



# PRISON RAPE ELIMINATION ACT (PREA) LANGUAGE LOG

Facility/CCD section: \_\_\_\_\_ LEP Coordinator: \_\_\_\_\_ Month/year: \_\_\_\_\_

**INSTRUCTIONS**

1. This form must be filled out every month and maintained at the facility by the LEP Coordinator.
2. Use one of the codes below to identify the "Purpose" for the contract interpreter.
3. If there was **no activity** for a section, mark the box "**No activity this month**".

PO1: PREA Orientation      PO2: PREA Risk Assessment      PO3: PREA investigation      PO4: Reporting      PO5: Other interpretation

**CONTRACT INTERPRETERS**

Interpreter name and/or ID	Vendor name	Date	Time in minutes	Language	Incarcerated Individual	DOC number	Purpose (Use <u>only</u> one P code)

**No activity this month**

Additional comments or information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

**DISTRIBUTION** - Facility LEP Coordinator