

RESPONSE SIGNATURE PAGE

Type or Print the following information.

Central Arkansas Development Council					
Address:	P.O. Box 580				
City:	Benton	State:	AR	Zip Code:	72018
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 <i>Minority and Women-Owned Business Policy</i>				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:	Cindy Dedman	Title:	Transportation Prgm Mgr
Phone:	501-326-6232	Alternate Phone:	501-315-1121
Email:	cdedman@cadc.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>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.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Solicitation</i> , 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.
<input checked="" type="checkbox"/> 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: Chief Executive Officer

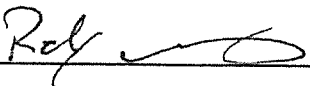
Printed/Typed Name: Randy Morris Date: 10/18/2022

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: Randy Morris 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

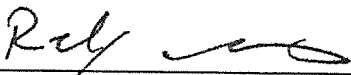
- iii. If applicable:
 - Lift operation; and
 - Wheelchair securement.

- 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.


Vendor Signature _____ Date 10/18/2022

Central Arkansas Development Council
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:

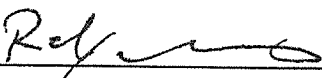
Delete 1.8 A.5

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

10/18/2022

Date

Central Arkansas Development Council

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

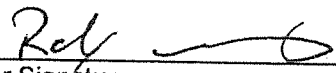
The Grand Total Score for each Contractor, which shall be the sum of the Technical Score and per region Cost Score, shall be used to determine the ranking of proposals per region. For example, should a bidder choose to propose providing service in two (2) regions, two (2) grand total scores will be calculated 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.


Vendor Signature

10/18/2022
Date

Central Arkansas Development Council
Company

Contract Number _____
Attachment Number _____
Action Number _____
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: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

☐ Yes ☒ No

TAXPAYER ID NAME: CENTRAL ARKANSAS DEVELOPMENT COUNCIL
YOUR LAST NAME: MORRIS FIRST NAME: RANDY
ADDRESS: P.O. Box 580
CITY: Benton STATE: AR ZIP CODE: 72018 COUNTRY: USA
M.I.: _____

IS THIS FOR:
Goods? ☐ Services? ☒ Both? ☐

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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
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

Cc. 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 Randy Morris Title Chief Executive Officer Date 10/18/2022
Vendor Contact Person Randy Morris Title Chief Executive Officer Phone No. (501) 315-1121

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

CENTRAL ARKANSAS DEVELOPMENT COUNCIL

Equal Employment Opportunity (EEO) Policy

October 23, 2021

Reaffirmed 10/22/2022

NOTICE OF NONDISCRIMINATION: Central Arkansas Development Council (CADC) complies with all civil rights provisions of federal statutes and related authorities that prohibited discrimination in programs and activities receiving federal financial assistance. Therefore, the CADC does not discriminate on the basis of race, sex, color, age, national origin, religion, or disability, in the admission, access to and treatment in CADC's programs and activities, as well as the CADC's hiring or employment practices. Translation services available upon request. Complaints of alleged discrimination and inquiries regarding the CADC's nondiscrimination policies may be directed to Dana Bates, (ADA/504/Title VI Coordinator), P. O Box 580, Benton, AR 72018 or call 501-315-1121 or email EEOofficer@cadc.com or email dbates@cadc.com.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

Free language assistance for Limited English Proficient individuals is available upon request.

CENTRAL ARKANSAS DEVELOPMENT COUNCIL

EEO Policy

TABLE OF CONTENTS

	Page
I. Purpose	3
II. Board Affirmation	3
III. Policy	3
IV. Authority	4
V. Assignment of Responsibility for Plan	4
VI. Dissemination of EEO Policy	4
VII. Development & Execution of Policy	5
VIII. Presentation and Interpretation of Data	7
IX. Monitoring & Evaluating Program Effectiveness	7
X. Filing a Complaint of Discrimination	8
XI. No Retaliation	8

**CENTRAL ARKANSAS DEVELOPMENT COUNCIL
EEO Policy**

I. PURPOSE

The purpose of the Equal Employment Opportunity (EEO) Policy of Central Arkansas Development Council (CADC) is to develop and initiate a set of specific and result-oriented procedures which will be used by CADC to apply every good faith effort to achieve and maintain equal opportunity employment.

