to facilitate EC (Note the type of equipment used in the “Comments” section of the standard EC sticker/label.)
 - SLI – Sign Language Interpreter
 - Louder – The provider spoke louder
 - Slower – The provider spoke slower
 - Basic – The provider used basic language
 - Transcribe – Communication was written down
 - Other – Any other tool that was used to facilitate EC
- b. A patient with a documented learning disability; a TABE reading score of 4.0 or less, which includes zero or no TABE score; or determined limited English proficient shall be queried to determine his or her cognitive ability to engage in conversation and understand information presented during an exchange of health care information, health care appeal interview, and/or health care appeal communication. Through the query, health care staff shall determine the patient’s ability to understand and participate in the exchange of health care information. If no assistance or accommodation is needed, the reason shall be documented.

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- c. Reading assistance may be provided (e.g., documents read aloud in the presence of the patient) and a determination made as to whether the patient understood during exchanges of health care information, health care appeal interviews, and when providing a health care appeal communication where the patient is developmentally disabled, visually impaired, has a documented learning disability or a TABE reading score of 4.0 or less, which includes zero or no TABE score.
3. SLIs are required for exchanges of health care information with patients whose primary method of communication is American Sign Language.
 - a. SLI Services can be obtained through the following means:
 - 1) Onsite State employee-SLI Services Support Assistant
 - 2) Statewide State employee-SLI Services Support Assistant through conferencing application (e.g., Jabber)
 - 3) Local contractors who provide SLI services
 - 4) “On demand” Video Remote Interpretation (VRI) services
 - b. If the patient refuses the assistance of an SLI, a CDC 7225, Refusal of Examination and/or Treatment, shall be completed and the EC documented on the form OR if the patient waives the assistance of an SLI, the waiver of SLI services shall be documented in the health record and staff shall employ the most effective form of communication available, including written notes.
 - c. In locked units (e.g., Administrative Segregation), during daily Psychiatric Technician rounds, if sign language interpretation is accomplished via video remote, custody staff shall escort patients to a private setting, away from the cell front where the patient can clearly visualize the SLI. If the patient refuses, the Psychiatric Technician shall refer the patient to a mental health clinician (refer to Mental Health Services Delivery System Program Guide).
 - d. For exchanges of health care information requiring SLI, refer to the following tiered approach:
 - 1) Use of on-site SLI Services Support Assistant, if no availability; then
 - 2) Use of California Department of Corrections and Rehabilitation Statewide SLI staff through video remote, if no availability; then
 - 3) Use local contractors who provide SLI services, if no availability; then
 - 4) Use “on-demand” VRI services.
 - e. When existing institution SLI Services are unavailable following the tiered approach, staff can then utilize the “on-demand” VRI interpreters using the following steps:
 - 1) Log into the approved equipment (e.g., tablet, laptop, or desktop computer) installed with a camera.
 - 2) Open the SLI contract service link icon for remote video services.
 - 3) Open the SLI Log on the desktop and enter required information.
 - f. When all above SLI resources have been addressed and determined not available, written notes shall be utilized and retained in the health record.

NOTE: During Emergent situations, after business hours, on weekends and holidays, utilize “on-demand” VRI services (refer to Section III,B,3,d,4).

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- g. Security and Storage of “on-demand” VRI devices
 - Nursing staff shall be responsible for the security and storage of “on-demand” VRI devices.
 - “On-demand” VRI devices shall be stored and secured in accessible areas at all times.
 - Nursing staff shall maintain an Equipment Accountability Log (Attachment A, “Sample” Equipment Accountability Log) to account for each time the “on-demand” VRI device is removed from the designated storage area.
 - “On-demand” VRI devices shall not be removed from the institution at any time.
 - In the event the SLI devices are not located, follow institutional protocol for missing equipment.
 - h. During each shift, nursing staff shall document that equipment and tools are accounted for during their daily tool control accountability checks, and ensure the following:
 - “On-demand” VRI devices are powered up and internet connectivity verified.
 - “On-demand” VRI devices are fully charged and have available power strips.
 - Equipment is checked with identified tool inventory.
 - i. Documentation on the SLI Log
 - The institution Americans with Disabilities Act (ADA) Coordinator shall submit monthly SLI Logs to the Class Action Management Unit. If there are no SLI events during the calendar month, the log must be submitted with “none” for monthly reporting (refer to Attachment B, Sign Language Interpreter Log Sheet).
 - The SLI Log shall only be accessed through the icon on the electronic SLI device.
 - It is the responsibility of any staff using the “on-demand” VRI contracted services to complete the SLI Log.
 - The SLI Log shall be completed directly following each exchange of health care information.
4. LEP Services
- a. Interpretation and translations services shall be provided to patients who have a limited ability to speak, read, write, and/or understand English.
 - b. Each facility shall designate an LEP coordinator (usually the ADA or Litigation Coordinator) to ensure interpretation and translation services are available, current, and operational.
 - c. LEP services shall be made available through the following:
 - 1) Telephonic interpretation service available 24 hours a day, seven days a week for staff requiring interpretation services for most commonly spoken languages used by non-English speaking patients.
 - 2) List of certified bilingual staff and other local interpreters or interpreters from neighboring institutions or agencies competent to interpret and translate. Certified staff must provide the following: contact information, language(s) spoken, staff duty hours, and availability maintained by the LEP coordinator.

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- 3) Collection of translated forms and documents which have been translated into commonly spoken languages available to staff.
- d. The designated LEP coordinator is responsible for providing and posting, in areas where health care services are provided, the following:
 - 1) I-Speak cards (Attachment C), used to help identify LEP patients, and
 - 2) Notice of Interpretation and Translation Service Information (Attachment D), used to help identify the institution's bilingual staff and list of translated forms available.

C. Documentation

1. Health care staff shall document or complete the EC section (e.g., label or sticker) when documenting exchanges of health care information and in health care appeal communications.
2. Health care encounters that require EC documentation in the health record include, but are not limited to, the following:
 - a. Determination of the patient's medical history or description of ailment or injury;
 - b. Provision of the patient's rights, informed consent or permission for treatment (including refusal of treatment forms);
 - c. Diagnosis or prognosis of ailment or injury (including upon the return from outside clinics);
 - d. Explanation or response to questions from patients concerning procedures, tests, treatment, treatment options, or surgery;
 - e. Explanation or response to questions from patients concerning medications prescribed (such as dosage, instructions for how and when to be taken, side effects, food or drug interactions);
 - f. Blood donations and apheresis;
 - g. Admit and discharge instructions;
 - h. Post-procedure instructions;
 - i. Triage and Treatment Area return following discharge from an outside hospital. Patient has/should have received orders from the discharging hospital. If he/she did not, EC is to be provided upon arrival to inform the patient of explanation of discharge and when orders are reconfirmed with CCHCS clinician;
 - j. Provision of mental health evaluations, group and individual therapy, including psychiatric technician rounds, Interdisciplinary Treatment Team meetings, and all therapeutic activities: educational counseling, including self-care instructions;
 - k. Nursing behavioral checks for inmate on suicide watch; any interaction to provide, share, or elicit information (e.g., Registered Nurse who does the assessments, discusses criteria for release from restraints, conducts range of motion, etc., does require EC documentation);
 - l. Initial admit to an Outpatient Housing Unit, inpatient area, and nursing routine duties (e.g., call light, IV).
3. EC documentation shall include the following:
 - a. Disability Code – A patient may have a documented disability, multiple disabilities, a TABE reading score of 4.0 or less, which includes zero or no TABE score, or any combination thereof. It is only after a determination of the patient's disability, disabilities and/or cognitive ability that a conclusion can be drawn as to

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the accommodation(s) or assistance required in order to establish EC. The disability codes include the following:

- TAFE less than or equal to 4.0
 - DPH – Permanent hearing impaired
 - DNH – Permanent hearing impaired; improved with hearing aids
 - DPS – Permanent speech impaired
 - DPV – Permanent vision impaired
 - DDP – Developmental Disability Program
 - LD – Learning Disability
 - Not Applicable
- b. Accommodation – The accommodation or assistance is determined by the patient’s disability and/or cognitive abilities. Each checkbox under this category is an EC attribute related to a disability identifier in Column 1 of the EC label, and includes the following:
- Additional Time – The patient was given additional time to respond or complete a task
 - Equipment – Special Equipment was used to facilitate EC
 - SLI – Sign Language Interpreter
 - Louder – The provider spoke louder
 - Slower – The provider spoke slower
 - Basic – The provider used basic language
 - Transcribe – Communication was written down
 - Other – Any other tool that was used to facilitate EC
- c. Effective Communication - Health care staff shall document the assessment method that validated the patient understood or did not understand the health care information, as well as the corresponding EC checkboxes:
- Reached – EC validated
 - Patient asked pertinent questions pertaining to the exchange of health care information
 - Patient summarized the exchange of health care information in his or her own words
 - Other: Elaborate in the Comments section
 - Not reached – EC not validated
 - Other: Elaborate in the Comments section
- d. Notes with health care information exchanged between a patient and health care staff in the absence of an SLI.

D. Accountability

1. Monthly health record audits shall be conducted to determine compliance with the EC policy.
 - a. The audit sample shall include medical, dental, and mental health encounters.
 - b. The audit sample shall include health care appeal documents and health records of patients with hearing, vision and speech impairments, a documented LD, a DDP code and those with a TAFE reading score or 4.0 or less, which includes zero or no TAFE score.
2. EC documentation shall be deemed deficient if absent or incomplete.

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3. EC documentation deficiencies shall be reported in accordance with Administrative Policy, Section 2, Chapter 5, Disability Placement Program and Developmental Disability Program Staff Accountability Policy.

E. Local Operating Procedures

Institutions shall establish an LOP to implement the statewide procedure and submit to the Policy Development Section at CCHCSPolicyDevelopmentSection@cdcr.ca.gov for submission to Field Operations, Corrections Services, and the applicable Regional Health Care Executive for content review prior to local implementation or distribution.

IV. ATTACHMENTS

- Attachment A: “Sample” Equipment Accountability Log
- Attachment B: Standardized SLI Log
- Attachment C: I-Speak Cards
- Attachment D: Notice of Interpretation and Translation Service Information

V. REFERENCES

- Armstrong Injunction Order, *Armstrong v. Brown*, United States District Court of Northern California, January 18, 2007
- Armstrong Order Granting Motion for a Further Enforcement Order and Denying Motion to Hold Defendants in Contempt of Court, *Armstrong v. Brown*, United States District Court of Northern California, June 4, 2013
- Armstrong Remedial Plan, *Armstrong v. Brown*, United States District Court of Northern California, Amended January 3, 2001
- Clark Remedial Plan, *Clark v. California*, United States District Court of Northern California, March 1, 2002
- California Correctional Health Care Services, Administrative Policies, Section 2, Chapter 5, Disability Placement Program and Developmental Disability Program Staff Accountability Policy
- California Correctional Health Care Services, Receiver’s Memorandum of Understanding, August 24, 2012
- California Correctional Health Care Services, Instructional Memorandum: Documenting Effective Communication, April 3, 2013
- California Department of Corrections and Rehabilitation, California Correctional Health Care Services, Revised Standardized Sign Language Interpreter Log Memorandum, June 22, 2015
- California Department of Corrections and Rehabilitation, Equally Effective Communication Memorandum, October 22, 2003
- California Department of Corrections and Rehabilitation, Equally Effective Communication for Hearing and Speech Impaired Memorandum, January 22, 2007
- California Department of Corrections and Rehabilitation, Notification of Interpretation and Translation Services Memorandum, June 15, 2009
- California Department of Corrections and Rehabilitation, Division of Correctional Health Care Services, Mental Health Services Delivery System Program Guide, 2009 Revision
- I-Speak Cards, <http://www.lep.gov/resources/OhioLangIDcard.pdf>

SIGN LANGUAGE INTERPRETER LOG SHEET 2016

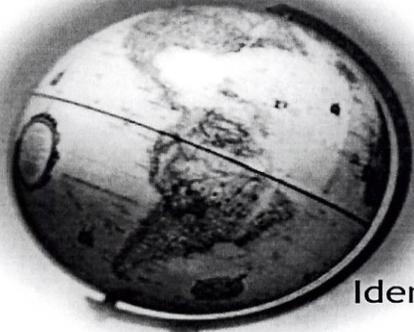
INMATE	NUMBER	SLI REQUESTED BY	DEPT / UNIT	DATE of REQUEST	SCHEDULED SLI NAME OR VENDOR ID OF THE ON-DEMAND VRI	APPT DATE	APPT START TIME	APPT STOP TIME	Due Process	Clinical				Other Appt.	COMMENTS: Completed, Last Minute, Cancellation, I/M Refused, SLI no show, etc.	DATE OCCURRED
									RVR issuance, SA Meeting, SA & IE Meeting, Evidence Issuance, Hearing, Final Issuance; 114D Issuance, 114D Review, ICC, 128B1, UCC	M E D / N u r s i n g	D e n t a l	M H	O t h e r	Education, BPH, CCI meeting, R&R, Housing Unit, Appeal etc.		
Example	AC-7777	C/O Johnson	Fac A	12/13/2013	P. Adams	1/18	13:30	14:00	RVR Issuance						Completed	1/18/2014

Enter Month Here

SIGN LANGUAGE INTERPRETER LOG INSTRUCTIONS

COLUMN A	Patient name: Enter the name (Last name, First initial) of the patient receiving Sign Language Interpreter (SLI) or on-demand Video Remote Interpreter (VRI).
COLUMN B	Patient CDCR number: Enter the inmate/parolee CDCR number. (no dashes/hyphens)
COLUMN C	SLI/VRI requested by: Enter the name (Last name, First name) of the staff member who is requesting SLI/VRI.
COLUMN D	Dept/Unit: Enter the name of the department or unit where the SLI/VRI was conducted. (i.e. Fac A Clinic, Fac B Administrative Segregation)
COLUMN E	Date SLI/VRI requested: Enter the date when the SLI/VRI appointment was requested.
COLUMN F	Scheduled SLI/VRI Name: Enter the name (Last name, First name) of the SLI who is interpreting for the patient or enter the vendor ID if using on-demand VRI.
COLUMN G	Appointment Date: Enter the date of the actual SLI/VRI appointment
COLUMN H	Appointment Start Time: Enter the start time of the appointment (i.e. The time starts when the SLI/VRI connection is made with the interpreter.)
COLUMN I	Appointment Stop Time: Enter the end time of the appointment (i.e. The time ends when the SLI/VRI connection has stopped with the interpreter.)
COLUMN J	Due Process: Enter the type of Due Process the patient is participating in (i.e. RVR issuance, Staff Assistant (SA) Meeting, SA & Investigative Employee (IE) Meeting, Evidence Issuance, Hearing, Final Issuance, 114D Issuance, 114D Review, Institutional Classification Committee, 128B1, Unit Classification Committee). If not applicable leave blank.
COLUMN K	Medical: Enter an X in Column K, if the patient is participating in a medical appointment. If not applicable leave blank
COLUMN L	Dental: Enter an X in Column L, if the patient is participating in a dental appointment. If not applicable leave blank.
COLUMN M	Mental Health Enter an X in Column M, if the patient is participating in a mental health appointment. If not applicable leave blank.
COLUMN N	Other: If appointment is other than Due Process, Medical, Dental or Mental Health, enter an X in Column N. If not applicable leave blank.
COLUMN O	Other Appointment: If an X is noted in Column N. Enter in the type of appointment the patient is participating in (i.e. Education, Board of Parole Hearings, California Correctional Institution meeting, Receiving and Release, Housing Unit, Appeal etc.) If not applicable leave blank.
COLUMN P	Comments: Enter any comments that are applicable to the patient's appointment. (i.e. Completed, Last Minute Cancellation, I/M Refused, SLI no show, etc.)
COLUMN Q	Date Occurred: Enter the date of SLI/VRI appointment.

NOTE: Update month and year in header on SLI log.



Language
Identification
Guide

I speak...

This language identification guide is a tool for law enforcement and other criminal justice agencies to identify the language of individuals they encounter who do not speak English.



Summit County Sheriff's Office
The National Association of Judiciary Interpreters and Translators
American Translators Association

2nd Edition – 4/06



The Purpose of This Language Identification Guide

As the limited English proficient (LEP) population continues to increase in the state of Ohio and nationwide, the number of LEP defendants, victims, and witnesses processed through the Ohio criminal justice system will also increase. This guide can help to obtain interpretive services, which is the first step in working with LEP persons. It is also intended as a resource for the criminal justice community to ensure consistent and effective interaction with LEP persons.

I speak ...



A

Arabic

أنا أتحدث اللغة العربية

Armenian

Ես խոսում եմ հայերեն

B

Bengali

আমী বাংলা কথা বোলতে পারী

Bosnian

Ja govorim bosanski

Bulgarian

Аз говоря български

Burmese

ကျွန်တော်/ကျွန်မ ပြန်မာ လို ပြောတတ် ပါတယ်။

C

Cambodian

ខ្ញុំនិយាយភាសាខ្មែរ

Cantonese

我講廣東話 (Traditional)

我讲广东话 (Simplified)

Catalan

Parlo català

Croatian

Govorim hrvatski

Czech

Mluvím česky



D

Dari

من دری حرف می زنم

Dutch

Ik spreek het Nederlands

F

Farsi

من فارسی صحبت می کنم

French

Je parle français

G

German

Ich spreche Deutsch



G

Greek

Μιλώ τα ελληνικά

Gujarati

હું ગુજરાતી બોલું છું

H

Haitian Creole

M pale kreyòl ayisyen

Hebrew

אני מדבר עברית

Hindi

मैं हिंदी बोलता हूँ ।



Hmong

Kuv has lug Moob

Hungarian

Beszélek magyarul

I

Ilocano

Agsaonak ti Ilokano

Italian

Parlo italiano

J

Japanese

私は日本語を話す



K

Kackchiquel

Quin chagüic'ká chabal'ruin' rī
tzújon cakchiquel

Korean

한국어 합니다

Kurdish

man Kurdii zaanim

Kurmanci

man Kurmaanji zaanim

L

Laotian

ຂອບປາກພາສາລາວ



Latvian
Es runāju latviski

Lithuanian
Aš kalbu lietuviškai

M

Mandarin
我講國語 (Traditional)
我讲国语/普通话 (Simplified)

Mam
Bán chiyola tuj kíyol mam

Mon
အဲဟို အာဂျင်တီးနား

CJS

N

Norwegian
Jeg snakker norsk

P

Persian
من فارسی صحبت می کنم.

Polish
Mówię po polsku

Portuguese
Eu falo português do Brasil
(for Brazil)

Eu falo português de Portugal
(for Portugal)

Punjabi
ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।

CJS

Q

Qanjobal
Ayin tí chí wal q'anjob'al

Quiche
In kinch'aw k'uin ch'e quiche

R

Romanian
Vorbesc românește

Russian
Я говорю по-русски

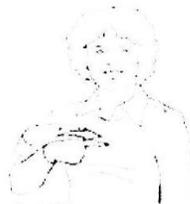
S

Serbian
Ja говорим српски

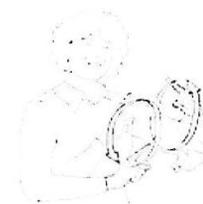
CJS

S

Sign Language (American)



