

RESPONSE SIGNATURE PAGE

Type or Print the following information.

| | | | |
|--|--|-----------|----------|
| Area Agency on Aging of Southeast Arkansas dba Southeast Arkansas Transportation | | | |
| Address: | 709 East 8th Street | | |
| City: | Pine Bluff | State: | Arkansas |
| | | Zip Code: | 71601 |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit | | |
| Minority and Women-Owned Designation*: | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American | | |
| AR Certification #: _____ * See Minority and Women-Owned Business Policy | | | |

PROSPECTIVE CONTRACTOR CONTACT INFORMATION

Provide contact information to be used for solicitation related matters.

| | | | |
|-----------------|----------------------|------------------|------------------------|
| Contact Person: | Stephanie Bradshaw | Title: | Transportation Officer |
| Phone: | 870-543-6225 | Alternate Phone: | 870-329-9782 |
| Email: | sbradshaw@aaasea.org | | |

CONFIRMATION OF REDACTED COPY

- ☐ YES, a redacted copy of submission documents is enclosed.
- ☒ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
- Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.*

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and **shall not** employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

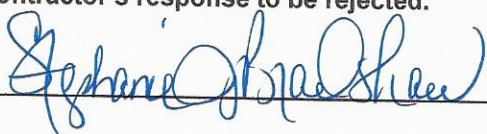
ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and **shall not** boycott Israel during the term of a contract awarded as a result of this solicitation.

- ☒ Prospective Contractor does not and **shall not** boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature:  Title: Transportation Officer

Printed/Typed Name: Stephanie Bradshaw Date: 10/18/2022

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature:


Use Ink Only.

Printed/Typed Name: Stephanie Bradshaw

Date: 10/18/2022

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: September 23, 2022
SUBJECT: 710-22-0009 Daytime Treatment Transportation

The following change(s) to the above referenced RFP have been made as designated below:

- ☒ Change of specification(s)
- ☐ Additional specification(s)
- ☐ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

OTHER

- Replace 710-22-0009 Official Bid Price Sheet with UPDATED 710-22-0009 Official Bid Price Sheet.

CHANGE OF SPECIFICATIONS

- RFP, Page 5, Section 1.9.1, delete and replace with the following:

Contractor must submit an Official Bid Price Sheet including pricing for each region on which the Contractor intends to bid.
- RFP, Page 22, Section 2.3.8.L.f, delete and replace with the following:

Record the interior of the vehicle to monitor passenger activity including onboarding and offloading of beneficiaries.
- RFP, Page 16, Section 2.3.2.C.2, delete and replace with the following:

Broker must upload an employee roster, including management, drivers, and attendants prior to DTT services being rendered and update all changes to the roster in the DTT Monitoring Contractor portal within five (5) business days of any change(s).
- RFP, Page 16, Section 2.3.2.B.5.g, delete and replace with the following:

Broker must distinguish other transportation services it provides from DTT services in that they are accounted for separately and maintain all DTT records, documentation, and standards separately.
- RFP, Page 23, Section 2.3.10.B.1.e, delete and replace with the following:

Have successfully completed training courses and remain up to date on:
 - i. Defensive driving;
 - ii. Child passenger safety; and
 - iii. If applicable:
 - Lift operation; and
 - Wheelchair securement.
- RFP, Page 24, Section 2.3.10.C.1.c., delete and replace with the following:

Have successfully completed I training courses and remain up to date on:
 - i. Defensive driving;
 - ii. Child passenger safety; and

- iii. If applicable:
 - Lift operation; and
 - Wheelchair securement.

- RFP, Page 20, Section 2.3.8.B.5, delete and replace with the following:

Each commercial insurance policy must name the Arkansas Department of Human Services as an additional insured under the policy.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

Stephanie Bradshaw
Vendor Signature

10/18/2022
Date

Area Agency on Aging of SE AR dba SCAT
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

DATE: October 4, 2022

SUBJECT: 710-22-0009 Day Treatment Transportation Services

The following change(s) to the above referenced Request for Proposals has been made as designated below:

Change of specification(s)

_____ Additional specification(s)
_____ Change of bid opening date and time
_____ Cancellation of bid
☒ Other

To revise section 1.8 RESPONSE DOCUMENTS as follows:

Delete 1.8 A.5


BID OPENING DATE AND TIME

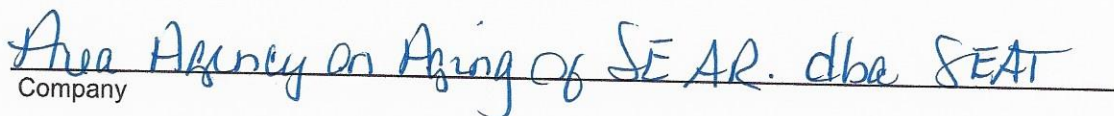
Bid opening date and time will not be changed.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have questions, please contact the buyer at DHS.OP.Solicitations@dhs.arkansas.gov or 501-320-6511.


Vendor Signature


Date


Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: October 11, 2022
SUBJECT: 710-22-0009 Daytime Treatment Transportation

The following change(s) to the above referenced RFP have been made as designated below:

- ☐ Change of specification(s)
- ☐ Additional specification(s)
- ☐ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

OTHER

- RFP, Page 7, Section 1.21, delete and replace with the following

The Grand Total Score for each Contractor, which shall be the sum of the Technical Score and per region Cost Score, shall be used to determine the ranking of proposals per region. For example, should a bidder choose to propose providing service in two (2) regions, two (2) grand total scores will be calculated for that vendor's proposal, one for each region. Each grand total score will be calculated using the technical score and the cost proposed for that region as specified in Section 3. The State may move forward to negotiations pursuant to Arkansas Code Annotated § 19-11-230, with those responsible Contractors determined, based on the ranking of the proposals, to be reasonably susceptible of being selected for award. Award will be made to the highest-ranking Contractor for each region.

- RFP, Page 30, Section 3.3, delete and replace with the following

The Technical Score and per region Cost Score will be added together to determine the Grand Total Score for the proposal for each region. The Prospective Contractor's proposal with the highest Grand Total Score for each region will be selected as the apparent successful Contractor (See Award Process).

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

Stephanie J. Bralshaw 10/18/2022
Vendor Signature Date
Area Agency on Aging of SE Ark d/ba SEAT
Company

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

| Subcontractor's Company Name | Street Address | City, State, ZIP |
|------------------------------|----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT POLICY

The Executive Director of the Agency will make all decisions regarding recruitment, hiring, promotion, terminations, transfers, layoffs, compensation, training, benefits, and other terms and conditions of employment without discrimination on the grounds of race, color, religion, sex, national origin, age disability, or other factors which cannot be lawfully used as the basis for employment decisions. The policy will be placed in all satellite offices so that employees, applicants, and the general public are cognizant of the Agency's EEO commitment.

1. The Agency undertakes a program of affirmative action, in which reasonable faith efforts will be directed to:
 - A. Determine the extent to which minorities, our senior population, and women are underutilized in major categories. The Agency will identify and eliminate the specific causes of such underutilization.
 - B. Project goals and timetables to include estimates of the representation of middle- aged and senior population, minorities, and women, which are likely to result from the operation of this affirmative action plan.
 - C. Ultimate responsibility for the achievement of affirmative action through this plan is assigned to the Executive Director of the Area Agency on Aging of Southeast Arkansas Board of Directors, who, will establish organizational structures and monitoring systems that will assure the effective operation of the affirmative action program, achievement of its goals, and means for modification of the plan as needed.
 - D. Applicants and employees have the right to file complaints with the EEO.
 - E. The performance of managers, supervisors, etc., will be evaluated on the EEO program's success in the same way their performance on other agencies' goals is evaluated.
 - F. Successful achievement of EEO goals will provide benefits to the Agency through fuller utilization and development of previously underutilized human resources.

NOTICE OF NON-DISCRIMINATION

The Area Agency on Aging of Southeast Arkansas complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal assistance. Therefore, the Area Agency on Aging of Southeast Arkansas does not discriminate on the basis of race, sex, color, age, national origin, religion, disability, Limited English Proficiency (LEP), or low-income status in the admission, access to, and treatment in the Area Agency on Aging of Southeast Arkansas programs and activities, as well as the Area Agency on Aging of Southeast Arkansas hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Area Agency on Aging of Southeast Arkansas nondiscrimination policies may be directed to the following email address: sbradshaw@aaasea.org, Stephanie Bradshaw, Title VI Coordinator, 709 E 8th Pine Bluff, AR 71601, 870-543-6300/Voice, 870-543-6339/TTY or the following email address, ktynes@aaasea.org, Kathy Tynes, ADA/504 Coordinator.

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME: _____

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Area Agency on Aging of Southeast Arkansas, Inc.

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Bradshaw

FIRST NAME Stephanie

M.I.: _____

ADDRESS: 709 East 8th Street

CITY: Pine Bluff

STATE: AR

ZIP CODE: 71601

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | |
|----------------------------------|----------|--------|--|---------------|-------------|---|----------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Relation |
| General Assembly | | | | | | | |
| Constitutional Officer | | | | | | | |
| State Board or Commission Member | | | | | | | |
| State Employee | | | | | | | |

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.] | For How Long? | | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | | |
|----------------------------------|----------|--------|---|---------------|-------------|--|------------------------|---------------------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Ownership Interest (%) | Position of Control |
| General Assembly | | | | | | | | |
| Constitutional Officer | | | | | | | | |
| State Board or Commission Member | | | | | | | | |
| State Employee | | | | | | | | |

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Stephanie Bradshaw Title Transportation Officer Date _____

Vendor Contact Person Stephanie Bradshaw Title Transportation Officer Phone No. (870) 543-6225

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

TECHNICAL PROPOSAL PACKET

RESPONSE PACKET
710-22-0009

INFORMATION FOR EVALUATION

E.1 Qualifications

- A. Describe Broker's prior experience providing day treatment transportation including the number of years of experience.
- Area Agency on Aging of Southeast Arkansas dba Southeast Arkansas Transportation (SEAT) has been providing transportation services to Region F for more than twenty (20) years. We have been performing day treatment transportation separate from NET since January 2019; however, prior to this separation, transportation to day treatment facilities were covered by NET services.
- B. Provide resumes for the Project Director responsible for management of day-to-day operations.
- See **ATTACHMENT A**

E.2 Call Center

- A. Describe the process(es), equipment, capabilities to meet the requirement outlined in Section 2.3.3.B including, without limitation, the following:
1. Calls:
 - SEAT will establish a designated 1-800 number for Day Treatment Transportation. SEAT will develop a pamphlet that includes the 1-800 number to be distributed to all eligible beneficiaries, guardians, and ADDT and EIDT providers.
 - SEAT employs ten (10) full-time Customer Service Representatives and one (1) full-time Customer Care Coordinator to manage all incoming calls.
 - The call center is open 8:00am to 5:00pm, Monday through Friday, excluding state recognized holidays.
 - SEAT has a current business agreement with an after-hours answering service. This answering service employs live-operators that take messages for incoming SEAT calls received outside our normal business hours, including weekends and holidays. All messages received by the after-hours answering service are forwarded to SEAT operation supervisors in real-time via text and email. All calls requiring a call back must be returned within one (1) business day.
 - The NET/DTT Compliance Coordinator will submit a weekly call center metrics report to the DTT Monitoring Contractor by Monday of each week. This call center metrics report must include the following:
 - i. Number of incoming calls
 - ii. Number of calls answered
 - iii. Average time to answer calls
 - iv. Number of abandoned calls
 - v. Percentage of calls abandoned
 - vi. Average talk time
 - vii. Number of complaints received

- Ninety-five percent (95%) of all calls must be answered within three (3) rings or fifteen (15) seconds.
 - The number of busy signals must not exceed five percent (5%) of the total incoming calls.
 - The wait time in the queue must not be longer than three (3) minutes for ninety-five (95%) of all incoming calls.
 - The abandoned call rate must not exceed twenty percent (20%) for any month.
1. Call monitoring:
 - All incoming and outgoing calls are recorded for call monitoring and quality assurance.
 2. Complaints:
 - SEAT employs a full-time NET/DTT Compliance Coordinator.
 - All complaints are referred to the NET/DTT Compliance Coordinator.
 - The compliance coordinator logs the complaint and responds accordingly.
 - The NET/DTT Compliance Coordinator will submit all complaints to the DTT Monitoring Contractor within one business day of receiving complaint.
 3. Scheduling:
 - SEAT employs ten (10) full-time Customer Service Representatives and two (2) full-time Schedulers to manage all ride requests.
 - SEAT will develop and distribute a pamphlet detailing the designated 1-800 number for DTT services and how to request and schedule DTT services.
 4. Translation and Interpreter Accommodations:
 - SEAT serves all our clients in an equal manner and provides bilingual communication through an interpreting agency if needed. TDD services for the hearing impaired are accomplished on site via TTY compatible hardware.
 5. Technology:
 - SEAT employs a full-time IT Manager to ensure all hardware and software is up-to-date and running properly.
 - All SEAT personnel have a Microsoft based Windows 10 Dell desktop computer, with a battery surge protector. Computer hardware replacement is scheduled for every 3-5 years, or more frequently as needed. All computer software is updated, as updates become available.
 - All SEAT personnel have a Yealink Voice Over IP desktop telephone. The call center staff are each provided with a wireless Bluetooth headset.
 - SEAT utilizes GoTo Connect/Jive as the cloud based VOIP telephone service. This service provider allows for call recordings to be maintained for a minimum of one year. This service provider also allows for call metrics reports and call monitoring.
 - SEAT utilizes an advanced Intelligent Transportation System (ITS) from RouteMatch Software, Inc to manage delivery of transportation services. This is a paratransit scheduling and dispatching software, which is a cloud based, HIPAA compliant integrated system that can manage all aspects of

- the service from trip processing and eligibility screening to direct operations and recordkeeping.
 - In the event of a power failure or outage, SEAT has two (2) generators capable of operating the telephone system for a minimum of eight (8) hours, at full capacity, with no interruption of data collection.
 - All data stored electronically using the Agency's computer system is backed up daily and kept off site and in accordance with the Agency's Disaster Recovery Plan.
- B. Provide a quality assurance and monitoring plan for the call center including training.
- The Project Director and Project Coordinator will randomly listen to call recordings to ensure the call center is adhering to all standards of this contract, while providing courteous and professional customer service to all our clients.
 - All new customer service representatives undergo an extensive training session with the Customer Care Coordinator and the NET/DTT Compliance Coordinator before joining the call center.
 - The Project Coordinator plans and coordinates on-going training as needed as well as an annual training session for all customer service representatives that reinforces contractual guidelines and highlights areas in need of improvement.

E.3 Services Requirements

- A. Describe the process for reservation and trip assignments including scheduling and dispatching capabilities.
- SEAT utilizes an advanced Intelligent Transportation System (ITS) from RouteMatch Software, Inc to manage delivery of transportation services. This is a paratransit scheduling and dispatching software, which is a cloud based, HIPAA compliant integrated system that can manage all aspects of the service from trip processing and eligibility screening to direct operations and recordkeeping.
 - The call center will manage each call received in the following manner:
 - Identify themselves and the company upon answering the call
 - Verify to whom they are speaking with
 - Verify eligibility for DTT (Day Treatment Transportation) through the MMIS Portal and through the gatekeeping questions
 - Request an appointment time, if the trip is a standing order or a one-time trip, origins, destinations, and identify any special needs for that client
 - The RouteMatch software provides the capability to automate scheduling functions by utilizing an algorithm that determines the clients' needs to ensure the most appropriate vehicle is used for each trip.
 - SEAT employs two (2) full-time schedulers to monitor the automate capabilities to ensure all reserved trips are assigned to a vehicle.
 - SEAT drivers utilize Samsung Galaxy tablets with the RouteMatch software installed to access and execute assigned trips.
 - SEAT employs a full-time Operations Manager and three (3) Driver Supervisors, in addition to the Project Director, Project Coordinator, and MEDNET/DTT Compliance

- Coordinator that oversees daily dispatching activity through the RouteMatch software to ensure drivers are providing services in a timely and efficient manner.
- B. Provide a detailed summary of how Broker will ensure DTT services are provided for requests without sufficient advance notice.
- SEAT's current policy is that all rides must be reserved with a forty-eight (48) hours advanced notice. We will continue to implement this policy for all transportation unless a physician requests special accommodations due to extenuating circumstances.

E.4 Operational Requirements

- A. Describe procedures for oversight of day-to-day operations including the following:
1. Annual and on-going safety training for vehicle operators
 - SEAT employs a full-time Training and Safety/Operations Manager, Randy Emerson and two (2) full-time Training and Safety Assistants.
 - Mr. Emerson has been employed with SEAT for more than twenty (20) years. He has received specialized training and certifications in numerous areas of transportation services including but not limited to Evidential Breath Alcohol Testing technician, Certified Child Safety Seat Passenger technician, and Heart Saver CPR and AED Certified Core Instructor.
 - Mr. Emerson oversees all safety aspects of new hire training, on-going refresher training as needed, and annual training for all drivers.
 2. Field observations of operations
 - SEAT has developed an On-Street/Pop-Up Inspection form (see **ATTACHMENT B**) that is used by the Training and Safety/Operations Manager, the Training and Safety Assistants, and the Driver Supervisors to perform regular ride along and pop-up observations.
 - Every passenger SEAT vehicle is equipped with Audio/Video Camera systems. The Training and Safety/Operations Manager pulls random video footage for review to ensure drivers are adhering to all safety policies and procedures while providing courteous and professional transportation service.
 3. Monitoring staff levels
 - SEAT continuously accepts and reviews applications to ensure adequate staffing.
 4. Vehicle repairs and preventative maintenance
 - All vehicle maintenance and preventative maintenance is done according to Manufacturing guidelines.
 - SEAT has developed a Daily Vehicle Inspection form (see **ATTACHMENT C**) that is to be completed by drivers and turned in daily. Once submitted, these forms are reviewed by the Safety Team and any issues notated are promptly addressed.
 - Each vehicle has a vehicle maintenance record book inside the vehicle to record maintenance performed.

- SEAT has an on-site maintenance facility with two (2) full-time mechanics. The five (5) bay facility is equipped to perform vehicle repairs and preventative maintenance with three (3) four-post hydraulic automotive lifts, a wash bay, a paint bay, and a bulk gas service with pump.
 - SEAT also maintains a reputable relationship with many third-party maintenance providers throughout Region F to ensure our vehicles receive timely service which allows us to keep our vehicles safe and on the road with little downtime.
 - SEAT monitors maintenance through a computer-based vehicle maintenance program, Fleet Maintenance Pro, which tracks the history of each vehicle, maintenance performed, and when upcoming preventative maintenance is due.
 - SEAT has developed a Monthly Vehicle Inspection Form that is completed by Safety and Training personnel. (See **ATTACHMENT D**)
 - The Training and Safety/Operations Manager completes a commercial motor Annual Vehicle Inspection Report (see **ATTACHMENT E**).
- B. Describe procedures to screen driving records of each prospective vehicle operator prior to hiring and the process used to monitor and report traffic violations.
- The NET/DTT Compliance Coordinator checks a Motor Vehicle Report on all selected applicants prior to their hire as well as runs a quarterly MVR on all active drivers.
 - Drivers are to report any traffic violations to their supervisor immediately. Drivers receiving a combination of two (2) moving violations and/or at-fault accidents in a twelve (12) month period will be removed from service.
 - All SEAT vehicles are registered with the nationally known "Safety First Monitoring Program." Each vehicle is assigned and decal with a unique identification number as well as a toll-free phone number that performance issues can be reported to. This information is recorded and passed on to our management team to help monitor driver and vehicle safety.
- C. Describe the process and equipment used for verifying eligibility to receive DTT services.
- The call center will utilize the MMIS portal to verify that a client is eligible for DTT services by determining the client's Medicaid is one of the qualifying aid categories, the residence is within the region, and SEAT is listed as the transportation provider. If the client is eligible, the call center will then complete the gatekeeping process to finalize the eligibility.

E.5 Trip Information

- A. Describe the Contractor's ability to track and monitor trip information for each beneficiary.
- SEAT utilizes an advanced Intelligent Transportation System (ITS) from RouteMatch Software, Inc. to manage delivery of transportation services. This is a paratransit scheduling and dispatching software, which is a cloud based, HIPAA compliant integrated system that can manage all aspects of the service from trip processing and eligibility screening to direct operations and recordkeeping.
 - RouteMatch utilizes a Microsoft SQL Server which is a relational, nonproprietary database that allows SEAT to manage, track, and report on all its client and trip data.

- RouteMatch allows our Call Center, Supervisors, and Managers to evaluate trips in real-time to ensure timely transport to and from ADDT and EIDT facilities.

E.6 Quality Assurance

- A. Provide a detailed quality assurance plan for the reporting and monitoring of transportation operators regarding health and safety standards, vehicle maintenance, operation, vehicular inspections, vehicle licenses, and registration for each vehicle.
- SEAT has existing policies and procedures in place to ensure we provide courteous, professional, and safe transportation for all our clients. SEAT's slogan is "Safety is #1."
 - SEAT drivers are subject to US-DOT Drug and Alcohol testing and annual health screenings.
 - Our NET/DTT Compliance Coordinator keeps a detailed record of all active drivers. This record includes but not limited to the following:
 - Driver license number and expiration date
 - First Aid/CPR renewal date
 - Quarterly MVR date
 - Criminal Background check renewal
 - Adult/Child Maltreatment renewal
 - The above record is reviewed monthly by our NET/DTT Compliance Coordinator to ensure that we always have the most up-to-date information on all drivers.
 - SEAT's safety personnel, consisting of the Training and Safety/Operations Manager and two (2) Training and Safety Assistants, perform regular ride-along and pop-up field observations.
 - SEAT has developed a Monthly Vehicle Inspection Form that is completed by Safety and Training personnel. (See **ATTACHMENT D**)
 - SEAT's drivers are to complete a Daily Vehicle Inspection (see **ATTACHMENT C**) form each day for every vehicle they use. This form is to be submitted daily. Safety personnel then review it so that any issues documented can be promptly addressed.
 - The Training and Safety/Operations Manager completes a commercial motor Annual Vehicle Inspection Report (see **ATTACHMENT E**).
 - During all inspections, SEAT employees ensure that each vehicle is equipped with the following:
 - Fire extinguisher
 - First-aid kit
 - Reflective triangles
 - Flashlight
 - Reflective safety vest
 - SEAT employs a full-time vehicle custodian that transports a mobile pressure washer throughout Region F to ensure our vehicles kept clean.
 - SEAT has three (3) electric disinfectant fogger machines that are used daily to sanitize the interior of vehicles.
 - Seat belt and no smoking signs are clearly visible on all SEAT vehicles.

- SEAT's safety personnel pull random video footage from vehicles to ensure drivers are always providing safe and courteous transportation services.
- SEAT employs a full-time maintenance clerk. This clerk maintains all maintenance records and keeps track of any upcoming preventative maintenance.
- SEAT maintains an active vehicle list on all Agency vehicles that includes but not limited to the following:
 - Agency vehicle identification number
 - Vehicle identification number (VIN)
 - Manufacturer, make, model, and model year
 - License plate number and expiration date
- The vehicle list enables SEAT to ensure all vehicles are up to date with license and registration.

E.7 Driver and Attendant Conduct

- A. Describe how the Contractor will ensure that driver's and attendants abide by the requirements stated in Section 2.3.11 of the RFP.
 - SEAT drivers and attendants must successfully pass the following prior to hire and throughout their duration of employment:
 - Criminal background check as required pursuant to Ark. Code Ann. § 20-38-101, et seq
 - An Arkansas Child Maltreatment Central Registry check prior to hiring and every two (2) years thereafter.
 - An Adult and Long-term Care Facility Resident Maltreatment Central Registry check prior to hiring and at least every two (2) years thereafter.
 - A drug screen that tests for use of illegal drugs prior to hiring.
 - An Arkansas Sex Offender Central Registry search prior to hiring and at least every two (2) years thereafter.
 - The NET/DTT Compliance Coordinator will upload completed screens and check results to the DTT Monitoring Contracts portal within five (5) business days.
 - SEAT will not employ drivers who have a verifiable, documented history of alcohol abuse or of consuming narcotics or other drugs that could impair their ability to perform their duties.
 - SEAT must employ drivers/attendants twenty-one (21) years of age or older.
 - SEAT must employ drivers/attendants that hold an active Arkansas driver's license.
 - SEAT will provide training to ensure drivers/attendants obtain and maintain in good standing the following license:
 - CPR/First Aid Certification
 - Defensive Driving training
 - Child Passenger Safety training
 - Lift operation/Wheelchair Securement training
 - SEAT will not employ any individual who has had a suspended or revoked driver's license for a moving violation within the last five (5) years or who has been convicted of an alcohol, drug, or substance abuse offense in the last five (5) years.

- If an individual has been convicted of a charge listed under ACA 21-15-102(f), until the conviction has been vacated or reserved, the individual will be prohibited from providing transportation services.
- Any individual that receives any combination of two (2) moving violations or at-fault accidents within a twelve (12) month period will be prohibited from providing transportation services. This includes violations occurred while driving personal vehicles.
- The NET/DTT Compliance Coordinator will run quarterly MVR on all active drivers to ensure solicitation requirements are met.
- The NET/DTT Compliance Coordinator will maintain a detailed record of all active drivers. This record includes but not limited to the following:
 - Driver license number and expiration date
 - First Aid/CPR renewal date
 - Quarterly MVR date
 - Criminal Background check renewal
 - Adult/Child Maltreatment renewal
- The above record will be reviewed monthly by our NET/DTT Compliance Coordinator to ensure that always have the most up-to-date information on all drivers.

E.8 Safety Violations

- A. Describe the Broker's approach for monitoring for Safety Violations
- SEAT employs a full-time Safety and Training/Operations Manager as well as two (2) Safety and Training Assistants.
 - The Safety and Training Personnel perform random pop-up inspections in the field, sometimes at a distance without the drivers' knowledge, to ensure that the driver is providing safe and courteous services.
 - The Safety and Training/Operations Manager pulls random video footage from vehicles to ensure the drivers are always providing safe and courteous services.
 - SEAT provides on-going training to ensure the most up-to-date safety practices are being implemented.

E.9 Business Continuity and Disaster Recovery

- A. Provide a Business Continuity and Disaster Recovery Plan that details procedures in place to continue operations in the event of a failure and to minimize any disruption in service.
- See attached **EMERGENCY PREPAREDNESS PLAN**

E.10 Subcontractor Information

- A. Describe the Broker's process for monitoring subcontractor(s) performance.
- Not Applicable

E.11 Appropriate Mode of Transportation

- A. Provide a transportation plan that includes how the Contractor will provide transportation such as using fleet, subcontractor(s), or service agreements.

- SEAT currently has one-hundred and two (102) active vehicles in our fleet. SEAT will be the provider of DTT services in Region F. SEAT will not be utilizing a subcontractor nor ride-share services such as, Uber, Lyft, or Taxi.
- B. Provide a table that includes, without limitation, the following:
- Provide the proposed number of vehicles that will be used per region for DTT services include types of vehicles, number of passengers, safety, and accommodation features.
 - SEAT currently has one-hundred and two (102) active vehicles in our fleet.
 - Ninety-three (93) of SEAT's vehicles are wheelchair accessible. (See **ATTACHMENT F**)
 - All SEAT wheelchair accessible vehicles are equipped with Q'Straint Wheelchair Securement System.
 - Several SEAT vehicles are equipped with a one-thousand-pound (1,000 lb.) lift.
 - All SEAT vehicles with a wheelchair lift utilize the Access-Arize safety belts in the front and back of the lift to ensure the safest loading and unloading practices.
 - Process for determining the most appropriate mode of transportation.
 - During the intake process, call center will ask each client with each trip scheduled if they utilize a mobility device, such as using a walker, wheelchair, or cane.
 - The RouteMatch software allows for the call center to indicate on the trip special mobility needs.
 - The RouteMatch software determines the clients needs and then determines the most appropriate vehicle based on its proven scheduling algorithms.
 - SEAT employs two (2) full-time Schedulers that review routes to ensure the automated system placed clients appropriately and efficiently.
 - Process for determining and accommodating any client specific health or safety needs.
 - During the intake process, the call center will ask each client with each trip scheduled if they utilize a mobility device, such as a walker, wheelchair, or cane.

E.12 Vehicle Maintenance, Safety, and Inspections

- A. Describe the Broker's annual inspection process and daily inspection report.
- SEAT Drivers complete and turn in a Daily Vehicle Inspection Form. This form is reviewed by Safety personnel and any issues indicated are promptly addressed. (See **ATTACHMENT C**)
 - SEAT has developed a Monthly Vehicle Inspection Form that is completed by Safety and Training personnel. (See **ATTACHMENT D**)
 - The Training and Safety/Operations Manager completes a commercial motor Annual Vehicle Inspection Report (see **ATTACHMENT E**).

P.O Box 8569
Pine Bluff, AR 71611
709 East 8th Avenue
Pine Bluff, AR 71601



**Area Agency
On Aging**
of Southeast Arkansas

T: 870.543.6300
TF: 800.264.3260
F: 870.534.2152
www.aaasea.org

ATTACHMENT A: PROJECT DIRECTOR RESUME

Stephanie Bradshaw, Project Director

1517 Sugar Mable Lane
Hensley, AR 72065

Experience:

- Southeast Arkansas Transportation 2008 – Present
- Serves on the Arkansas Transit Association Board of Directors

Title: Transportation Officer

- Prepare Annual Applications, Budgets, Grants, Audits, RFPs, and Inventories for the AR-DOT 5311 Rural Transit Program and Arkansas Medicaid Non-Emergency Transportation program.
- Prepare and file annual reports for intrastate and interstate route authorities in a timely manner. Oversee all Agency vehicles.
- Know and follow all applicable rules, regulations, policies, and procedures of Federal Motor Carriers, FTA, and Arkansas Medicaid
- Research issues for assigned areas of responsibility.
- Advise the Executive Director regarding emerging problems which may need to be addressed in a timely manner.
- Serve as Compliance Officer for SEAT, constantly evaluating and working to improve operations.
- Monitor reporting compliance for all assigned departments. Recommend realignments of reporting responsibilities, as may be necessary to assure timely reporting.
- Study special concerns and problems such as overtime, develop and implement methods for addressing the problem with supervisors, review results, and revise operational procedures as needed.
- Obtain input from program supervisors and managers and observe how Agency business is handled to use as a sound basis for recommending better methods of operation.
- Serve as a resource for managers and supervisors in learning and following program specific rules, regulations, policies, and procedures.
- Review documentation and forms to recommend ways to simplify and reduce paperwork.
- Seek ways to streamline operations in all assigned programs to assure maximum cost effectiveness.