II. BOARD AFFIRMATION

This EEO Policy is the expressed policy of the Board of Directors of CADC. In order to promote the policies stated herein and to make them an integral part of the managerial philosophy and practice of CADC, the Board of Directors has adopted or reaffirmed said policy at its meeting on 10/23/2021

III. STATEMENT OF POLICY

This is to affirm Central Arkansas Development Council's policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof.

Central Arkansas Development Council will take action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, promotion, transfer, compensation, benefits, educational assistance, layoff and recall, disciplinary action, social and recreational programs, employee facilities, termination and recruitment.

Further, no person or group of persons shall be discriminated against on the basis of race, religion, color, age, sex (including pregnancy), national origin, disability, military status, genetic information, or any other characteristic protected by applicable Federal or State law, or in any manner be excluded from participation in or be denied the benefits of any program of activity sponsored by CADC.

Central Arkansas Development Council has appointed Dana Bates to manage the Equal Employment Opportunity Program. Ms. Bates' responsibilities will include monitoring all Equal Employment Opportunity and reporting the effectiveness of this Policy. The Chief Executive Officer of Central Arkansas Development Council will receive and review reports on the progress of the policy.

If any employee or applicant for employment believes he/she has been discriminated against, please contact Dana Bates, P. O. Box 580, Benton, AR 72018 or call 501-315-1121.

Randy Morris, Chief Executive Officer

Annette Pate, Board Chair

IV. AUTHORITY

The authority for this policy is contained in various Executive Orders, Public Laws and instructions from funding sources. Means for enforcement are contained in these sources as well. Failure to abide by this policy may result in the loss of financial assistance to CADC. Any employee failing to abide by this policy will be subject to disciplinary measures up to and including loss of employment.

V. ASSIGNMENT OF RESPONSIBILITY FOR EEO POLICY (Designation of Personnel Responsibility)

The Board of Directors of CADC, the Chief Executive Officer and the EEO Manager shall ensure that CADC complies with the provisions of this policy and the laws and instructions pertaining to it.

The EEO Manager is responsible for ensuring compliance with affirmative action rules and regulations and for monitoring and evaluating the effectiveness of the total program. Other specific responsibilities shall include, but shall not be limited to:

- A. Develop EEO/AA policy statements, so that it is consistent with agency policies, and that it establishes goals and objectives.
- B. Implement the policy including internal and external dissemination of the EEO policy.
- C. Ensure that managers and supervisors understand it is their responsibility to take action to prevent the harassment of protected class employees and applicants for employment.
- D. Complete the annual EE0-1 report.
- E. Identify problem areas and recommend solutions.
- F. Receive, investigate and attempt to resolve all EEO complaints.

VI. DISSEMINATION OF EEO POLICY

A. Internal Dissemination:

CADC's policy of nondiscrimination in employment will be brought to the attention of its employees through implementation of the following methods:

- 1. CADC's statement of policy and attitude with regard to equal employment is included in its personnel policies.
- 2. EEO posters are displayed at all worksites.
- 3. Equal Opportunity Employer statement is included on CADC stationary letterhead, employment applications, purchase requisitions and other CADC forms.

4. All executive, management and supervisory personnel will be furnished a copy of the Policy.
5. A diverse depiction of individuals, male, female and minority will be featured in illustrated publications.
6. CADC's policy regarding equal employment opportunity is included in the orientation of all new employees.
7. Supervisors have been advised that recruitment, placement, assignment of work, equipment and work area will be accomplished on a nondiscriminatory basis.
8. Supervisors have been advised that reprisals against complainants are illegal and forbidden.

A. External Dissemination:

CADC's policies of nondiscrimination in employment will be communicated in its recruiting area through utilization of the following methods:

1. References to Equal Opportunity on all agency stationery letterhead, purchase orders, advertisements recruiting employees and independent contractors and on employment application and in-kind forms.
2. CADC's commitment to EEO will be communicated at pre-bid conferences.
3. CADC will notify current and future sources of temporary employees of our EEO policy.
4. A diverse depiction of individuals, male, female and minority will be featured in illustrated publications.

VII. DEVELOPMENT AND EXECUTION OF PROGRAM (Goals and Timetables)

A. Employment

CADC will develop and implement a compensation program which will have, as an integral part, detailed job descriptions and evaluations of all positions within the organization. Each position will be analyzed to ensure that the position description accurately reflects the position functions. Job positions and descriptions will be consistent for the same position from one location to another.

