

OMPS PROCEDURE

NUMBER: 16-1
EFFECTIVE: March 31, 2016
REVISION: September 8, 2016

VDACS, DIVISION OF ANIMAL FOOD INDUSTRY SERVICES

LIMITED ENGLISH PROFICIENCY (LEP) PLAN

I. PURPOSE

To ensure equal and meaningful access to the Office of Meat and Poultry Services (OMPS) services for persons with limited English proficiency (LEP).

II. REFERENCES

- §§3.2-5400-5241 of the Code of Virginia
- §2VAC5-210 of the Virginia Administrative Code
- 7 C.F.R. 15d, Nondiscrimination in Programs or Activities Conducted by the United States Department of Agriculture
- Title VI of the Civil Rights Act 1964, 42 USC. 2000d

III. POLICY

Office of Meat and Poultry Services (OMPS) is committed to providing meaningful access to its services, programs, and activities to persons who, as a result of national origin, are limited in English proficiency. Limited English Proficiency (LEP) persons are defined as individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

All interpreters, translators, and other aids needed to comply with this policy will be provided without cost to the person(s) being served. LEP persons and their authorized representatives will be informed of the availability of such assistance free of charge.

This policy pertains to the language needs of OMPS's LEP customers. It does not apply to OMPS employees who, in order to perform their duties, must be fluent in the English language.

IV. DEFINITIONS

Certified Interpreter – An individual who has taken and passes an examination administered by a knowledgeable authority.

Discrimination – The unfavorable treatment or consideration of, or making a distinction in favor of or against, a person based on the group, class, or category to which that person belongs rather than on individual merit.

Federally Assisted Program – All programs and operations of entities that receive assistance from the Federal government.

Interpretation – The process by which the spoken word is used when transferring meaning between languages.

Language Assistance Services – Interpretation or translation services that assist LEP persons in understanding or communicating in another language.

Limited English Proficient (LEP) Persons – Persons who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English.

Qualified Interpreter – Individual who provides interpretation services at a level of fluency, comprehension, impartiality, and confidentiality appropriate to the specific nature, type, and purpose of the information being interpreted.

Translation – The process of transferring ideas expressed in writing from one language to another language.

Vital Document – Paper or electronic written material that contains information that is critical for accessing a program or activity, or is required by law, such as consent forms, applications, and notices of rights.

V. FOUR FACTOR ANALYSIS

In order to ensure that LEP customers are provided adequate services, a four factor analysis will be conducted. The four factor analysis addresses the following;

- The number or proportion of LEP persons eligible to be serviced or likely to be encountered by OMPS;
- The frequency with which LEP persons using a particular language come in contact with OMPS;
- The nature and importance of OMPS's program or activity provided to the individual's life; and
- The resources available to OMPS and costs associated with providing LEP services.

A. Determination of the number or proportion of LEP persons eligible to be served or likely to be encountered by the program. According to U.S. Census data published in 2010 of the on English speaking households in Virginia, 45.36% speak Spanish, 5.45% speak Korean and 4.46% speak Vietnamese.

1. OMPS personnel encountering LEP persons will keep a record of their contact to determine the range of language services that are needed. (Attachment 1)
2. Census and other available data to determine the languages primarily spoken within the state. https://apps.mla.org/map_data
3. The top three languages that are spoken or encountered in the state will be identified.
4. The data gathered in 1, 2 and 3 above will be analyzed each year to determine the specific LEP services to be provided.

B. The frequency with which LEP persons come in contact with OMPS programs, services, and activities will be determined by;

1. Annual review of programs, services, and activities provided.

2. Survey employees to determine interaction with LEP individuals. (Attachment 2)
3. Consultation directly with LEP persons to determine the various programs, services, and activities that they frequently utilize.