Certifications:

- Paratransit Management & Operations, National Transit Institute
- Procurement for Small and Medium Transit Systems, National Transit Institute

Serving Southeast Arkansas Since 1979

P.O Box 8569
Pine Bluff, AR 71611
709 East 8th Avenue
Pine Bluff, AR 71601



**Area Agency
On Aging**
of Southeast Arkansas

T: 870.543.6300
TF: 800.264.3260
F: 870.534.2152
www.aaasea.org

- Disadvantaged Business Enterprise, National Transit Institute
- Building Diversity Skills in the Transit Workplace, National Transit Institute
- Drug and Alcohol Training for Supervisor, Federal Transit Administration – Arkansas Transit Association
- Child Passenger Safety, Federal Transit Administration – Arkansas Transit Association
- Passenger Assistance, Federal Transit Administration – Arkansas Transit Association
- Train-the-Trainer (START), Federal Transit Administration – Arkansas Transit Association
- Title VI & Public Transit, Federal Transit Administration – Arkansas Transit Association
- Wheelchair Securement Training, Q'Straint

Training Related to Transportation:

- Extensive training on RouteMatch Software, including but not limited to the following:
 - Scheduling
 - Accident/Incident Reporting
 - Geo Coding
 - Billing
 - Reporting

Transportation Conference Attendance:

- Arkansas Transit Association Conference
 - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 1-day Spring 2022, 3-day September 2022
- RouteMatch
 - 2014, 2015

ATTACHMENT B: ON-STREET/POP-UP INSPECTION FORM

SOUTHEAST ARKANSAS TRANSPORTATION (SEAT)

ON-STREET/POP-UP INSPECTION

OBSERVATION _____ RIDE ALONG _____

DRIVER NAME (AND TRAINEE IF APPLICABLE) _____ DATE _____ VAN _____
LOCATION _____ SCHEDULED P/U TIME: _____ ACTUAL P/U TIME: _____

THE FOLLOWING APPLIES TO BOTH POP-UP OBSERVATIONS AND RIDE ALONG INSPECTIONS:

THE SEAT DRIVER

- | | | |
|--|-----|----|
| • PROVIDED DOOR TO DOOR SERVICE | YES | NO |
| • ASSISTED CLIENTS WITH BOARDING AND UNBOARDING THE VEHICLE | YES | NO |
| • OPERATED WHEELCHAIR LIFT IN A SAFE AND PROPER MANNER | YES | NO |
| • ENSURED ALL CLIENTS WERE SECURED IN SEATBELT | YES | NO |
| • SAFELY AND PROPERLY SECURED ALL MOBILITY DEVICES, INCLUDING WHEELCHAIR | YES | NO |
| • SAFELY AND PROPERLY TIED DOWN WHEELCHAIR | YES | NO |
| • ARRIVED ON TIME TO DESTINATION AND TRANSPORTED CLIENT IN A SAFE AND TIMELY MANNER | YES | NO |
| • TREATED PASSENGERS AND ASSOCIATES RESPECTFULLY | YES | NO |
| • HAS SECURELY STORED ALL WHEELCHAIR TIEDOWNS AND/OR ANY OTHER LOOSE ITEMS | YES | NO |
| • HAS COMPLETED THE "PRE" DAILY VEHICLE INSPECTION FORM | YES | NO |
| • IS WEARING PROPER ATTIRE AND FOOTWEAR | YES | NO |
| • HAS CURRENT DRIVER'S LICENSE ON HAND | YES | NO |
| • IS WEARING EMPLOYEE PHOTO ID | YES | NO |
| • HAS MAINTAINED A CLEAN INTERIOR OF THE VEHICLE | YES | NO |
| • HAS KEPT THE VEHICLE SMOKE AND TOBACCO FREE | YES | NO |
| • HAS NOTATED THE VEHICLE SERVICE (OIL CHANGE/AIR FILTER) IS UP TO DATE | YES | NO |
| • HAS ARRANGED FOR VEHICLE TO BE SERVICED (OIL CHANGE/AIR FILTER) IF IT IS NOT UP TO DATE | YES | NO |

ATTACHMENT B: ON-STREET/POP-UP INSPECTION FORM

THE FOLLOWING APPLIES TO RIDE ALONG INSPECTIONS ONLY:

THE SEAT DRIVER

| | | |
|---|-----|----|
| • OBSERVED POSTED SPEED LIMIT | YES | NO |
| • CHECKED MIRRORS FREQUENTLY | YES | NO |
| • MADE SAFE AND SMOOTH LANE CHANGES | YES | NO |
| • USED TURN SIGNALS PROPERLY | YES | NO |
| • FOLLOWED TRAFFIC LIGHTS, INCLUDING STOPPING AT YELLOW LIGHT | YES | NO |
| • MAINTAINED A SAFE FOLLOWING DISTANCE | YES | NO |
| • MERGED SAFELY INTO TRAFFIC | YES | NO |
| • BRAKED SMOOTHLY AND SAFELY | YES | NO |
| • USED HEADLAMPS PROPERLY | YES | NO |
| • MADE SMOOTH TURNS | YES | NO |
| • PRACTICED DEFENSIVE DRIVING | YES | NO |

PLEASE PROVIDE COMMENT FOR THOSE MARKED "NO" (USE ADDITIONAL PAPER AND ATTACH IF NECESSARY):

DOES DRIVER'S PERFORMANCE MERIT ADDITIONAL TRAINING AND/OR DISCIPLINARY ACTION?

(IF YES, PLEASE EXPLAIN) YES NO

SAFETY/SUPERVISOR/MANAGER SIGNATURE

DRIVER SIGNATURE

IF SAFETY TEAM MEMBER PERFORMS, PLEASE HAVE A DRIVER SUPERVISOR AND/OR MANAGER REVIEW AND INITIAL

ATTACHMENT C: DAILY VEHICLE INSPECTION FORM

SOUTHEAST ARKANSAS TRANSPORTATION DAILY VEHICLE INSPECTION FORM

Date: _____ Vehicle #: _____ License #/Expiration: _____ Driver: _____

Broker: SEAT Vendor: SEAT Region #: F Type of Vehicle: Transit

Capacity of Vehicle: Passenger ____ /Wheelchair: ____

Starting Mileage: _____ Ending Mileage: _____ Daily Total: _____

Fuel Added: _____ Gallons Oil Added: _____ Quarts

****OIL CHANGE DUE EVERY 5,000 MILES****

****CHANGE AIR FILTER EVERY 10,000 MILES****

Last Oil Change: Date _____ /Mileage _____ Next Oil Change Due (In Miles): _____

Last Air Filter Change: Date _____ /Mileage _____ Next Air Filter Change (In Miles): _____

INSPECT EACH ITEM BEFORE (PRE) THE START OF YOUR DAY AND AGAIN AT THE END (POST) OF YOUR DAY.

MAKE NOTE IN ADDITIONAL COMMENTS AND NOTIFY A SUPERVISOR IMMEDIATELY IF AN ITEM REQUIRES REPAIR BEFORE SAFE OPERATION, THE CAMERA SYSTEM IS NOT OPERATING, AND/OR ESSENTIAL DOCUMENTS ARE MISSING.

+ = OK

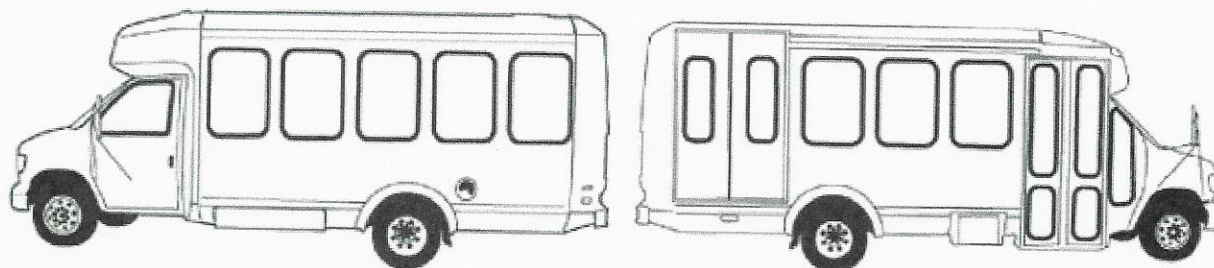
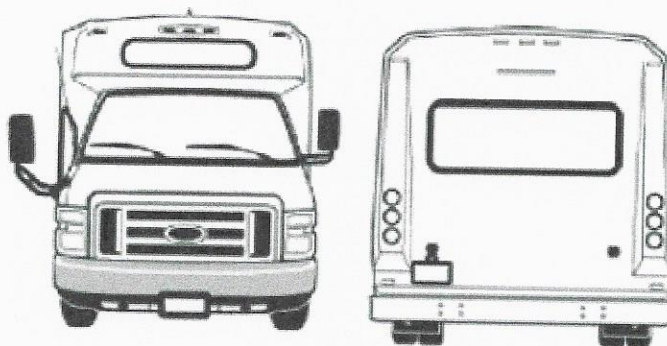
0 = NEEDS ATTENTION

N/A = NOT APPLICABLE

| PRE | POST | ITEM TO BE INSPECTED |
|-------|-------|--|
| _____ | _____ | Current Vehicle Insurance, Registration, Fuel Card, Intrastate Form, Maintenance book |
| _____ | _____ | Current Driver Log, if applicable |
| _____ | _____ | 2-Way Radio or Cellular Phone |
| _____ | _____ | Operational Camera System (If either light is off, camera needs to be checked by IT immediately) |
| _____ | _____ | Windshield Condition (Bullseye, cracks, scratches from windshield wiper blades) |
| _____ | _____ | Windshield Wipers Operational/Condition (Rubber not contacting windshield) |
| _____ | _____ | Operational Windows (Side/Vent) |
| _____ | _____ | Rear and Side View Mirrors (Damage) |
| _____ | _____ | Head Lamps – High and Low Beam (Working, general condition, lenses) |
| _____ | _____ | Brake Lamps, Turn Signals, Tail Lamps, Hazard Lamps (Working, general condition) |
| _____ | _____ | Operational Gauges, Switches, and Indicator Lamps |
| _____ | _____ | Engine in good running condition (No check engine or warning lights on) |
| _____ | _____ | Operational Horn |
| _____ | _____ | Air Conditioner |
| _____ | _____ | Heater/Defroster |
| _____ | _____ | Emergency/Parking Brake |
| _____ | _____ | Seatbelts (Working order, general condition, no fraying) |
| _____ | _____ | Posted No Smoking Sign, Seatbelt Signs, and Proper Decals |
| _____ | _____ | Vehicle Interior (Clean with no loose objects or trash) |
| _____ | _____ | First Aid and Biohazard Kit (Sealed and not out of date) |

ATTACHMENT C: DAILY VEHICLE INSPECTION FORM

- ☐ Fire Extinguisher (**Securely mounted, good working condition, inspection not expired**)
- ☐ Emergency Safety Triangles/ Seatbelt Cutter/ Flashlight
- ☐ Vehicle Exterior (**General condition, cleanliness, paint, rust, body damage**)
- ☐ Spare Tire (if originally equipped)/Proper Emergency Tools (**Jack, tire tools, condition**)
- ☐ Visual Inspection of Tire Condition and Wear Pattern (**Dry rot, uneven tread wear, cupping**)
- ☐ Tire Tread Depth: Left Front ___/32 Right Front ___/32 Left Rear ___/32
- ☐ Right Rear ___/32 W/DRW: Rear Inner Left ___/32 Rear Inner Right ___/32
- ☐ Equipped with a Child Safety Alarm Device (**Mandatory on all Multi-Passenger Vehicles**) ___YES ___NO
- ☐ Operational Child Safety Alarm
- ☐ Correct Child Safety Seat for Each Child (**if children requiring child safety seats are being transported**)
- ☐ Wheelchair Tie Downs/Restraints (**Correct number of restraints, frayed, mechanisms**), if applicable
- ☐ Wheelchair Lift/Ramp Operations (**Smoothness, safety harnesses, etc.**), if applicable
- ☐ Operational Doors and Windows
- ☐ Emergency Door Exit Signs and Marking Lights
- ☐ Back-up Alarm
- ☐ Clearance, Side Marker Lamps, and Reflectors (**Working, general condition**)
- ☐ Fluid Levels (**CHECK ALL: Radiator, Oil, Windshield Washer, Transmission, Power Steering, Brake**)
- ☐ Brakes



Additional comments:

ATTACHMENT C: DAILY VEHICLE INSPECTION FORM

Driver signature confirms that the vehicle was cleaned and sanitized, with each item inspected and any finding(s) indicated on this report.

Driver Signature

Time of Pre-Inspection

Time of Post-Inspection

ATTACHMENT D: MONTHLY VEHICLE INSPECTION FORM

Area Agency on Aging of Southeast Arkansas

709 East 8th, Pine Bluff, AR, 71611

870-543-6300, 1-800-264-3260

VEHICLE RECOMMENDATIONS

DRIVERS NAME: _____ DATE: _____

VEHICLE UNIT# _____ LOCATION: _____

CURRENT MILAGE: _____

LAST OIL CHANGE DATE: _____ MILEAGE: _____

LAST AIR FILTER CHANGE DATE: _____

NEXT AIR FILTER MILEAGE: _____

| | OKAY (YES) | NEEDS ATTENTION | POOR |
|-------------------------------------|------------|-----------------|-------|
| Is pre-trip inspection being done? | _____ | _____ | _____ |
| Does vehicle need service? | _____ | _____ | _____ |
| <u>CONDITIONS OF LIGHTS:</u> | | | |
| Headlights | _____ | _____ | _____ |
| Taillights | _____ | _____ | _____ |
| Turn Signals | _____ | _____ | _____ |
| Back Up Lights | _____ | _____ | _____ |
| Marker Lights | _____ | _____ | _____ |
| Interior Lights | _____ | _____ | _____ |
| Panel Lights | _____ | _____ | _____ |
| <u>CONDITIONS OF BRAKES:</u> | | | |
| Parking Brakes | _____ | _____ | _____ |
| Brake Fluid | _____ | _____ | _____ |
| <u>CONDITION OF MOTOR</u> | | | |
| Oil Level | _____ | _____ | _____ |
| Radiator Level | _____ | _____ | _____ |
| Power Steering Fluid | _____ | _____ | _____ |

ATTACHMENT D: MONTHLY VEHICLE INSPECTION FORM

| | | | |
|---|-------|-------|-------|
| Condition of Tires | _____ | _____ | _____ |
| Condition of Glass | _____ | _____ | _____ |
| Condition of Mirrors | _____ | _____ | _____ |
| Air Conditioning | _____ | _____ | _____ |
| Heater | _____ | _____ | _____ |
| Defrost | _____ | _____ | _____ |
| First Aid Kit | _____ | _____ | _____ |
| Fire Extinguisher | _____ | _____ | _____ |
| Fasten Seat Belt Signs | _____ | _____ | _____ |
| No Smoking Sign Visible | _____ | _____ | _____ |
| Emergency Triangles | _____ | _____ | _____ |
| Condition of Interior | _____ | _____ | _____ |
| Condition of Exterior | _____ | _____ | _____ |
| Horn Works | _____ | _____ | _____ |
| Is Child Safety Alarm working? | _____ | _____ | _____ |
| Condition of Lift (if applicable) | _____ | _____ | _____ |
| Condition of W/C Lift Belts | _____ | _____ | _____ |
| W/C Tiedowns Operational | _____ | _____ | _____ |
| Do All Gauges work? | _____ | _____ | _____ |
| Maintenance Logbook up to date | _____ | _____ | _____ |
| Are Cameras and Microphones working? | _____ | _____ | _____ |
| AHTD Motor Vehicle carrier certification | YES | NO | |
| Correct Gas Card being used | YES | NO | |
| Correct Pin# being used | YES | NO | |
| AR, State Police Com. Veh. Inspect. Rept. Current | YES | NO | |
| Vehicle Registration current | YES | NO | |
| Driver's License Current | YES | NO | |
| Vehicle Insurance Card Current | YES | NO | |

ATTACHMENT D: MONTHLY VEHICLE INSPECTION FORM

List any defects not listed:

Driver needs to park vehicle until the following repairs are made:

Suggestions to driver:

Areas that need improvement:

Supervisors Name

Date

Revised 4/6/22

ANNUAL VEHICLE INSPECTION REPORT

| VEHICLE HISTORY RECORD | |
|------------------------|-------------------|
| REPORT NUMBER | FLEET UNIT NUMBER |
| | |
| DATE | |

| | |
|--|--|
| MOTOR CARRIER OPERATOR | INSPECTOR'S NAME (PRINT OR TYPE) |
| ADDRESS | THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES |
| CITY, STATE, ZIP CODE | VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER |
| VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER) | INSPECTION AGENCY/LOCATION (OPTIONAL) |

| VEHICLE COMPONENTS INSPECTED | | | |
|------------------------------|--------------|---------------|--|
| OK | NEEDS REPAIR | REPAIRED DATE | ITEM |
| | | | 1. BRAKE SYSTEM |
| | | | a. Service Brakes |
| | | | b. Parking Brake System |
| | | | c. Brake Drums or Rotors |
| | | | d. Brake Hose |
| | | | e. Brake Tubing |
| | | | f. Low Pressure Warning Device |
| | | | g. Tractor Protection Valve |
| | | | h. Air Compressor |
| | | | i. Electric Brakes |
| | | | j. Hydraulic Brakes |
| | | | k. Vacuum Systems |
| | | | l. Antilock Brake System |
| | | | m. Automatic Brake Adjusters |
| | | | 2. COUPLING DEVICES |
| | | | a. Fifth Wheels |
| | | | b. Pintle Hooks |
| | | | c. Drawbar/Towbar Eye |
| | | | d. Drawbar/Towbar Tongue |
| | | | e. Safety Devices |
| | | | f. Saddle-Mounts |
| | | | 3. EXHAUST SYSTEM |
| | | | a. Exhaust system leaking forward of or directly below the driver/sleeper compartment. |
| | | | b. Bus exhaust system leaking or discharging in violation of standard. |
| | | | c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle. |
| | | | 4. FUEL SYSTEM |
| | | | a. Visible leak. |
| | | | b. Fuel tank filler cap missing. |
| | | | c. Fuel tank securely attached. |
| | | | 5. LIGHTING DEVICES |
| | | | All lighting devices and reflectors required by Part 393 shall be operable. |
| | | | 6. SAFE LOADING |
| | | | a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. |
| | | | b. Protection against shifting cargo. |
| | | | c. Container securement devices on intermodal equipment. |
| | | | 7. STEERING MECHANISM |
| | | | a. Steering Wheel Free Play |
| | | | b. Steering Column |
| | | | c. Front Axle Beam and All Steering Components Other Than Steering Column |
| | | | d. Steering Gear Box |
| | | | e. Pitman Arm |
| | | | f. Power Steering |
| | | | g. Ball and Socket Joints |
| | | | h. Tie Rods and Drag Links |
| | | | i. Nuts |
| | | | j. Steering System |
| | | | 8. SUSPENSION |
| | | | a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. |
| | | | b. Spring Assembly |
| | | | c. Torque, Radius or Tracking Components |
| | | | 9. FRAME |
| | | | a. Frame Members |
| | | | b. Tire and Wheel Clearance |
| | | | c. Adjustable Axle Assemblies (Sliding Subframes) |
| | | | 10. TIRES |
| | | | a. Tires on any steering axle of a power unit. |
| | | | b. All other tires. |
| | | | c. Installation of speed-restricted tires unless specifically designated by motor carrier. |
| | | | 11. WHEELS AND RIMS |
| | | | a. Lock or Side Ring |
| | | | b. Wheels and Rims |
| | | | c. Fasteners |
| | | | d. Welds |
| | | | 12. WINDSHIELD GLAZING |
| | | | Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions). |
| | | | 13. WINDSHIELD WIPERS |
| | | | Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective. |
| | | | 14. MOTORCOACH SEATS |
| | | | Any passenger seat that is not securely fastened to the vehicle structure. |
| | | | 15. OTHER |
| | | | List any other condition(s) which may prevent safe operation of this vehicle. |

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ X NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, ☐ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ATTACHMENT 'VEHICLE TABLE'

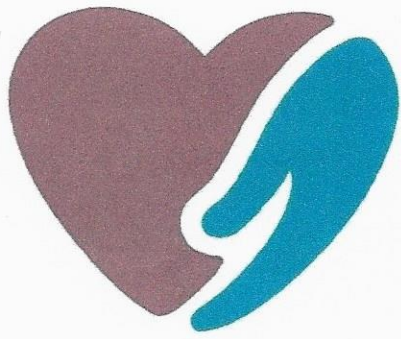
[illegible]

ATTACHMENT 1 VEHICLE TABLE

[illegible]

ATTACHMENT 'VEHICLE TABLE

| | | | |
|-----|---------------------------|------------------|---|
| 562 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 563 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 564 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 565 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 566 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 567 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 568 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 569 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 570 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 571 | 19 FORD AEROLITE W/LIFT | 12 AMB/2 WC | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 572 | 19 FORD AEROLITE W/LIFT | 12 AMB | Safety First Sticker displayed on exterior |
| 573 | 20 FORD CONVERSION W/LIFT | 7 AMB/2 WC/ 2 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 574 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 575 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 576 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 577 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 578 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 579 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |
| 580 | 21' FORD TRANSIT W/LIFT | 5 AMB/2 WC/ 1 FL | Safety First Sticker displayed on exterior, Q'Straint Wheelchair Securmment system, Access-Arize lift belts |



**Area Agency
On Aging**

of Southeast Arkansas

EMERGENCY PREPAREDNESS PLAN

January 13, 2020



TABLE OF CONTENTS
EMERGENCY PREPAREDNESS PLAN 2019

| | Page |
|-----------------------------------|-------|
| Introduction..... | 4 |
| I. Mission Statement..... | 5 |
| II Threats & Precautions..... | 5 |
| Natural Disasters..... | 5-11 |
| Man-Caused Disasters..... | 11-13 |
| III Organization..... | 13-14 |
| IV Responsibilities..... | 14-15 |
| V Resources..... | 16 |
| VI Response Procedures..... | 17-20 |
| Patient-Based Emergencies..... | 20-23 |
| Agency-Based Emergencies..... | 23-25 |
| Bomb Threats..... | 25-26 |
| Active Shooter..... | 26-29 |
| Pandemic..... | 29-30 |
| VII Stabilization & Recovery..... | 30-31 |

| | |
|----------------------|----|
| VIII Evaluation..... | 31 |
|----------------------|----|

APPENDICIES

Appendix I

| | |
|--------------------------|----|
| Earthquake Risk Map..... | 32 |
|--------------------------|----|

Appendix II

| | |
|--|----|
| Emergency Plan Organizational Chart..... | 33 |
|--|----|

ATTACHMENTS

Attachment A

Emergency Assistance Team

Attachment B

Agency Telephone Tree by County

Attachment C

Inventory of Facilities and Equipment by County

Attachment D

Agency IS Recovery Plan Contacts

Attachment E

Emergency Phone Numbers by City and County

Attachment F

Other Support Agencies

Attachment G

Disaster Forms

Intake

Clean-Up Request

Purchase Voucher

Attachment H

Bomb Threat Checklist

Attachment I

Home Health Flu Pandemic Planning

EMERGENCY PREPAREDNESS PLAN

INTRODUCTION

What is an emergency? An emergency is any unplanned event that can cause death or significant injury to employees, patients or the public; or that can shut down a business, disrupt operations, cause physical or environmental damage, or threaten the agency's financial standing or public image. Emergencies of all types require prompt, thorough attention. For Area Agency's purpose "emergency" is defined as any condition, event or circumstance that causes some or all Area Agency care/services to patients to be in any way impeded, interrupted or discontinued for a period of greater than 24 hours.

Emergencies may include but are not limited to man-caused and/or natural disasters, industrial accidents, communication system failures, loss of personnel and damage to the agency's buildings.

This emergency preparedness plan is designed to better prepare the agency and its employees to handle all types of emergencies. It is the intent of this plan to outline basic procedures; however, each occurrence is unique and will be evaluated and handled to the extent necessary. Developing the plan is only one part of the overall process. Training, conducting drills, testing equipment and coordinating activities within each community are other important functions.

As with all emergencies, there are some basic requirements to ensure a safe recovery.

Remain calm. In a time of emergency, taking proper action may save your life. Take time to think, and then act as the situation calls for.

Advance planning is crucial. Don't expect to pick up this plan after an emergency occurs and be able to respond appropriately.

Everyone should know what warning signals are being used in each community, what they sound like, what they mean and what actions to take when they are sounded. This also includes warnings and alerts

from the National Weather Service.

The most important emergency supplies to keep on hand are bottled water, canned or sealed package foods that do not require refrigeration or cooking, manual can opener, medicines and a first aid kit, blankets or sleeping bags, flashlights or lanterns, battery-powered radio and plenty of fresh batteries.

This plan will be evaluated following each emergency, and evaluated and updated at least annually.

MISSION STATEMENT

To maintain a constant quality level of service to clients during emergency situations through advance planning, staff training and coordination with other community agencies.

THREATS AND SAFETY PRECAUTIONS

Threats to the residents of Southeast Arkansas are divided into two categories, Natural and Man-caused; however, the list is not all-inclusive.

A. NATURAL DISASTERS

1. Tornadoes – These storms are normally associated with a squall line or a fast moving cold front and are identified by an intense circular flow of air with an area of extremely low pressure at their centers. Tornadoes can occur at any time, but in Arkansas, statistics show they are most likely between 3 and 10 p.m. and during the months of March, April, and May.

Tornadoes are extremely dangerous and can destroy or make uninhabitable almost any structure in their paths.

Tornado watches indicate that conditions are favorable for tornado development. You should begin thinking about what you would do if threatened by a tornado.

Tornado warnings mean a tornado has been sighted in your area. If you are in the path of the storm, you should take action immediately. If you are in a permanent home, go to the inner most room, hallway or closet. Avoid windows and chimneys. Cover your head with a blanket or get under a heavy piece of furniture. If you are in a mobile home, evacuation is a must. Go immediately to a permanent building. If there is not one available, go to a ditch or ravine and cover your head. Do not get in your car when a tornado is approaching. Auditoriums, cafeterias and gymnasiums that are covered with a flat, wide-span roof are not considered safe.

2. Thunderstorms – These storms can occur during every month of the year and can be associated with frontal systems or as air-mass thunderstorms caused by solar heating. They are not as dangerous as tornadoes, but their winds may topple trailers, rip off house roofs, block roads and streets with fallen trees and may also cause heavy hail and lightning damage.

Be alert to changing weather conditions and be prepared in the event these storms develop into more serious weather.

3. Floods – Two types of floods may threaten Southeast Arkansas; flash floods and general floods. Every community has areas prone to flooding.

Flash floods are characterized by a very rapid rise in water level and are caused essentially by a heavy rain falling too fast to be accommodated by creeks and streams.

Flash flooding potential may be forecast for a general area but actual rainfall may fluctuate widely in a short distance. Flash flooding may occur at any time, but is normally experienced in spring or late fall months.

If you see any possibility of a flash flood occurring where you are, move immediately to a safer location, and then notify your local authorities of the danger.

General floods are normally confined to larger streams and result from sustained moderate to heavy rain over a period of several days. The Arkansas River, Bayou Bartholomew and other rivers and low-lying areas near creeks are threats under conditions of sustained precipitation. General floods can usually be forecast by Weather Service and Corps of Engineers river forecasters and normally do not endanger life, whereas flash flooding can occur with little or no warning and may endanger lives. Both types of flooding cause evacuation of homes, damage to roads and bridges, agricultural losses and damage or destruction of buildings.

In the case of either type of flooding, do not attempt to drive your car or walk into a flooded area.

If you are asked to evacuate, remember:

- a. Follow the instructions and advice of your local government officials.
 - b. Secure your home before leaving. If possible, take pets with you, as you may be away from home for a lengthy time.
4. Snow and Ice Storms – Heavy snow and/or ice storms may occur during the period from December through February. The Weather Service usually is able to provide six to twelve hours advance warning for such storms. Hazards associated with snow and ice storms include blocking of highways, interruption of electrical power, damage to timber and structural damage caused by the weight of ice and snow. Statistics show an average of two damaging snows and/or ice storms occur per winter.

If you live in a rural area, make sure you could survive at home for a week or two in case a storm isolates you.

5. Heat Wave – The elderly are extremely susceptible to unusually hot temperatures (100 degrees or more for an extended period of time). Health effects are particularly severe because people do not have time to adjust to the drastic elevations in temperature. July and August are high-risk heat wave months in Southeast Arkansas. A heat emergency exists any time the air temperature is 100 degrees or more for three (3) consecutive days (based on National Weather Service recorded temperature). The heat emergency will cease to exist when the temperature drops below 100 degrees for three (3) consecutive days.

During extremely high temperatures, older persons should:

- a. Avoid unnecessary exposure to heat. Keep air circulating with fans. Fans must be used in conjunction with air conditioners or fresh outside air to be effective.
- b. Avoid excessive exertion, especially during the hot part of the day.
- c. Avoid direct exposure to the sun. Wear a hat and loose, cotton clothing.
- d. Drink extra amounts of fluids and reduce your intake of salt.
- e. Avoid excessive use of alcohol.
- f. Pay attention to warning signs related to overexposure to heat:
 1. Muscle cramps
 2. Nausea and vomiting
 3. Fatigue
 4. Headache
 5. Dizziness
 6. Mental confusion

7. Convulsions

If you or someone you know becomes too hot and suffers from any one of these symptoms, contact your doctor immediately.

6. Exposure to Extreme Cold (Hypothermia) – Exposure to extreme cold weather can be just as dangerous as extreme hot weather. Hypothermia is a condition of below normal body temperature. Persons most likely to develop accidental hypothermia are the chronically ill, the poor who cannot afford heat and those who do not take normal steps to keep warm. The only sure way to detect hypothermia is to take your temperature. Be sure and shake the thermometer down well. If the body temperature is below 95 degrees F, or does not register, get medical help immediately.

During cold weather older persons should:

- a. Dress warmly even when indoors, eat enough food and stay as active as possible.
- b. Keep warm in bed by wearing enough clothing and using blankets.
- c. If you take medication for anxiety, depression, nervousness or nausea, ask your doctor if it might affect the control of body temperature.
- d. Ask friends or neighbors to look in on you once or twice a day.

Pay attention to warning signs of hypothermia:

1. Unusual change in appearance or behavior.
2. Slow and sometimes irregular heartbeat.
3. Slurred speech.

4. Shallow, very slow breathing.
5. Sluggishness and confusion.

If you notice any of these symptoms during extreme cold weather, notify the person's doctor at once. The best treatment is re-warming under the supervision of a doctor, preferably at a hospital.

7. Earthquakes – Arkansas lies on two faults that could cause minor damages. See earthquake risk map for Arkansas. (Appendix I)

As with all disasters, you should be prepared in advance, but this is especially important with an earthquake. The first thing that will happen after the quake is disconnection of all utilities to the affected area. If you don't have water and ready-to-eat food on hand, you will not be able to remain at home.

Unlike tornadoes, there is only a several hour warning period at best. If your house begins to shake, go to an interior wall or doorway that is well supported or get under a heavy piece of furniture. If you can't move, sit down where you are until shaking stops. Cover your head and face with your arms. The greatest danger is when equipment and non-structural elements such as ceiling, partitions, windows and lighting fixtures shake loose. If you are outside, move away from buildings, overhead wires and windows.

Once it is safe to move about, be sure and put on hard or rubber soled shoes, as there will probably be a lot of broken glass and other debris that could injure your feet.

8. Droughts – Southeast Arkansas has suffered from droughts in the past and will again in the future. Since a drought situation develops gradually, possibly over a period of several years, they are very difficult to forecast.

Hazards include shortage of water for both human and cattle consumption, for industrial use and for crops. Risk of forest and range fires increase as water to fight these and conventional fires become scarce. Local governments may issue burning bans during these severe times.

B. MAN-CAUSED DISASTERS

1. Transportation Accidents

- a. The Union Pacific & Cotton Belt railways and numerous U.S. and State highways pass through southeast Arkansas. Accidents involving hazardous material are occurring with increasing frequency and not only threaten population along these major arteries but along every road in the State. Hazardous materials are substances that are either flammable or combustible, explosive, toxic, noxious, corrosive, oxidizable, an irritant or radioactive. Examples of hazards include danger of explosion, spills of radioactive material and leakage of toxic liquids and gases requiring evacuation of local, downwind population and action to prevent pollution from spreading into streams.
- b. Aircraft accidents present no serious hazard to southeast Arkansas with the exception of crop duster aircraft. These aircraft many times are carrying highly toxic insecticides that could present a serious hazard to rescuers at a crash site and to persons in the close vicinity of a crash.

Any of these disasters would result in evacuation. As with flood evacuations, be prepared to be away from your home for an indefinite period of time.

2. Fire – This is the most common of all disasters and the most preventable. Local fire departments generally will advise and in some cases, install smoke detectors in individual homes. Other precautionary measures include planned and practiced fire drills and fire extinguishers.