I, ME



SIGN, SIGN LANGUAGE

Slovak
Hovorím po slovensky

Somali
Waxaan ku hadlaa af-Soomaali

Spanish
Yo hablo español

Swahili
Ninaongea Kiswahili

Swedish
Jag talar svenska

CJS

T

Tagalog
Marunong akong mag-Tagalog

Thai
พูดภาษาไทย

Turkish
Türkçe konuşurum

U

Ukrainian
Я розмовляю українською мовою

Urdu
میں اردو بولتا ہوں

CJS

V

Vietnamese
Tôi nói tiếng Việt

W

Welsh
Dwi'n siarad

X

Xhosa
Ndithetha isiXhosa

Y

Yiddish
איך רעד יידיש

CJS

Yoruba
Mo nso Yooba

Z

Zulu
Ngiyasikhuluma isiZulu



Ohio Office of
Criminal Justice Services

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Phone: (614) 466-7782
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www.ocjs.ohio.gov

Interpretation and Translation Service Information

As a recipient of federal funds, the California Department of Corrections and Rehabilitation (CDCR) is committed to complying with the requirements of Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin, including limited English proficiency, by recipients of federal financial assistance. CDCR takes reasonable steps to facilitate effective communication with non-English speakers or limited English proficient inmates, in order to comply with its responsibility to provide meaningful access to such inmates. This notice serves as a reminder to all staff and inmates of existing policy.

Where an inmate is not a native English speaker, staff should utilize appropriate methods to determine the inmate's primary language, if unknown. Methods include relying on the inmate's own ability to relay this information, coordinating with other English speaking persons who speak the same language, reviewing the CDCR Form 128-G, Classification Chrono, in inmate's Central File, consulting with the institution's Limited English Proficient (LEP) Coordinator, utilizing the "I-Speak" cards located in the control booth or officer's station, enlisting the assistance of the facility's contract telephonic interpretation service to identify primary language, etc. Where the inmate is unable to read, write, speak or understand English fluently, staff should obtain oral interpretation and/or written translation assistance, as appropriate.

The United States Department of Justice advises that language assistance is critical in, but not limited to, situations involving medical, due process, and safety and welfare issues.

For oral interpretation, staff should contact an immediate supervisor and request the use of a certified bilingual staff member. Consult the list, provided at the end of this notice, of individuals deemed by CDCR to be competent to provide language services. For telephonic interpretation 24 hours a day, 7 days a week, staff should contact the institution's designated LEP coordinator who can provide access to a telephonic interpretation service. For emergency telephonic interpretation, or access to a telephonic interpreter after hours, staff should contact their watch commander. Whenever using an interpreter, institution staff must consider potential conflicts of interest between the interpreter and the inmate.

A list of general forms/documents translated into non-English languages is provided at the end of this notice. For translation of forms/documents written in non-English languages, or for translation/interpretation of English language documents into non-English languages, staff should seek assistance from the institution's designated LEP coordinator or designated bilingual staff members, listed at the end of this notice, following appropriate institutional procedures. Oral interpretation of written documents is an alternative when translation is not possible.

Staff shall not use inmates to provide interpretation/translation services for interactions between inmates and correctional staff when such interactions involve medical, due process, safety and welfare issues, or the exchange of confidential information (for example, disciplinary hearings, classification committee actions, etc.).

The Warden's office has designated the following employee as the LEP coordinator. Please utilize this employee when questions arise regarding limited English proficiency services.

The designated LEP coordinator for this institution is:

_____ Name & Title	_____ Telephone Extension
-----------------------	------------------------------

Facility List of Competent Bilingual Staff that can provide interpretation and translation services:

Name & Title	Watch	Languages	On Call

Facility list of Translated Forms that are available at appropriate locations:

Form	Language(s)

_____ Warden