C. The nature and importance of the OMPS's program or activity provided to the individual's life will be determined by;

1. Identifying and determining the potential impact that the inability to access OMPS services, programs, or activities may have on the LEP person.
2. Identification of documents that are deemed vital in order to communicate information to LEP customers.
3. Vital documents deemed necessary for LEP customers to obtain services from OMPS will be translated in the top three languages identified in part A. 3 of this section. Below is a list of OMPS vital documents:
 - a. 03090 – Application for State Inspection
 - b. 03072 - Application for Red Meat Permit of Exemption
 - c. 03072a – Application for Registration of Poultry Exemption

D. OMPS will determine the resources available to LEP persons and the costs associated with those resources.

1. A determination of the most cost effective means of delivering competent and accurate language services, including determination the costs associated with translating documents, contracting for interpreters, and other language assistance methods as needed will be made.
2. Determination if any additional services are needed to provide meaningful access.

VI. SERVICES FOR LEP PERSONS

OMPS staff at the point of contact with an individual must determine whether that person is LEP, must determine the LEP person's primary language, and procure the appropriate language assistance services. An individual's primary language will be identified and documented utilizing one or more of the following methods:

1. Oral language assistance – In response to the needs of LEP persons, the Agency will provide oral language assistance, including interpretation assistance by certified interpreters. At the point of first contact with an LEP person, the OMPS employee will determine the individual's primary language utilizing the following:
 - “*I speak...*” language identification cards (Attachment 3)
 - Language identification posters

2. Written translations – Consistent with the four factor analysis, all documents deemed vital to obtain OMPS services will be translated to the identified languages. Translation services for vital documents will be procured through certified translators.

In the event a LEP person should decline language assistance or interpreter services, OMPS staff should have the LEP person sign and date a LEP Release Acknowledgment. (Attachment 4)

VII. COMMUNICATIONS PLAN/OUTREACH

OMPS will inform its customers of the availability of free language assistance services to LEP customers using the following:

- Posting the availability of LEP services on the OMPS website;
- Displaying LEP identification posters in OMPS offices where clients are likely to visit; and
- Including language assistance cards with OMPS application packages.

VIII. LEP TRAINING

OMPS personnel who encounter or may encounter LEP persons will receive biennial LEP training. Employees will view the LED training video developed by FSIS: <https://www.youtube.com/watch?v=YVm220yfW9I&feature=youtu.be>

Other training will include introduction to language aids and how to secure language services.

IX. ROLES AND RESPONSIBILITIES

The Program Manager shall set the tone and direction, provide leadership, prescribe regulations, set overall LEP and civil rights policy, and ensure compliance and enforcement throughout OMPS.

The Program Manager will:

- Accomplish their responsibilities directly through the broad delegation of authority for LEP policy to the OMPS Management Team.

The Management Team will:

- Provide overall leadership, coordination and direction for the OMPS LEP compliance program;
- Ensure that staff actively support and adhere to requirements of 7 C.F.R 15d, Nondiscrimination in Programs or Activities Conducted by the United States Department of Agriculture, which prohibits discrimination, including on the ground of national origin, by any agency, officer, or employee under any program or activity conducted by the United States Department of Agriculture.
- Provide training and dissemination on best practices for LEP access to employees.

- Provide leadership and proactivity promotes meaningful access for LEP individuals at OMPS.
- Recommend disciplinary action as appropriate and where necessary to ensure OMPS LEP compliance with applicable laws, executive orders and regulations.

The Program Analyst will:

- Serve as a clearinghouse for information dissemination and exchange with USDA, governmental and non-governmental civil rights communities.
- Will secure translation/interpretation services.
- Systematically review, evaluate, and hold to a high accountability standard the civil rights performance of OMPS.
- Ensures discrimination complaints are forwarded to the Division Director and HRO for investigation and response.
- Issue policies, procedures, rules and regulations as necessary to ensure OMPS is LEP compliant with applicable laws and regulations.
- Develop and maintain LEP Plan.
- Submits a copy of the updated written plan annually to the Civil Rights Staff of the Federal State Audit Branch at AskCRD@fsis.usda.gov

OMPS Management Team shall:

- Complete required LEP training in a timely manner.
- Adhere to LEP Plans to ensure that LEP persons are provided meaningful access to OMPS conducted programs and activities.