Fires present two problem areas in southeast Arkansas:

- a. Forest and range fires may threaten extensive damage to timber and rural residences. Local fire departments seldom have the capability to fight these fires, but the State Forestry Commission does have fire fighting units and personnel able to cope with such situations. The high-risk forest and range fire season in southeast Arkansas is from October through November and February through March.
 - b. Structural fires in municipalities are normally handled by local fire departments. In certain cases involving industrial fires or if a fire spreads to several buildings, mutual support between communities and help from county or State resources may be obtained.
3. Chemical Disaster – With the Pine Bluff Arsenal located in Jefferson County, there is both the risk of a chemical disaster from the stockpile of binary weapons stored at the facility and a remote risk of a nuclear or terrorist attack. As with transportation-related accidents, evacuation will most likely be the necessity depending on how close you live to the spill or leak. The Pine Bluff Arsenal has identified evacuation and treatment procedures for persons living within a 62-mile radius of its facility. With chemical disasters, there is both a danger of airborne contamination and physical contact with your skin. Because of the secrecy behind these chemicals and the operations at the Arsenal, many people

fear mass hysteria might hamper evacuation and treatment. This demonstrates the need for advance preparation – knowing what to do and being ready to do it at a moment's notice.

4. Explosives – Although the threat of terroristic bombings is possible, the likelihood is minimal. However, the potential for other types of explosives exists everywhere. Pipelines in the area may present a serious hazard if there is a leak or break in lines. Hazards include risk of an explosion and danger to persons breathing fumes from a pipeline break. These can affect not only occupants of these buildings but also residents. With explosives, intervention may be necessary to evacuate or treat injuries-on-site.
5. Technological - Includes emergencies that cause any interruption or loss of a utility service, power source, life support system, information system or equipment needed to keep the agency in operation. A loss of electricity and/or telephone system can be devastating to the Agency. The availability of cellular phones can relieve the worry somewhat, but can't be relied upon for extended use. Depending on the type of emergency, these phones may also be unavailable.

ORGANIZATION

The Area Agency on Aging of Southeast Arkansas will have an emergency assistance team prepared at all times to respond to the needs of the elderly and agency service affected by an emergency.

The Emergency Assistance Team of the Area Agency will consist of the following:

- A. Executive Director
- B. Director of Fiscal Operations

- D. Transportation Officer
- E. Senior Center Coordinator
- F. Home Health Care Coordinator
- G. Home Health Care Specialist
- H. Information Systems Administrator
- I. Housing Project Officer
- J. Occupational Health/Infection Control Nurse

The names, addresses, work and home phone numbers of the team are listed in Attachment A.

Depending upon the location and extent of the emergency, the following will become the backup for the above team.

- A. County Supervisors
- B. County RN/LPNs
- C. County CSMs
- D. Senior Center Managers
- E. Housing Managers

IV. RESPONSIBILITIES

- A. Executive Director
 - 1. Determine when agency should become involved in an emergency or disaster and notify team.
 - 2. Initiate Emergency "Telephone Tree" as needed.
 - 3. Oversee the emergency team.
 - 4. Serve as public information spokesperson.
 - 5. Conduct employee briefings.
 - 6. Request financial assistance from appropriate sources.
 - 7. Authorize emergency-related expenditures for the agency.

8. Determine staff needed and make job assignments.
9. Coordinate agency assistance with other federal, state and local organizations.

In the event the Executive Director is unavailable, the chain of command within the agency's organizational structure will be followed. See attached emergency staff organizational chart. (Appendix II)

B. EMERGENCY TEAM DUTIES

1. Participate in required emergency preparedness training.
2. Review and update plan at least annually.
3. Each department officer will initiate contact with appropriate back-up staff in affected area (s).
4. Conduct and document incident investigation.
5. Record and document damage with photographs or videotape.
6. Establish separate accounting records for damage-related expenditures.
7. Secure incident scene and undamaged property belonging to the agency.
8. Notify insurance agency and meet with adjusters.
9. Evaluate and restore communication capabilities, if necessary.
10. Record and follow-up on all injuries.

11. Negotiate agreements with local businesses to honor agency vouchers.

V. RESOURCES

A. Area Agency (Internal)

1. Services:

- a. Emergency first aid
- b. Personal Care
- c. Food
- d. Shelter
- e. Transportation
- f. Emergency prescription drugs
- g. Wheelchairs, walkers, crutches, hospital beds, etc.
- h. Counseling
- i. Minor home repair
- j. Chore services and debris removal

2. Funds

- a. Title III of the Older Americans Act
- b. NSIP Cash
- c. State General Revenue
- d. Title XIX of the Social Security Act
- e. Donations and contributions

3. Staff

- a. Emergency Assistance Team
- b. Local Emergency Team Back-Up. (See Telephone Tree, Attachment B).

B. Other agencies – See Attachment F (External)

1. Office of Emergency Services
2. National Guard
3. Red Cross
4. Salvation Army
5. Police & Fire Departments
6. Emergency Medical Services

7. Hospitals

VI. RESPONSE PROCEDURES

Immediate response is crucial during an emergency. In order for the agency to mobilize staff and respond, early communication regarding an emergency situation is essential. Additionally, home and cell phone numbers of key staff are printed in this plan as Attachment B, Telephone Tree.

1. Any individual, employee or general public, is encouraged to notify the agency when an emergency situation occurs in southeast Arkansas.

If a local staff member is the first to learn of an emergency situation, the Executive Director should be notified immediately. If the Executive Director cannot be reached, the local staff member should try the other emergency team members until one is contacted. It is then the responsibility of the contacted team member to determine if an emergency exists and that the plan is to be implemented.

2. If an emergency is "declared" by the Executive Director, all AAASEA personnel are immediately notified by the most practicable means. During business hours this is normally simple. During non-business hours, communications may be more difficult. Attachment B, AAASEA's Emergency Telephone List, is a "telephone tree," enabling staff members to "pass down" messages to each other. By prearrangement, this permits an "on alert" status for AAASEA personnel so that they may be given assignments, remain near reliable communications equipment, or otherwise remain reachable and available to the Executive Director or his/her assignee.

The Emergency Telephone List (Attachment B) is the primary basis for intra-agency communication during

non-business hours. As applicable, it is used for telephone, facsimile, and electronic mail. In the event of telephonic communications outages, alternative means, e.g., friends and relatives with functional phones, ham, or citizen-band radios may be used. (Provisions for such necessities are particularly appropriate for areas, e.g., where earthquakes and/or forest fires are prevalent.)

If emergency conditions are suspected during non-business hours or when staff members are at patient's homes, for example, they may call in to the Executive Director (at the office or at home) to determine the status of the situation. It is, however, the responsibility of the Executive Director to start the telephone-tree calling chain.

Also included on the Emergency Telephone List are the names and telephone numbers of key emergency services providers in and around AAASEA's service area, including police, fire, EMS services, National Guard units, civilian neighborhood watch groups, and others resident in or near to AAASEA's service area. The Executive Director is responsible for informing or utilizing such alternative sources, depending on his/her estimate of the situation.

Copies of the Emergency Telephone List (see Attachment B) are provided to all members of the Emergency Assistance Team and county department managers, with the requirements that they keep a copy each, in their homes, cars, workstations, and/or business vehicles. This list is to be treated as highly confidential, so that staff members with unlisted numbers are protected. New names and phone numbers are added at periodic intervals.

When the team arrives, they will establish a base in or near the affected area with easy access by the elderly (when possible and feasible, in the senior citizen center). The back-up team members in the area will report to this

base for instructions. If a federal disaster is declared, the base will be staffed during the total time the disaster center is operational, or until needs of affected elderly have been satisfied according to the Executive Director's evaluation of the situation.

An emergency kit is stored at the Area Agency office in Pine Bluff. Its contents include:

1. A current copy of this plan
2. Supply of forms:
 - a. Emergency Intake
 - b. Voucher Forms
 - c. Clean-up Requests
 - d. Fax Transmittals
 - e. Emergency hiring packets
3. Office Supplies:

| | |
|----------------------|-------------------|
| a. Paper | g. Scissors |
| b. Paper clips | h. Pens & pencils |
| c. Letterhead | i. Name tags |
| d. Stapler & staples | j. Business cards |
| e. Envelopes | k. Index cards |
| f. Rubber bands | l. Tape |
4. Time Cards
5. Flashlights
6. Battery-powered radio
7. Batteries for flashlight and radio
8. Tape Measure
9. Camera and Film
10. First Aid Kit

11. Calculator

A member of the team will be responsible for taking the kit to the affected area meeting location.

Each team member will be assigned specific duties from the base station. Possible duties may include, but not be limited to:

1. Assess damaged areas
2. Make home visits and complete intake forms
3. Check on whereabouts of clients
4. Provide information and assistance
5. Assist other agencies as needed
6. Coordinate transportation
7. Provide case management

Each team member is capable of handling any of the above duties. The extent of the emergency will determine who does what.

The emergency team will remain on the scene until the Executive Director determines they are no longer needed.

In the event of a federal disaster, the Federal Emergency Management Administration will be called in. AAASEA involvement will be contingent on decisions made by FEMA.

There are three types of emergencies, patient-based, agency-based and pandemic. The following outlines the agency's response procedures for all three.

A. PATIENT-BASED EMERGENCIES

Emergencies are especially hard on older, frail persons living on fixed incomes in isolated rural areas. With a large portion of southeast Arkansas made up of these individuals, agency staff must be prepared for all types of emergencies that can affect the lives of older persons.

Patient emergency priorities are determined at patient's admission to care/service, or at re-assessment.

1. Upon admission, each patient's care needs during an emergency are reviewed and ranked. Results of "scoring" are posted to the Plan of Care, with copies maintained by the County Supervisor/RN.
2. Scoring of priorities is judged on the basis of need, e.g., equipment requirements, health risk, and frequency of in-home visits ordered, and may be both subjective and objective. Objective scoring includes review of emergency checklist as follows, for example:
 - a. Mobility level of patient;
 - b. Medical diagnosis of patient;
 - c. Patient's plan of care;
3. Subjective scoring evaluation is also determined at the patient's admission. This is based primarily upon patients' observed condition, availability of AAASEA resources, and other known considerations.
4. Scores are as follows:
 1. Bedfast
 2. Walks with help
 3. Walks without help

The County Supervisor/RN insures to the extent practicable that necessary care/service continues during an emergency. When communications and reasonable means of transportation are available, staff members

carry out assigned tasks in a manner as close as possible to non-emergency conditions. In the event that an emergency prevents normal communications, transportation, or reasonable alternatives, and AAASEA cannot provide some or all necessary services, AAASEA uses its best efforts to employ alternative resources, as required.

If an emergency prevents normal communications among staff, staff uses alternative resources to the best of its ability. Staff members first exhaust telecommunications options provided by the Emergency Telephone List, as above.

1. In the event that all electronic means fail, however, staff members are provided standing instructions about key locations at which to report for work, e.g., AAASEA offices (primary), and at least one alternative such as a Post Office, Library, or other public location. **Each facility will determine an alternate location and communicate it to employees.**
2. In the event that an emergency prevents or impedes normal methods of travel, staff is instructed to use alternative resources to the best of its ability.

AAASEA, in conjunction with Emergency Preparedness Coordinator, insures that all staff members are totally familiar with the Plan, and that distributed materials relative to the Plan are in the hands of each as required.

The Emergency Preparedness Coordinator conducts preparedness reviews with all AAASEA staff members. Review may employ spot quizzes, call-up exercises using the Emergency Telephone List, or such other devices as appropriate. Newly hired staff are to be familiar with the Plan during orientation.

1. Preparedness reviews are conducted in accordance with policies and procedures covering in-service training, and recorded on associated training records (e.g., such reviews are at least part of AAASEA's annual "in-

service" program; reviews may be conducted more frequently).

Each employee that provides a patient service is responsible for checking on said patients in the event of an emergency. If it is not possible to do so by telephone, a personal visit is required. If an employee is unable to make contact with any patient, this must be reported to their supervisor immediately.

Additionally, older persons who are not patients of the agency may need assistance. Other sources to help locate these people are mail carriers, utility meter readers, grocery stores that deliver and church groups that visit shut-ins. Do not expect local law enforcement to be available if emergency is widespread.

Within the first 24 hours after an emergency, each department within the agency must report the following information to the Emergency Assistance Team:

1. Type of emergency
2. Specific location
3. Number of affected older persons – patients and others
4. Kind of services needed

B. AGENCY-BASED EMERGENCIES

The agency has four buildings/offices in Pine Bluff, which house all fiscal and program records for services provided, throughout the 10-county area of southeast Arkansas. The agency has ten county offices, and fourteen senior centers which all contain patient records. The agency also owns and operates fourteen Section 202 Housing complexes in Southeast Arkansas. Client files at these satellite locations are secured in locked cabinets and/or offices. Some billing, fiscal, programmatic and payroll records are maintained on a computer network housed at the agency office in Pine Bluff. Some software is not housed here- eSolutions is off campus and so is Harmony.

The Information System Department disaster recovery plans consist of image based disk to disk backups with automated offsite replication, annual disaster recovery tests and power restoration plans. Attachment D is a list of Information System Recovery Plan Contacts, along with data information and back-up procedures.

Bare metal, disk to disk backups are replicated offsite automatically. Offsite backups can be restored in the cloud to allow limited functionality in the event of a disaster. In addition, local backups are stored locally and can be used if available. Offsite backups can be shipped via a hard disk within 24 hours and restored to a recovery server when the disaster recovery location is ready.

The Information Systems Department has developed disaster recovery plans for each server. With these plans, the IS department can quickly restore an operating system to the recovery server. The disaster recovery plans are a combination of Information System Documentation, power restoration documentation, server installation procedures, and server hardware information packets with drivers and utilities. IS department simulates disaster recovery by performing disaster recovery tests. The drills are based on server installation procedures and data restoration procedures from backup.

Power can be restored during power outages using the generator connected to the Administration building next to the utility shed. The generator is connected to the electrical circuits running in the Information Systems Server Room. The following components of the Server Room are connected to the generator:

Phone System

Most Servers

LED Lights

In addition to the procedures listed above, the phone system has been configured for real time failover in the event of a system effecting event at the main location. A secondary call manager located at the 8th Street office will handle all incoming and outgoing calls in the event of a failure of the main call processing hardware/software. Procedures to re-rout the current AT&T voice services to the 8th street location must be followed if the event affects those services.

C. BOMB THREATS

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist, see Attachment H

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible.
DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (Attachment H) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact Federal Protective Service (FPS) 1-877-437-7411 immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call 911
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call 911
- Do not delete the message.

Signs of a suspicious package:

| | |
|---------------------|--------------------|
| No return address | Poorly handwritten |
| Excessive postage | Misspelled words |
| Stains | Incorrect titles |
| Strange odor | Foreign postage |
| Strange sounds | Restrictive notes |
| Unexpected delivery | |

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

D. ACTIVE SHOOTER

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

1. **EVACUATE** If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
 - Have an escape route and plan in mind
 - Evacuate regardless of whether others agree to follow
 - Leave your belongings behind
 - Help others escape, if possible
 - Prevent individuals from entering an area where the active shooter may be
 - Keep your hands visible
 - Follow the instructions of any police officers
 - Do not attempt to move wounded people
 - Call 911 when you are safe

2. HIDE OUT If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. TAKE ACTION AGAINST THE ACTIVE SHOOTER

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

Law enforcement's arrival

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4)
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar Helmets and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety

How to react when law enforcement arrives:

- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

The first officers to arrive on the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to

assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the safe location or assembly point until law enforcement authorities have instructed you to do so.

C. PANDEMIC

What is a pandemic? A pandemic is a global disease outbreak; a new virus emerges that spreads easily from person-to-person, for which people have little or no immunity, and for which there is no vaccine. The impact could lead to high levels of illness, death, social distress and economic loss and/or interruption of basic services.

During the annual fall and winter influenza season, older individuals and persons with chronic illnesses are at greater risk of illness and mortality. Symptoms are as follows:

1. Fever;
2. Plus one of the following:
 - Sore throat
 - Cough
 - Shortness of breath.

Influenza transmission is most commonly spread by close contact (i.e. exposure to large respiratory droplets, direct contact, or near-range exposure to aerosols.) Droplet transmissions are generated primarily through coughing, sneezing, and talking. Direct contact involves skin-to-skin contact or through indirect contact with viruses in the environment (See Attachment I). Failure to properly evaluate patients could result in the disease spreading rapidly to staff and their families. Once a positive diagnosis has been made, notify the Emergency Preparedness Coordinator so proper authorities can be contacted with accurate information regarding the Agency.

Any staff suspected to have the virus and/or symptoms of the pandemic, whatever it may be, and not reporting to work must contact their supervisor with their doctor's diagnosis and plan or release of care. All staff is expected to report to work, unless contacted by their supervisor.

Annual vaccinations for employees are encouraged in hopes that it will provide crossover immunity should a new flu virus emerge. In case of a pandemic, vaccine distribution will be determined by the Centers for Disease Control and the Department of Health and reassessed if necessary to ensure proper allocation to the affected areas.

Cross-training of employees is imperative to sustain the Agency and its role in the community. The Emergency Assistance Team is outlined in Attachment A, with a Local Emergency Back-Up team as outlined in the Telephone Tree, Attachment B.

VII. STABILIZATION AND RECOVERY

Often times the after effects of a disaster can be as traumatic as the disaster itself. At this time, along with the local back-up staff, the advocacy and outreach components will begin action, assessing the aftershock and assisting where possible. Stabilization of an emergency situation can take anywhere from 24 hours to 2 months depending on the scope of involvement.

During the recovery process, once immediate, emergency needs have been met, persons affected will be re-visited to assess long-term needs. Documentation of services provided is necessary to avoid duplicating services.

Throughout the assistance period, statistics will be maintained as follows:

1. Number of elderly that were affected by the emergency?

2. A general statement of the impact the emergency had on the elderly.
 - a. If any nursing homes were affected in the area;
 - b. If any retirement homes were affected, and;
 - c. If any elderly living in mobile homes or travel parks were affected.
3. Extent of damage to the property of the elderly?
4. Number of elderly killed?
5. Number of elderly injured?
6. Number evacuated?
7. What are the service providers doing for the victims?
8. Are the local Red Cross and other local, or State agencies providing help to elderly victims?

A complete assessment report will be prepared by the emergency team for submission to the Division of Aging and Adult Services and any other agency that requests a copy.

VIII. EVALUATION

Immediately following any emergency as defined by this plan, an evaluation will be conducted by the Emergency Assistance Team. At a minimum, the team will review:

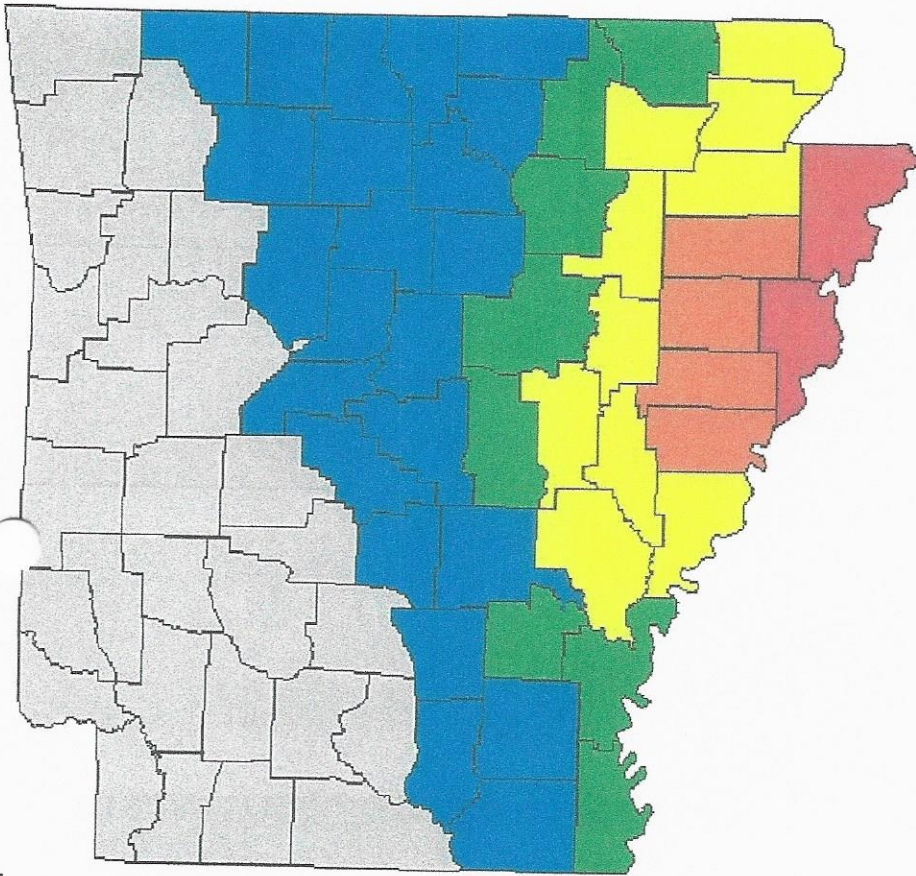
1. Communication
2. Staff response
3. Coordination with other agencies
4. Patient satisfaction

Based on this evaluation, the plan will be updated as needed. Regardless of implementation of the plan, at least annually the Emergency Preparedness Coordinator will review and update the plan as needed.

Appendix I

Maximum Predicted Earthquake Intensities for Arkansas (Modified Mercalli Scale)

*Estimated Populations at risk = Counties Rate VIII and above
Total Estimated Population at Risk= 679,101



Estimates are made for the United States, areas within the United States, and Puerto Rico. The frequency of estimates and availability of demographic detail vary by geographic level. The schedule of releases are available at <http://www.census.gov/popest/topics/>.

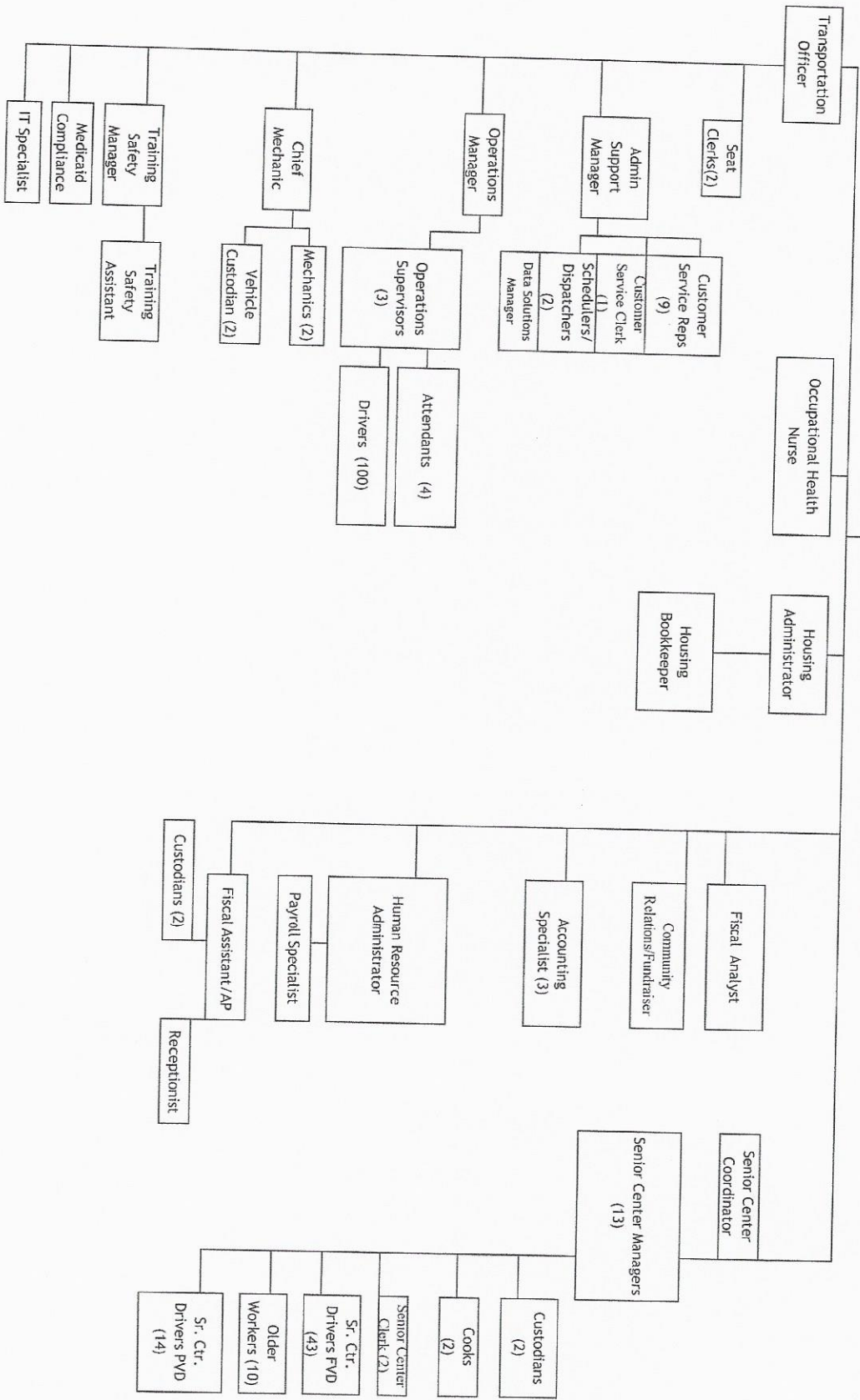
based on 2004 Estimated Census Data, Source US Census Bureau

AREA AGENCY ON AGING OF SOUTHEAST ARKANSAS, INC.

BOARD OF DIRECTORS

Executive Director

ACHATES/AAA Elderly Housing Board



AREA AGENCY ON AGING OF SOUTHEAST ARKANSAS, INC.

BOARD OF DIRECTORS

Executive Director

Home Health Governing Board

Administrator I/QA (1)

Clinical Manager (1)

Administrator II/QA (1)

Clinical Manager (1)

Arkansas County
Nurses (1)

Aides (9)
Clerk (1)

Jefferson County
Nurses (1)

Aides (16)
Clerk (1)

Grant County
Nurses (1)

Aides (12)
Clerk (1)

Ashley County
Nurses (1)

Aides (11)
Clerk (1)

Bradley County
Nurses (1)

Aides (6)
Clerk (1)

Chicot County
Nurses (1)

Aides (14)
Clerk (1)

Cleveland County
Nurses (1)

Aides (6)
Clerk (1)

Desha County
Nurses (1)

Aides (8)
Clerk (1)

Lincoln County
Nurses (1)

Aides (12)

Drew County
Nurses (1)

Aides (13)
Clerk (1)

AREA AGENCY ON AGING OF SOUTHEAST
ARKANSAS, INC.

Executive Director

Office of Community Services

Nursing Home
Ombudsman (1)

Volunteer Ombudsman
Coordinator (1)

CSM Supervisor AREA I
(1)

Case Managers (8)

CSM Supervisor
AREA II (1)

Case Managers (5)

Referral Specialist

ATTACHMENT A EMERGENCY ASSISTANCE TEAM

DISASTER COORDINATORS

Kathy Tynes, Executive Director
Area Agency on Aging of SE Ark.
P.O. Box 8569
Pine Bluff, AR 71611
Work: 870-543-6300
Personal Cell Phone: 870-550-3861
Agency Cell Phone: 870-329-4738
Home: 870-536-4657

Twyla Jamerson, R.N.
Occupational Hlth/Infection Control RN
Agency Cell Phone: 870-550-6730
Home/Cell Phone: 870-692-6086

Kedrick Jones
IT Specialist SEAT
Agency Cell Phone: 870-550-1680

DISASTER TEAM

Lillian Arnold, R.N.
Administrator I
Agency Cell Phone: 870-329-4920
On Call #: 870-329-4920
Home: 870-535-1329
Personal Cell Phone: 870-717-8151

Tony Barr, Transportation Officer
Personal Cell Phone 870-692-1456
Agency Cell Phone: 870-329-4992

David Kelly, R.N.
Work: 870-367-9873
Agency Cell Phone: 870-329-4734
Home: 870-367-8668

Kay Newton
Administrator II
Agency Cell Phone: 870-619-4514
Home/Cell Phone: 870-370-1288

TELEPHONE TREE

ATTACHMENT B

| LOCATION | NAME | JOB TITLE | AGENCY CELL | PERSONAL CELL | HOME PHONE |
|---------------|----------------------|------------------------|-------------|---------------|----------------|
| ARKANSAS CO. | CRYSTAL CROSBY | R.N. SUPERVISOR | | 674-7458 | |
| DEWITT | JOHNNY SUE DAVIS | SR. CTR. MGR. | | 344-0392 | |
| STUTTGART | VIRGINIA BLASENGAME | HSG. MGR. | | 615-762-7043 | 501-508-4944 |
| STUTTGART | ASHLEY RABANECK | SR. CTR. MGR. | | 659-5779 | |
| STUTTGART | ROSEMARY REICHENBACH | HUD SERV. COORD. | | | 673-3049 |
| STUTTGART | VIRGINIA HAHNS | CARE MGR. | 241-3983 | 830-6725 | |
| ASHLEY CO. | KIMBERLY STEPHENSON | R.N. SUPERVISOR | | 500-4294 | 500-6853 |
| CROSSETT | TONYA COOPER | CARE MGR. | 329-7586 | 510-5168 | 364-3648 |
| CROSSETT | REBECCA ROBERTS | HSG. MGR. | | 500-6946 | |
| CROSSETT | LOIS WAIT | HSG. MGR. | | | 364-5054 |
| CROSSETT | LAURA MEEKS | SR. CTR. MGR. | | 500-8836 | |
| CROSSETT | BILLY BIGGS | ASST. TRNG/SAFETY MGR. | 329-4841 | | |
| HAMBURG | FELICIA PULLEN | SR. CTR. MGR. | | 853-6904 | |
| BRADLEY CO. | KAY NEWTON | HOME CARE MGR. II | 619-4514 | | 670-1288 |
| WARREN | REGINA COULTER | CSM COORD. AREA II | 550-5105 | 877-7097 | 466-5107 |
| WARREN | SARAH LAND | SR. CTR. MGR. | | 820-2491 | |
| CHICOT CO. | KAY NEWTON | HOME CARE MGR. II | 619-4514 | | 670-1288 |
| DERMOTT | MARTHA JONES | HSG. MGR. | | 866-0162 | 538-5761 |
| DERMOTT | FAYE KENNEDY | SR. CTR. MGR. | | | 538-8356 |
| EUDORA | VERSEY JENKINS | HSG. MGR. | | 355-1663 | 501-5573 |
| EUDORA | VANESSA EARL | SR. CTR. MGR. | | 355-3054 | 355-2937 |
| EUDORA | OREN JONES | HUD SERV. COORD. | | 866-9358 | McG./DER./EUD. |
| LAKE VILLAGE | LILLIE BURTON | CARE MGR. | | 355-7180 | |
| LAKE VILLAGE | KENDRA HUSKEY | CARE MGR. | 643-5743 | 374-0188 | |
| LAKE VILLAGE | MINNIE PERKINS | SR. CTR. MGR. | | 355-2646 | |
| CLEVELAND CO. | KAY NEWTON | HOME CARE MGR. II | 619-4514 | | 670-1288 |
| RISON | RUBY MILLER | SR. CTR. MGR. | | 429-4228 | |
| RISON | JOY PIERCE | FIELD NURSE | | 818-0344 | |
| RISON | FRANCES WHITE | CARE MGR. | | 370-2616 | |
| DALLAS CO. | | | | | |
| FORDYCE | VERNESSA CHILDS | HSG. MGR. | | 884-0447 | |
| DESHA CO. | DAVID KELLY | R.N. SUPERVISOR | 643-4028 | 723-3834 | 367-8668 |
| MCGEHEE | STRACY JACKSON | HSG. MGR. | | 501-339-3397 | |
| MCGEHEE | DEBBIE GILBERT | SR. CTR. MGR. | | 222-8624 | |
| MCGEHEE | KENDRA HUSKEY | CARE MGR. | 643-5743 | 374-0188 | |
| DREW CO. | DENISE BEASLEY | R.N. SUPERVISOR | | 723-2252 | |
| MONTICELLO | TARA WILKERSON | CARE MGR. | | 723-7541 | |
| MONTICELLO | MARY WASHINGTON | CARE MGR. | 634-4275 | 877-1412 | |
| MONTICELLO | PAM MCGOWEN | SR. CTR. MGR. | | | |