All job specifications will be analyzed to ensure they meet at least the minimum requirements of the organization for an individual to appropriately perform in the position. Education, experience and acquired skills will not be

required as to constitute discrimination. All job specifications will be consistent for the same job title in all locations and will be free from bias with regard to race, religion, color, age, sex, national origin, disability, military status, or any other characteristic protected by applicable Federal or State law.

All position descriptions within the organization will be available to all members of management upon request. Also, each supervisor will have within his/her office a copy of the position descriptions for the employees who report to him/her.

CADC is committed to observing the requirements of the EEOC Uniform Guidelines on employee selection procedures.

CADC will evaluate and monitor its selection process to ensure nondiscrimination in hiring, promoting and other terms and conditions of employment within its organization.

All employees of CADC are invited and normally do attend all organization sponsored activities. We expect this type of participation to continue and sincerely feel that it will further promote our asserted support of the EEO Policy contained herein.

All benefits and educational opportunities are afforded every employee within CADC. It is our desire to have all employees participate in as many programs as possible. We want our employees as knowledgeable and as efficient in their positions as possible. This will not only assist the employees with progression within this organization but will also provide this organization with up-to-date, efficient and successful employees.

To further the upward mobility of its employees, all vacancies are posted in all work sites. All factors, both educational and benefit related, are administered without regard to race, religion, color, age, sex, national origin, disability, military status, or any other characteristic protected by applicable Federal or State law and decisions will be based totally on job-related factors.

CADC is committed to this approach of equal opportunity and intends to continue to reflect it within CADC in the future.

B. Community

CADC is a community action agency supporting the efforts of community boards and community organizations. Management employees are members of many of these boards and organizations. CADC pays a portion of the membership fee to encourage participation.

CADC's personnel are civic minded individuals who volunteer their time to help support the various community programs and projects.

As an employer, CADC provides several hundred persons with the means to support their families and, in so doing, helps to perpetuate the economic livelihood of their communities.

VIII. PRESENTATION AND INTERPRETATION OF DATA (Utilization Analysis)

A. Workforce Analysis

CADC will conduct a Workforce Analysis annually, following completion of the EEO-1 report, which will contain a listing of job categories, the total number/percent of incumbents and the total number/percent according to job categories, sex and race.

B. Identification of Problem Areas (Assessment of Employees Practices)

CADC will review the workforce analysis to determine if and where problem areas exist. The following are statements addressing any potential problem areas or concerns.

1. The total selection process including position descriptions, position titles, worker specifications, application forms, interview procedures, final selection process and similar factors have been reviewed and found to be in compliance with EEO policy and are free of discrimination.
2. Facilities, agency sponsored recreation and social events and special programs such as educational assistance are open and offered to all employees regardless of race, religion, color, age, sex, national origin, disability, military status, or any other characteristic protected by applicable Federal or State law.
3. All agency training programs are open to all employees within the agency and the selection process is free from discrimination.
4. Agency sponsored activities and/or programs are open to eligible participants regardless of race, religion, color, age, sex, national origin, disability, military status, or any other characteristic protected by applicable Federal or State law
5. It is the responsibility of supervisors to take action to prevent harassment of employees.
6. Segregation does not exist at CADC.

IX. MONITORING AND EVALUATING PROGRAM EFFECTIVENESS (Monitoring and Reporting Plan)

The monitoring and reporting system of CADC's EEO policy is a key element in ensuring that established policies of this program are being followed.

The primary document for monitoring and reporting affirmative progress is the annual EEO-1. This will provide a method for measuring the effectiveness of the

EEO policy. Through the use of this information, CADC will have an opportunity to identify problem areas. In some cases, the information may point out potential problem areas that can be addressed before they become problems.

Recommendations for changes and remedial actions will be a significant result of this system.

X. FILING A COMPLAINT OF DISCRIMINATION

A. Can File

Any individual, including program participants or recipients, who feels that he/she has been discriminated against may file a complaint. CADC employees should first follow the Grievance Procedure contained in CADC's Personnel Policies.

B. When to File

As long as the discriminatory practice continues, there is no time limit for filing a complaint. If the discriminatory instance was a single, rather than recurring event, the individual must file the complaint within 180 days of the alleged discriminatory act.