BA Jones

Program Manager

9/8/14

Date

Implementation Timeframe

Responsible Person	Action to be Taken	Timeline
Program Manager	<p>Ensure guidance is provided to employees on how to secure translation/interpretation services, either through LEP training or Communication Plan efforts.</p> <p>Ensure that there is adequate funding, and that other resources are available to provide effective and efficient LEP services.</p>	<p>April 30, 2016</p> <p>Ongoing</p>
Program Analyst	<p>Develop an LEP plan.</p> <p>Gather data for languages spoken in geographic areas being serviced.</p> <p>Identify vital documents to be translated.</p> <p>Compile and analyze data gathered to determine what LEP services are needed.</p> <p>Secure contractor for translation and interpretation services.</p> <p>Notify beneficiaries of LEP services.</p> <p>Track LEP interactions.</p> <p>Report LEP interactions to Agency's Civil Rights Staff.</p>	<p>April 30, 2016</p> <p>May 31, 2016</p> <p>May 31, 2016</p> <p>June 30, 2016</p> <p>July 31, 2016</p> <p>August 30, 2016</p> <p>Ongoing</p> <p>Annual basis</p>

Attachment 2

Limited English Proficiency (LEP) Survey

An individual with Limited English Proficiency (LEP) is defined as a person who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English.

The purpose of the survey is to gather information on the number and frequency of contacts that VDACS/OMPS employees have with LEP individuals where the nature of those interactions is of critical importance in the receipt of OMPS services. This survey pertains to the language needs of OMPS customers, and does not apply to the OMPS employees who, in order to perform their duties, must be fluent in the English language.

Please complete the following:

1. Do you encounter LEP individuals in the course of communicating critical information? Critical information is defined as information required for obtaining or retaining State services and/or benefits, or is required by law. Examples include:

- Application procedures and documentation required to apply for grants of inspection
- Documentation and information needed to enforce and ensure compliance with food safety requirements
- Information on recalls

Yes/No (If the answer is yes, proceed to the next question. If the answer is no, the survey is over.)

2. What critical information are you providing to these LEP individuals?

3. What are the primary languages of these LEP individuals? (select all that apply)

Spanish; French; Mandarin (Chinese); Japanese; Vietnamese; Arabic; Korean; Don't Know; Other (fill in)

For each language selected, please answer the following questions:

Answer the following questions for each language Identified in question 3.	Language				
Over the course of the year, approximately how many people do you encounter that speak this language?					
How often do you interact with these LEP individuals? (Daily; Weekly; Monthly; Annually)					
Are there OMPS employees in the local area who are fluent in this language and can serve as interpreters as needed?					

2004 Census Test	United States Census 2010 LANGUAGE IDENTIFICATION FLASHCARD
<input type="checkbox"/> <p>ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.</p>	<p>1. Arabic</p>
<input type="checkbox"/> <p>Խոսողո՞ւմ ե՞ք հայո՞ւմ կատարե՞ք այս քանակազուտում, եթե խոսում կամ կարողո՞ւմ եք հայերեն:</p>	<p>2. Armenian</p>
<input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্স দাগ দিন।</p>	<p>3. Bengali</p>
<input type="checkbox"/> <p>ឈ្មួចញ៉ាក់ត្រង់ប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។</p>	<p>4. Cambodian</p>
<input type="checkbox"/> <p>Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.</p>	<p>5. Chamorro</p>
<input type="checkbox"/> <p>如果你能读中文或讲中文，请选择此框。</p>	<p>6. Simplified Chinese</p>
<input type="checkbox"/> <p>如果你能讀中文或講中文，請選擇此框。</p>	<p>7. Traditional Chinese</p>
<input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p>	<p>8. Croatian</p>
<input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p>	<p>9. Czech</p>
<input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p>	<p>10. Dutch</p>
<input type="checkbox"/> <p>Mark this box if you read or speak English.</p>	<p>11. English</p>
<input type="checkbox"/> <p>اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.</p>	<p>12. Farsi</p>

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérte vagy beszéli a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> | 日本語を読んだり、話せる場合はここに印を付けてください。 | 22. Japanese |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายในช่องนี้ถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באציכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

LEP Release Acknowledgment Form

I hereby affirm that I offered language assistance or interpreter services at no cost to

_____ and the services were declines. I

explained that the use of a family member or friend for the aforementioned services could result in a breach of confidential information that he/she would not like disclosed.

Name

(Printed): _____ Date: _____

Signature: _____