TELEPHONE TREE

ATTACHMENT B

| LOCATION | NAME | JOB TITLE | AGENCY CELL | PERSONAL CELL | HOME PHONE |
|---|--------------------|------------------------|-------------|---------------|------------|
| MONTICELLO | CHANDRA ALLEN | SEAT | 329-4027 | | |
| GRANT CO. | LILLIAN ARNOLD | HOME CARE MGR. I | 329-4920 | 717-8151 | 535-1329 |
| SHERIDAN | CORTNEY MAIN | HSG. MGR. | | 917-8937 | 942-4685 |
| SHERIDAN | BRENDA LAIN | SR. CTR. MGR. | | 942-4226 | 942-4909 |
| SHERIDAN | KATHY AIKEN | HSG. MGR. | | 942-6748 | |
| SHERIDAN | CORNELL SIMMONS | CARE MGR. | 643-0224 | | 942-3362 |
| JEFFERSON CO. | ADRIENNE O'BRYAN | R.N. SUPERVISOR | | 941-1788 | |
| PINE BLUFF | VICKI BROCK | SR. CTR. MGR. | | 324-7243 | |
| PINE BLUFF | KASHIMI ELKINS | FIELD NURSE | | 692-8529 | |
| PINE BLUFF | BERNADINE WADDELL | Q.A. NURSE | | 489-4825 | |
| PINE BLUFF | JEANETTE GREEN | CSM COORD. AREA I | 643-6806 | | 536-2612 |
| PINE BLUFF | BRITTANY JONES | CARE MGR. | | 413-9176 | |
| PINE BLUFF | SHEENA GOAL | CARE MGR. | | 718-8956 | |
| PINE BLUFF | BRENDA WILLIS | CARE MGR. | | 788-7391 | |
| PINE BLUFF | AISHA MADISON | FINAN. FISCAL ANALYST | 395-1367 | | |
| PINE BLUFF | PAULINE JONES | REFERRAL CLERK | | 489-1882 | 536-2405 |
| PINE BLUFF | PAMELA WILKINS | SENIOR CENTER COORD. | | 510-1976 | |
| PINE BLUFF | CAROL HAYES | PUBLIC RELATIONS | 370-7014 | | |
| PINE BLUFF | LAUREN BLAND | COMMUNICATIONS COORD. | | | |
| PINE BLUFF | CAROLYN FERGUSON | OFFICER, COMM. SRVCS | | 692-3861 | 247-0917 |
| PINE BLUFF | BRENDA BROWN | OMBUDSMAN | 643-0256 | 501-251-7625 | |
| PINE BLUFF | TOMEKA EDWARDS | HSG. MGR. | | 502-9244 | |
| PINE BLUFF | PRISCILLA FERGUSON | HSG. MGR. | 329-5880 | 534-6296 | |
| PINE BLUFF | SHERRI URQUHART | HSG. MGR. | | 267-3511 | |
| PINE BLUFF | ANDREA SMITH | HSG. MGR. | | 209-5685 | |
| PINE BLUFF | CLIFTON BLUNT | HUD SERV. COORD. | | 413-8389 | |
| PINE BLUFF | LAURA AKINES | HSG. ADMIN. ASST. | | 489-5214 | 247-3560 |
| PINE BLUFF | TWYLA JAMERSON | OCCUP. HLTH. RN | 550-6730 | 692-6086 | |
| PINE BLUFF | TONY BARR | TRANSP. OFFICER | 329-4992 | | |
| PINE BLUFF | JASON CHERRY | TRANSP. SUPERVISOR | 329-4010 | | 850-0806 |
| PINE BLUFF | RANDY EMERSON | TRAINING & SAFETY MGR. | 329-4007 | | 718-6989 |
| PINE BLUFF | STEPHANIE BRADSHAW | TRANSP. ADM. ASST | 329-9782 | 643-7793 | |
| PINE BLUFF | KENDRICK HARRIS | TRANSP. SUPERVISOR | 329-4842 | | |
| PINE BLUFF | LISA WILLIAMS | HR ADMIN. | | 643-2244 | |
| PINE BLUFF | KEDRICK JONES | IT ADMIN. | 550-1680 | | |
| LINCOLN CO. | KAY NEWTON | HOME CARE MGR. II | 619-4514 | | 670-1288 |
| STAR CITY | PATRICIA JOHNSON | SR. CTR. MGR. | | 370-6099 | |
| PERSONS IN BOLD - LEAD SUPERVISORS FOR IN-HOME AND COUNTY OFFICES | | | | | |
| UNLESS OTHERWISE LISTED, ALL PHONE NUMBERS USE AREA CODE 870 | | | | | |

ATTACHMENT C

INVENTORY OF FACILITIES AND EQUIPMENT

LOCATION: ARKANSAS COUNTY

DeWitt Senior Center
205 N.. Main
DeWitt, AR 72042
870-619-2311

Stuttgart Senior Center
811 S. Buerkle
Stuttgart, AR 72160
501-235-8555

Home Health Office
620 E 22nd ST Suite 203
Stuttgart, AR 72160
870-663-4161
Fax 870-663-0262

Heritage Manor of Stuttgart
130 Commercial Drive - B
Stuttgart, AR 72160
501-508-4944

MEAL PREPARATION ABILITY – No center has full-service kitchen capabilities.

LOCATION: ASHLEY COUNTY

Crossett Senior Center
1208 Pine St.
Crossett, AR 71635
870-364-6915

Hamburg Senior Center
1406 N. Main
Hamburg, AR 71646
870-853-2467

Heritage Manor of Crossett
1573 Hwy 52 West
Crossett, AR 71635
870-364-5814

Home Health Office
208 N. Alabama
Crossett, AR 71635
870-364-7788
Fax 870-364-8144

William "Bill" Sanders Manor of Crossett
2310 Main St.
Crossett, AR 71635
870-364-6451

MEAL PREPARATION ABILITY - Crossett Center has full service kitchen.

LOCATION: BRADLEY COUNTY

Warren Senior Center Home Health Office 96 Etheridge St. 96
Etheridge St.
Warren, AR 71671 Warren, AR 71671
870-226-3710 870-226-5769
Fax 870-226-5009

MEAL PREPARATION ABILITY - No center has full service kitchen.

LOCATION: CHICOT COUNTY

Dermott Senior Center Eudora Senior Center
201 N. Freeman 101 Park Place
Dermott, AR 71638 Eudora, AR 71640
870-538-3952 870-222-3204

Lake Village Senior Center Home Health Office
751 N. Lake Shore Dr. 114 N. Chicot
Lake Village, AR 71653 Lake Village, AR 71653
870-265-3035 870-369-7788
Fax 870-364-8144

Heritage Manor of Eudora
2105 Highway 65S
Eudora, AR 71640
870-501-5573

Heritage Manor of Dermott
1104 S. Trotter
Dermott, AR 71638
870-538-5541

MEAL PREPARATION ABILITY - No center has full service kitchen.

LOCATION: CLEVELAND COUNTY

Rison Senior Center Home Health Office
730 Pecan Street 730 Pecan Street
Rison, AR 71665 Rison, AR 71665
870-639-4114 870-619-4127
Fax 870-619-4137

MEAL PREPARATION ABILITY - No center has full service kitchen.

LOCATION: DALLAS COUNTY

Heritage Manor of Fordyce
507 N. Edgar
Fordyce, AR 71742
870-532-8712

MEAL PREPARATION ABILITY - No center has full service kitchen.

LOCATION: DESHA COUNTY

McGehee Senior Center
900 Oak
McGehee, AR 71654
870-222-3434

Home Health Office
900 Oak
McGehee, AR 71654
870-222-6960
Fax 870-222-3234

MEAL PREPARATION ABILITY - No center has full service kitchen.

LOCATION: DREW COUNTY

Monticello Senior Center
203 Henley Dr.
Monticello, AR 71655
870-367-2434

Home Health Office
110 E. Gaines
Monticello, AR 716557
870-367-9873
1-800-737-1529
Fax 870-367-6321

MEAL PREPARATION ABILITY - Monticello Center has full service kitchen.

LOCATION: GRANT COUNTY

Sheridan Senior Center
1525 Hwy 270E (Grant Co. Park)
Sheridan, AR 72150
870-942-4824

Heritage Manor of Sheridan
407 S. Rose
Sheridan, AR 72150
870-942-4814

Home Health Office
1525 Hwy 270E (Grant Co. Park)
Sheridan, AR 72150
870-942-4842
Fax 870-942-4702

Heritage Court of Sheridan
815 S. Shackelford
Sheridan, AR 72150
870-942-8412

MEAL PREPARATION ABILITY - No center has full service kitchen.

JEFFERSON COUNTY

Strachota Senior Center
801 East Eighth
Pine Bluff, AR 71603
870-543-6323

Heritage Manor of Pine Bluff
3217 Old Warren Road
Pine Bluff, AR 71603
870-543-6281

Heritage Court of Pine Bluff
2800 West 31st
Pine Bluff, AR 71603

Heritage Villa of Pine Bluff
308 West 37th
Pine Bluff, AR 71603

870-534-1522

870-543-6296

Home Health Office
709 East 8th
Pine Bluff, AR 71601
870-850-0713
1-800-264-3260
Fax 870-543-6322

Brett H. Bradshaw Manor
2008 Ridgway Road
Pine Bluff, AR 71603
870-541-0667

MEAL PREPARATION ABILITY - No center has full service kitchen

LOCATION: LINCOLN COUNTY

Star City Senior Center
201 N. Drew
Star City, AR 71667
870-619-4659

Home Heath Office
Star City, AR 71667
870-619-4514
Fax 870-619-4388

MEAL PREPARATION ABILITY – No center has full service kitchen

ATTACHMENT D
Agency IT Recovery Plan & Contacts

Contact Information

Cloud Phone System - Jive Communications
877-548-3003

Alarm System - Code Alert
870-536-6554

Power (Pine Bluff) -Entergy Corporation
1-800-368-3749

Agency IT Department

IT Department - Xccelero
501-244-3777 Office

SEAT IT Department - Kedrick Jones
870-692-7376 Cell Phone

Emergency Spending

Kathy, Executive Director
870-540-6289 Cell Phone

Image based backups take hourly snapshots of each server during business hours to a Datto Backup appliance in the server room. The backups on the on-site appliance are replicated every night to the Datto Cloud Data Center. Xccelero 501-244-3777 / Datto Technical Support 1-877-455-6015.

Agency critical data consists of the following:

Abilia Fund Accounting database
Fleet Maintenance database
Employee and Department files
Active Directory database

EMERGENCY PHONE NUMBERS

ATTACHMENT E

| | POLICE | FIRE | SHERIFF | AMBULANCE | NON-EMER. POLICE | NON-EMER. FIRE |
|------------------|----------|----------|-------------|-------------|------------------|----------------|
| ARKANSAS COUNTY | | | 673-2121 or | | | |
| DEWITT | 911 | 911 | 911 | 946-2276 | 946-2122 | 946-2222 |
| GILLET | 911 | 548-2288 | 911 | | 548-2812 | |
| HUMPHREY | 911 | 911 | 911 | | | |
| ST. CHARLES | 911 | 911 | 911 | | | |
| STUTTGART | 911 | 911 | 911 | | | |
| ASHLEY COUNTY | | | 853-2040 | 364-2121 or | 673-1414 | 673-3539 |
| CROSSETT | 911 | 911 | 853-2040 | 911 | 364-4131 | 364-2121 |
| NORTH CROSSETT | 911 | 911 | 853-2040 | 911 | | |
| FOUNTAIN HILL | 911 | 911 | 853-2040 | 911 | | 853-9820 |
| HAMBURG | 911 | 911 | 911 | 911 | 853-8600 | 853-2040 |
| MONTROSE | 911 | 911 | 853-2040 | 911 | | |
| PARKDALE | 473-2345 | 473-2345 | 853-2040 | | | |
| PORTLAND | 911 | 911 | 853-2040 | 911 | 737-2873 | |
| WILMOT | 473-2603 | 473-2345 | 853-2040 | | | |
| BRADLEY COUNTY | | | 226-3491 or | | | |
| BANKS | 911 | 911 | 911 | 911 | | 465-2222 |
| HERMITAGE | 911 | 911 | 911 | 911 | 463-8477 | 463-2636 |
| INGALS | 911 | 911 | 911 | 911 | | |
| JOHNSVILLE | 911 | 911 | 911 | 911 | | |
| WARREN | 911 | 911 | 911 | 226-3793 | 226-3703 | 226-8302 |
| CHICOT COUNTY | POLICE | FIRE | SHERIFF | AMBULANCE | NON-EMER. POLICE | NON-EMER. FIRE |
| DERMOTT | 911 | 911 | 265-8020 or | | | |
| EUDORA | 911 | 911 | 911 | 911 | 538-5269 | 538-5211 |
| LAKE VILLAGE | 911 | 911 | 911 | 911 | | |
| CLEVELAND COUNTY | | | 325-6222 | | 265-5055 | 265-2211 |
| KINGSLAND | 348-5353 | 348-5555 | 325-6222 | 325-6222 | | 348-5500 |
| RISON | 325-6222 | 325-7208 | 325-6222 | 325-6222 | | |
| WOODLAWN | | 357-8345 | 325-6222 | 325-6222 | | |
| DALLAS COUNTY | | | | | | |
| FORDYCE | 911 | 911 | 352-2002 | 352-6400 | 352-2178 | 325-2345 |
| DESHA COUNTY | | | 877-2327 or | | | |
| ARKANSAS CITY | 911 | 911 | 911 | 222-4141 | 877-2327 | 877-2580 |
| DUMAS | 911 | 911 | 911 | 382-5511 | 382-5511 | 382-4322 |
| MCGEEHEE | 911 | 911 | 911 | 222-4141 | 222-3636 | 222-4141 |
| MITCHELLVILLE | 911 | 911 | 877-2327 | 911 | | |
| REED | 911 | 911 | 877-2327 | 911 | | |
| WATSON | 911 | 911 | 911 | 911 | 877-2327 | 644-3603 |
| DREW COUNTY | | | 367-6211 or | | | |
| MONTICELLO | 911 | 911 | 911 | 911 | 367-3411 | 367-5433 |
| TILLAR | 911 | 911 | 911 | 911 | | |
| | POLICE | FIRE | SHERIFF | AMBULANCE | NON-EMER. POLICE | NON-EMER. FIRE |
| WILMAR | 911 | 911 | 367-6211 or | | | |
| WINCHESTER | 911 | 911 | 911 | 911 | 367-3411 | 469-5609 |
| GRANT COUNTY | | | 942-2101 or | | 367-6211 | 392-2296 |
| LEOLA | 942-2101 | 911 | 911 | 942-2101 | | |
| PRATTSVILLE | 911 | 911 | 911 | | | |
| POYEN | 942-2101 | 942-2412 | 911 | | | |
| SHERIDAN | 911 | 911 | 911 | 911 | 942-4642 | 942-4441 |
| TULL | 942-2101 | 942-2412 | 911 | | | |
| JEFFERSON COUNTY | | | 541-5351 or | | | |
| ALTHEIMER | 911 | 911 | | 911 | 766-8665 | 766-8229 |
| PINE BLUFF | 911 | 911 | 911 | 911 | 541-5300 | 543-5150 |
| SHERRILL | 911 | 911 | 911 | 911 | 541-5300 | |
| REDFIELD | 911 | 911 | 911 | | 501-397-5100 | 501-397-2280 |
| WABBASEKA | 911 | 911 | 911 | 911 | 541-5300 | |
| WHITEHALL | 911 | 911 | 911 | 911 | 247-1414 | 247-1313 |
| LINCOLN COUNTY | | | 628-4271 | | | |
| GLENDAL | 911 | 911 | 628-4271 | 911 | 628-4271 | 628-4271 |
| GOULD | 911 | 911 | 628-4271 | 911 | 263-4907 | 263-4907 |
| GRADY | 911 | 911 | 628-4271 | 911 | 479-3904 | 479-3904 |
| STAR CITY | 911 | 911 | 628-4271 | 911 | 628-4244 | 628-4271 |

ATTACHMENT F

OTHER SUPPORT AGENCIES

1. OFFICE OF EMERGENCY SERVICES

- a. Coordinate with all agencies on state and local disasters.
- b. Become more involved in a national declared disaster

OEM COUNTY CONTACT INFORMATION:

Arkansas County
312 S. College
Stuttgart, AR 72150
870-673-3730
870-673-1414 emergency number

Desha County
306 Crooked Bayou
McGehee, AR 71654
870-222-3636

Ashley County
205 E. Jefferson
Hamburg, AR 71646
870-853-2070

Drew County
County Courthouse
Monticello, AR 71655
870-460-6200

Bradley County
#38 Rea Circle
Warren, AR 71671
870-226-3534

Grant County
P. O. Box 98
Sheridan, AR 72150
870-942-3333 or 942-1101

Chicot County
108 Main St.
Lake Village, AR 71653
870-265-5055 or 265-5536

Jefferson County
101 E. Barraque
Pine Bluff, AR 71601
870-541-5470

Cleveland County
P. O. Box 447
Rison, AR 71665
870-325-6591

Lincoln County
203 Liberty Street, Civic Center
Star City, AR 71667
870-628-5595 or 628-5596

2. NATIONAL GUARD

- a. Mayor, County Sheriff or County Judge must request service.
- b. Medical Assistance in Little Rock and Lake Village. They have a transfer ambulance (no life-saving equipment) in Lake Village.
- c. Armory within 32 miles of every citizen. See attached map for locations in Southeast Arkansas.
- d. Potable water within capabilities.

