

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities
 Contract Monitoring

**POLICY AND PROCEDURE FOCUSED REVIEW:
 RESPONSIBLE DRIVING TOOL/TRANSPORTING MEMBERS**

QUALIFIED VENDOR NAME	POLICY REVIEW DATE	SERVICES <input type="checkbox"/> Group Home <input type="checkbox"/> Day/Employment
-----------------------	--------------------	---

Policy and Procedures Include the Following Components:	Yes	No
1. Process to ensure current registration, plates, and insurance for each vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
2. Process for ongoing vehicle maintenance that includes the vehicle climate control systems (air conditioner/ heater) and maintaining logs for two years.	<input type="checkbox"/>	<input type="checkbox"/>
3. Process to periodically review driving records of employees that drive vehicles to transport members.	<input type="checkbox"/>	<input type="checkbox"/>
4. Process to ensure emergency communication (2-way radio or cellphone) is available for transport.	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures to be prepared for emergencies: first aid kit, flashlights, emergency numbers.	<input type="checkbox"/>	<input type="checkbox"/>
6. Procedures for members to safely board and exit vehicles, including:		
a. Designated drop off and pick up areas.	<input type="checkbox"/>	<input type="checkbox"/>
b. Checklists to track who has entered and exited the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety protocols entering and exiting the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
d. Ensuring that all members have entered their destination.	<input type="checkbox"/>	<input type="checkbox"/>
7. Procedures to be completed prior, during and after transport, including:		
a. A 360-degree walk around the vehicle to ensure no obstacles are in the way; vehicle is fit to drive.	<input type="checkbox"/>	<input type="checkbox"/>
b. Ensuring all passengers are using seatbelts.	<input type="checkbox"/>	<input type="checkbox"/>
c. Never leaving anyone alone in a vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
d. Completing a thorough inspection of the vehicle, checking every seat to ensure all members have exited.	<input type="checkbox"/>	<input type="checkbox"/>
e. Locking the vehicle after the vehicle inspection to prevent reentry without staff supervision.	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff Training on Transportation Policy/Procedures, including:		
a. Safety protocols when transporting members in wheelchairs, including: transfers if not being transported in a wheelchair, how to use the lift/ramp, floor mounted seatbelts, tie downs, shoulder seatbelt and wheelchair brakes to secure the passenger.	<input type="checkbox"/>	<input type="checkbox"/>
b. Never leaving anyone alone in a vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
c. Knowing your passengers' special needs (i.e., behavioral issues, difficulty with change, motion sickness, anxiety while traveling, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
d. Knowing member specific transport protocols.	<input type="checkbox"/>	<input type="checkbox"/>
e. Consideration of seating arrangements to ensure the driver and passengers are safe.	<input type="checkbox"/>	<input type="checkbox"/>
f. Ensuring proper staffing levels for safe transport.	<input type="checkbox"/>	<input type="checkbox"/>
g. Knowing heat-related effects and how to prevent them (i.e., working air conditioner, carry water bottles, know the signs of being over heated, dehydrated, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

See reverse for EOE/ADA/LEP/GINA disclosures

QUALIFIED VENDOR NAME	POLICY REVIEW DATE	SERVICES <input type="checkbox"/> Group Home <input type="checkbox"/> Day/Employment
-----------------------	--------------------	---

Policy Review Disposition:

- Policy is accepted by the Division.
- Policy is not accepted by the Division. Please review the areas marked “No” on page 1 of this document. Revise your agency’s Policy to include the missing components. The revised Policy will be reviewed at the next monitoring visit.
- No Policy was submitted. Please develop a policy including the components from page 1. A copy of your Policy will be reviewed at the next monitoring review.

Comments:

Contract Monitoring Follow-Up Review Results:

Date of Review:

- Revised Policy is accepted by the Division.
- Revised Policy is not accepted by the Division. If not accepted, elevate to Unit Supervisor/Manager for further follow-up.
- Vendor does not have a Policy in place. If no Policy was developed, elevate to Unit Supervisor/Manager for further follow-up.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419 TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente.