

NEW YORK STATE DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION  
**FACILITY LANGUAGE ACCESS REVIEW COMMITTEE (FLARC)**  
**MONTHLY REPORT**

Facility: \_\_\_\_\_

\_\_\_\_\_, Chairperson (DSP or designee)

\_\_\_\_\_, Co-Chairperson (Education Supervisor or SORC)

Meeting Dates: \_\_\_\_\_

Attendees:

\_\_\_\_\_  
\_\_\_\_\_

Agenda:

\_\_\_\_\_  
\_\_\_\_\_

# of Interpretations Requested: # \_\_\_\_\_ by staff

# \_\_\_\_\_ by telephone

# \_\_\_\_\_ in person

Name of contract vendor used: \_\_\_\_\_ Cost per service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of complaints/grievances concerning language access received from:

\_\_\_\_\_ Inmate/Releasee

\_\_\_\_\_ Visitor

Comments/Issues about which the Central Office Language Access Review Committee should be made aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_