CONTACT PERSONS (if unable to reach Mayor, County Judge or Sheriff):

Arkansas Department of Emergency Management
Ken Ouellette
Southeast Area Coordinator
200 South Main Street
Monticello, AR 71655
870-367-3592
501-554-0806

2. RED CROSS

- a. Evacuation notification and transportation
- b. Damage assessment and on-site survey of damages
- c. Mass emergency shelter
- d. Mass emergency feeding
- e. First aid and nursing services
- f. Morgue management and victim identification
- g. Disaster welfare inquiries (from within and outside affected area)
- h. Comfort (overnight) kits
- i. Cleaning supplies
- j. Clothing, household goods and occupational supplies
- k. Home repairs

CONTACT PERSON:

Michelle Metott-Works, Program Manager
211 West 3rd, Suite 250
Pine Bluff, AR 71601
Phone: (870) 534-7312

Serves Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, and Lincoln counties.

3. SALVATION ARMY

- a. Assist with evacuation
- b. Mass feeding
- c. Food distribution
- d. Mass and individual shelter
- e. Clothing
- f. Counseling
- g. Missing persons service
- h. Welfare, family rehabilitation
 - 1. Casework
 - 2. Furniture and bedding
 - 3. Household needs
- i. Services to disaster workers
- j. Identification of bodies
- k. Traffic control
- l. Official officers of the National EOP

CONTACT PERSONS:

Salvation Army
501 East 12th Avenue
Pine Bluff, AR 71601
(870) 534-0504

AR Department of Emergency Management
Camp Robinson
North Little Rock, AR 72118-2200
(501) 683-6700

ATTACHMENT G
DISASTER INTAKE FORM
CLIENT CASE RECORD

NAME _____ DATE OF BIRTH _____

PERMANENT ADDRESS _____

_____ PHONE _____

HOUSING

Have you been re-located? Yes _____ No _____
If YES, is it PERMANENT _____ OR TEMPORARY _____

NEW ADDRESS _____ PHONE _____

NAME OF HOST _____

Is your permanent address located in any of the following?

NURSING HOME _____ RETIREMENT HOME _____ MOBILE HOME OR TRAILER PARK _____

Was your residence destroyed? Yes _____ No _____
If not destroyed, what was the damage? _____

Have you received assistance from another agency to repair the damage? Yes _____ No _____
If YES, From Whom? _____

RESIDENTIAL INSURANCE

| | | |
|--|-----------|----------|
| Do you have insurance on your residence? | Yes _____ | No _____ |
| Does it cover your personal properties? | Yes _____ | No _____ |
| Have you contacted your insurance agent? | Yes _____ | No _____ |
| Has the Adjuster visited with you? | Yes _____ | No _____ |
| Have you settled with the Adjuster? | Yes _____ | No _____ |
| Were you satisfied with the adjustment? | Yes _____ | No _____ |

If NO, list reasons
why _____

HEALTH

Do you have a disaster related injury or illness? Yes _____ No _____
If YES, explain _____

Do you have a chronic medical condition? Yes _____ No _____
If YES, is there immediate need for medication or treatment? Yes _____ No _____
Explain: _____

Are there any disaster related losses of medical/health appliances (including glasses, false teeth, etc.?)
Yes _____ No _____

If YES,
explain _____

TRANSPORTATION

Do you have any transportation? Yes ☐ No ☐

If YES, provided by whom? _____

Was your car damaged by the disaster? Yes ☐ No ☐

If YES, do you have adequate insurance? Yes ☐ No ☐

Has your insurance agent or adjuster contacted you? Yes ☐ No ☐

Were you satisfied with the adjustment? Yes ☐ No ☐

If NO, list reasons why _____

INCOME

Do you receive assistance from any of the following?

Social Security ☐
SSI ☐
Medicare ☐
Other ☐

Food Stamps ☐
VA ☐
Medicaid ☐

CASE NARRATIVE

Use this space for case narrative or other comments _____

Interviews at Disaster Assistance Center

SIGNATURE & DATE OF INTERVIEWER

☐ Food Stamps
☐ IRS
☐ Red Cross
☐ HUD
☐ SBA
☐ Legal Assistance
☐ Insurance
☐ Employment
☐ Unemployment
☐ Veterans
☐ Individual & Family Grants
☐ Area Agency on Aging
☐ Other _____
☐ Other _____

Referrals made by Counselor

| | |
|------|------|
| Name | Date |
|------|------|

CLEAN-UP REQUESTS

INTERVIEWER _____ DATE _____

CLIENT'S NAME _____

HOME ADDRESS _____

DIRECTIONS TO HOME _____

PHONE NUMBER(S) WHERE CLIENT CAN BE REACHED _____

DESCRIPTION OF DAMAGE TO HOME:

CHECK ALL THAT APPLY:

____ NEED CLEANING SUPPLIES ____ NEED CLEAN-UP LABOR

____ FEMA/RED CROSS INSPECTED

____ OTHERS INVOLVED WITH CLEAN-UP

LIST: _____

COMMENTS: _____

REFERRALS: _____

FOLLOW-UP: _____

709 East 8th Avenue
P.O. Box 8569
Pine Bluff, AR 71611



Telephone: 870-543-6300
Toll Free: 800-264-3260
Fax: 870-534-2152
Website: www.aaasea.org

Area Agency on Aging of Southeast Arkansas, Inc.
"We care because you care"

TO:

Supplier

This shall serve as written authorization for

Name(s) of _____
Address

to purchase up to \$ _____ for the following goods/services:

Please send an itemized bill for the above authorized goods/services to:

Area Agency of Southeast Arkansas
P. O. Box 8569
Pine Bluff, AR 71611

Feel free to call 870-543-6300 or 1-800-264-3260 if you have any questions.

Date

Authorized by

Serving Southeast Arkansas since 1979

BOMB THREAT CHECKLIST

| | | | |
|-----------------------------|--|-------------------------------------|--|
| DATE: | | TIME: | |
| TIME CALLER HUNG UP: | | PHONE # WHERE CALL RECEIVED: | |

ASK CALLER:

| | |
|--|-----------------------------|
| Where is the bomb located? (Building, Floor, Room, etc.) | |
| When will it go off? | |
| What does it look like? | |
| What kind of bomb is it? | |
| What will make it explode? | |
| Did you place the bomb? | Yes No |
| Why? | |
| What is your name? | |

EXACT WORDS OF THREAT:

| |
|--|
| |
|--|

INFORMATION ABOUT CALLER:

| | |
|---|--|
| Where is the caller located? (Background and level of noise) | |
| Estimated Age: | |
| Is Voice Familiar? | |
| If so, who does it sound like? | |
| Other points: | |

| CALLER'S VOICE | BACKGROUND SOUNDS | THREAT LANGUAGE |
|-----------------|--------------------|-----------------|
| Accent | Animal Noises | Incoherent |
| Angry | House Noises | Message Read |
| Calm | Kitchen Noises | Taped |
| Clearing Throat | Street Noises | Irrational |
| Coughing | Booth | Profane |
| Cracking Voice | P A System | Well-Spoken |
| Crying | Conversation | |
| Deep | Music | |
| Deep Breathing | Motor | |
| Disguised | Clear | |
| Distinct | Static | |
| Excited | Office Machinery | |
| Female | Factory Machinery | |
| Laughter | Local | |
| Lisp | Long Distance | |
| Loud | | |
| Male | Other Information: | |
| Nasal | | |
| Normal | | |
| Ragged | | |
| Rapid | | |
| Raspy | | |
| Slow | | |
| Slurred | | |
| Soft | | |
| Stutter | | |

ATTACHMENT I HOME HEALTH INFLUENZA PANDEMIC PLANNING

Most patients with pandemic influenza will be able to remain at home during the course of their illness and can be cared for by other family members or others who live in the household. Anyone residing in a household with an influenza patient during the incubation period and illness is at risk for developing influenza.

A key objective in this setting is to limit transmission of pandemic influenza within and outside the home. When care is provided by a household member, basic infection control precautions should be emphasized (e.g., segregating the ill patient, and hand hygiene.) Infection within the household may be minimized if a primary caregiver is designated, ideally someone who does not have an underlying condition that places them at increased risk of severe influenza disease. Although no studies have assessed the use of masks at home to decrease the spread of infection, use of surgical or procedure masks by the patient and/or caregiver during interactions may be of benefit.

Home healthcare providers who enter homes where there is a person with an influenza-like illness should follow the recommendations for standard and droplet precautions. Professional judgment should be used in determining whether to don a surgical or procedure mask upon entry into the home or only for patient interactions. Factors to consider include the possibility that others in the household may be infectious and the extent to which the patient is ambulating within the home.

Instruct persons to:

- Cover the nose/mouth when coughing or sneezing
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest waste receptacle after use
- Perform hand hygiene after contact with respiratory secretions
- Facilitate adherence to respiratory hygiene/cough etiquette and ensure the availability of materials in the home for patients and visitors
- Provide tissues and no-touch receptacles (e.g., waste containers with pedal-operated lid or uncovered waste container) for used tissue disposal
- Provide conveniently located dispensers of alcohol-based hand rub
- Provide soap and disposable towels for hand washing where sinks are available
- Promote the use of procedure or surgical masks and spatial separation by persons with symptoms of influenza
- Offer and encourage the use of either procedure masks (e.g., with ear loops) or surgical masks (e.g., with ties or elastic) by symptomatic persons to limit dispersal of respiratory droplets
- Encourage coughing persons to sit at least 3 feet away from other persons in common areas of the home

Management of influenza patients

Physically separate the patient with influenza from non-ill persons living in the home as much as possible. Patients should not leave the home during the period when they are most likely to be infectious to others (e.g., 5 days after onset of symptoms). When movement outside the home is necessary (e.g., for medical care), the patients should follow cough etiquette (e.g., cover the mouth and nose when coughing and sneezing) and wear procedure or surgical masks if available.

Management of other persons in the home

Persons who have not been exposed to pandemic influenza and who are not essential for patient care or support should not enter the home while persons are actively ill with pandemic influenza. If unexposed persons must enter the home, they should avoid close contact with the patient. Persons living in the home with the pandemic influenza patient should limit contact with the patient to the extent possible; consider designating one person as the primary care provider. Household members should monitor closely for the development of influenza symptoms and contact a telephone hotline or medical care provider if symptoms occur.

Visitors: reducing exposure of persons at high risk for complications of influenza

Limit visitors to persons who are necessary for the patient's emotional well-being and care. Instruct visitors to wear surgical or procedure masks while in the patient's room. Instruct visitors on hand-hygiene practices. Persons who are well, but are at high risk for influenza or its complications (e.g., persons with underlying diseases) should be instructed to avoid unnecessary contact with pandemic influenza patients (e.g., do not visit patients, postpone nonessential medical care). Patients/caregivers should screen visitors for signs and symptoms of influenza before entry into the home and exclude persons who are symptomatic. Family members of patients with flu-like symptoms are assumed to have been exposed to influenza and should wear masks when visitors or healthcare workers are in the home.

ATTACHMENT E

Voluntary Product Accessibility Template (VPAT)

- ___ Microsoft Windows 10
- ___ Google Chrome Browser
- ___ Internet Explorer 11
- ___ Microsoft 365 Word
- ___ Microsoft 365 Excel
- ___ Microsoft 365 PowerPoint
- ___ Microsoft 365 Outlook
- ___ Microsoft 365 One Note
- ___ Microsoft 365 Publisher
- ___ Microsoft Team
- ___ Microsoft SharePoint 2016
- ___ Microsoft Office 365 Video
- ___ Microsoft Office 365 Suite
- ___ Adobe Reader Standard
- ___ Yealink T48G IP Phone
- ___ Logitech Wireless Mouse & Keyboard
- ___ Wireless Bluetooth Headset



Search Incorporations, Cooperatives, Banks and Insurance Companies

This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

| | |
|-------------------|---|
| Corporation Name | AREA AGENCY ON AGING OF SOUTHEAST ARKANSAS, INC. |
| Fictitious Names | |
| Filing # | 100002345 |
| Filing Type | Nonprofit Corporation |
| Filed under Act | Dom Nonprofit Corp; 176 of 1963 |
| Status | Good Standing |
| Principal Address | 709 EAST 8TH AVE PINE BLUFF, AR 71601 |
| Reg. Agent | KATHY K TYNES |
| Agent Address | 709 E 8TH AVENUE PINE BLUFF, AR 71601 |
| Date Filed | 06/15/1979 |
| Officers | SEE FILE, Incorporator/Organizer SIMMIE ARMSTRONG JR, Director DEBI ATTWOOD , Director CAROLYNE BLISSETT , Director PHIL MCBEE , Chairman KATHY TYNES , CEO BURTHEL THOMAS , Director PEGGY BULLOCK , Director THERESA HORTON , Director PHILLIP GREEN , Director FREDDIE JENKINS , Director RICK MATHENY , Director NORMAN CLARK , Director DON GLOVER , Director PEGGY BULLOCK , Director PATTY ZIEMAN , Director JEFF WARDLAW , Director |
| Foreign Name | N/A |
| Foreign Address | |
| State of Origin | AR |

[Purchase a Certificate of Good Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)



Keith J. McAleenan
Travelers Bond & Specialty Insurance
940 West Port Plaza
St. Louis, MO 63146
314-579-8320
KMcAleen@travelers.com

October 25, 2022

RE: Area Agency on Aging of Southeast Arkansas– Surety Reference Letter

Dear sir or madam,

We are providing this information at the Area Agency on Aging of Southeast Arkansas. Travelers have been providing surety bonds for Area Agency on Aging of Southeast Arkansas since 2017 and intend to do so in the future, subject to our established surety credit parameters. We have a \$1 million single and \$7 million aggregate surety limit established for the account.

We continue to be confident in this principal's ability to perform and we recommend them for your favorable consideration. Travelers has not been required to perform under a labor and material payment bond or performance bond for the referenced company. Travelers Casualty and Surety Company of America is rated A++ by A.M. Best .

Please note that the decision to issue a performance and payment bond for a project is a matter Area Agency on Aging of Southeast Arkansas and Travelers Casualty and Surety Company of America and will be subject to our standard underwriting at the time of the final bond request, this includes the review of the bond form, contract terms and our other normal underwriting criteria. We assume no liability to third parties or to you if for any reason do not execute said bonds.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

TRAVELERS CASUALTY AND SURETY
COMPANY OF AMERICA

Keith McAleenan
Account Executive Officer

Travelers Casualty and Surety Company of America is rated A++ (Superior) by A.M. Best Financial Size Category XIII (\$1.25 Billion to \$1.5 Billion).

A.M. Best's rating of A+ applies to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a listing of companies rated by A.M. Best and other rating services visit www.travelers.com. Ratings listed herein are as of May 30, 2006, are used with permission, and are subject to changes by the rating services. For the latest rating, access ambest.com.