



How does your organization identify and define individuals who are Deaf, DeafBlind, or Hard of Hearing, including communication needs?

Frederick Interpreting Agency serves as an intermediary provider, delivering communication access services to individuals who are Deaf, DeafBlind, or Hard of Hearing on behalf of our client organizations (primarily medical facilities). We rely on our clients' intake processes to identify individuals requiring services. We define communication needs based on the requested service type: ASL interpreting (for individuals who use American Sign Language), CART (Communication Access Realtime Translation for individuals who prefer text-based access), or TypeWell (abbreviated text services). Our scheduling process captures specific accommodation requirements such as CDI (Certified Deaf Interpreter) needs, tactile interpretation for DeafBlind individuals, or specialized subject matter expertise. However, we do not directly collect demographic or audiological data about end users, as we are contracted by the service-providing organizations rather than the individuals themselves.

What data does your organization collect on Deaf, DeafBlind, and Hard of Hearing individuals, and at what points in service delivery is it collected or updated?

As a third-party service provider, Frederick Interpreting Agency collects limited data about end users, primarily:

- Appointment date, time, location, and service type
- Preferred communication modality (ASL, CART, TypeWell)
- Special accommodation needs (CDI, DeafBlind interpreting, specific interpreter requests)
- Service fulfillment status

This information is collected at the point of service request from our client organizations and updated if appointments are rescheduled or requirements change. We do not collect personal identifying information, medical records, or demographic data about the individuals receiving services—this information remains with our client organizations. Our role is limited to providing qualified communication access professionals based on the specifications provided by the requesting entity.

How does your organization track accessibility and accommodation requests, fulfillment, and unmet needs?

We maintain detailed scheduling and fulfillment records through our agency management system, tracking:

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- Total service requests received by modality and specialty
- Fulfillment rate (successfully filled appointments vs. requests)
- Unfilled requests and reasons (interpreter unavailability, insufficient notice, specialized skill requirements)
- Service completion confirmations
- Client and interpreter feedback

When we cannot fulfill a request, we document the reason and attempt to refer clients to alternative providers in our network. Our administrative team monitors patterns of unmet needs to identify gaps in our interpreter pool or service capacity, which informs our recruitment and training priorities. We provide quarterly reports to key clients showing fulfillment rates and service volumes.

What outcomes does your organization track for Deaf, DeafBlind, and Hard of Hearing individuals, and how is this data used to identify or address disparities?

As an interpreting service provider, we do not directly track health, educational, or social outcomes for Deaf, DeafBlind, and Hard of Hearing individuals—those outcomes are measured by the organizations we serve (hospitals, clinics, schools, etc.). Our outcome tracking focuses on service delivery quality:

- Successful appointment completion rates
- Timeliness of interpreter arrival
- Client and interpreter satisfaction ratings
- Complaint resolution

We use this data to identify service quality issues and provider performance concerns. If we observe patterns such as consistently unfilled requests in certain specialties or geographic areas, this may indicate systemic access barriers that we escalate to our clients and work to address through targeted interpreter recruitment.

What data does your organization collect related to Deaf, DeafBlind, and Hard of Hearing employees and internal accessibility or cultural competency capacity?

Frederick Interpreting Agency employs Deaf individuals in both interpreter and administrative roles. For our workforce, we track:

- Interpreter certifications (RID, NAD, state certifications)
- Language expertise and specializations (medical, legal, mental health, etc.)
- Cultural and linguistic background

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- Continuing education and professional development completion
- Availability and geographic service areas

For our 400+ contracted interpreters nationwide, we maintain credential verification records and professional profiles. Our agency leadership includes Deaf individuals with deep cultural competency, and we prioritize hiring interpreters who demonstrate strong cultural awareness and linguistic proficiency. We require ongoing professional development to maintain quality standards, though we do not specifically track the Deaf/hearing status of all contractors in our database.

How does your organization share or coordinate Deaf, DeafBlind, and Hard of Hearing data with other organizations or oversight entities?

We share aggregated, de-identified service delivery data with client organizations through regular reporting (appointment volumes, fulfillment rates, service types). For compliance purposes, we provide documentation to:

- Certification bodies (RID, state licensing boards) regarding interpreter credentials
- Client organizations for billing and service verification
- Quality assurance entities when investigating complaints

We do not share individual end-user data, as we do not collect personally identifiable information about the Deaf, DeafBlind, or Hard of Hearing individuals receiving services. Any data sharing is governed by business associate agreements and confidentiality policies. We participate in industry discussions about interpreter availability and workforce shortages but share only anonymized trend data.

Are there any challenges your organization faces in collecting or using Deaf, DeafBlind, and Hard of Hearing data, as well as support needed to improve data quality?

Key challenges include:

1. Limited visibility into end-user outcomes: As a third-party provider, we have no direct insight into whether communication access led to improved health outcomes, educational success, or satisfaction for the individuals served. Better data-sharing frameworks between service providers and interpreting agencies would help identify systemic access gaps.
2. Inconsistent request specifications: Clients sometimes provide insufficient detail about communication needs, leading to mismatched services. Standardized intake protocols across organizations would improve service appropriateness.

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3. Fragmented industry data: There is no centralized database of interpreter availability, qualified professionals, or regional service gaps. Statewide coordination could improve resource allocation and identify underserved populations.
4. Workforce shortage documentation: While we track unfilled requests, we lack comprehensive data on overall demand vs. supply statewide. Better coordination with state agencies could help quantify the true scope of unmet needs.

Support needed: Standardized data collection frameworks, secure data-sharing protocols between agencies and client organizations, and state-level coordination of workforce development initiatives would significantly improve our ability to identify and address service gaps for Deaf, DeafBlind, and Hard of Hearing communities.



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