C. How to File

A complaint can be filed with the Equal Employment Opportunity Commission (EEOC) in person, by telephone, or by mail, or online at <https://publicportal.eeoc.gov>. If the individual does not live near an EEOC office, the complaint can be filed by telephone and verified by mail. The type of information that will be requested from a charging party may include:

1. The charging party's name, address and telephone number.
2. CADC's name, address and telephone number.
3. The basis or bases of the discrimination claimed by the individual
4. The issue or issues involved in the alleged discriminatory act(s).
5. The date of the alleged discriminatory act(s).
6. Details of what allegedly happened.
7. Identity of witnesses who have knowledge of the alleged discriminatory act(s).

XI. NO RETALIATION

- A. No one will be subject to, and the Company prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations.
- B. Anyone who violates this policy will be subject to discipline, up to and including termination of employment.
- C. This policy is not intended to restrict communications or actions protected or required by state or federal law.

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.**

ATTACHMENT D

Except upon the approval of DHS, the terms and conditions set out in this section are non-negotiable items and will be transferred to the contract as written. DHS has determined that any attempt by any vendor to reserve the right to alter or amend the terms and conditions via negotiation, without the approval of DHS, is an exception to the terms and conditions that will result in rejection of the proposal. A statement accepting and agreeing to the terms and conditions set out in this section, or to alternate terms and conditions upon approval of DHS, is required to be submitted with the respondent's proposal.

PROFESSIONAL SERVICES CONTRACT GENERAL TERMS AND CONDITIONS FOR NON-STATE AGENCY

In consideration of the premises and the mutual agreements hereinafter set forth, the Contractor and the Department of Human Services ("the Department") agree as follows:

Legal Considerations

The contract shall be construed according to the laws of the State of Arkansas, and the rights and remedies of the parties hereunder shall be determined in accordance with Arkansas law. Nothing in this contract may be construed as a waiver of the Department's sovereign immunity.

In no event shall the initial term of this contract extend beyond the end of the current biennial period unless the General Assembly, prior to the expiration of the biennial period, makes an appropriation for such purpose.

Financial Terms of the Contract

All services rendered under this contract must be billed as set out herein. No services may be billed to a Medicaid Provider or to any other contract. Payments will be made after services are provided based on the following financial terms:

Funding Source	Reimbursement Method *	Payment Limitations **	Match Requirements***	
			Maximum Amount of Match Required OR Percentage of Allowable Billing Required	Type(s) of Match (Select from listing below)

*Reimbursement Method: (Select from the following) Actual Cost Reimbursement; Final Negotiated Rate; Fixed Rate; Scheduled Reimbursement **Payment Limitations: (Select from the following) Quarterly Cumulative; Monthly Cumulative; None ***Matching Requirements: The Contractor certifies the funds, property, goods, or services listed in this section will be used to meet the match requirements of this agreement. If there are no matching requirements for a funding source, enter "None" in the corresponding box above.

Type(s) of Match: The matching requirement may be satisfied by any one or a combination of the following methods unless specific funding source restrictions apply:

Cash Match: Cash will be obtained by the Contractor and will be applied against allowable costs

covered by this agreement.

Donation of Property: Title to or the use of property or equipment has been donated by a public agency for the program(s) covered by this agreement. If title to property is donated, match value is the fair market value of the property. If the use of the property or equipment is donated, match value is the fair rental value as determined by applicable Department policy will be used as matching of the payments.

Third Party In-Kind Contributions. Property, goods, or services have been donated by a non-federal agency for the programs(s) covered by this agreement without charge to the contractor. The Code of Federal Regulations, Title 45, Part 74, Subpart G shall be used to establish the basis of valuation.

Funds Transfer: Match funds will be submitted by a third party to the Department of Human Services by check or money order under the terms of this agreement. Matching funds are to be received by the Department in an amount sufficient to match billing before the contractor will be reimbursed for services.

The Contractor certifies that any funds to be donated under this agreement which are derived or come directly or indirectly from Federal or State funds, or any other contractor under contract to the Department, have been specifically listed as a source above.

The Contractor certifies that the matching arrangements comply with requirements established in the Code of Federal Regulations, Title 45, Part 74, Subpart G (Cost Sharing or Matching) and all applicable Department policy.

Terms of Payment/Billing

The Contractor agrees to submit all billing invoices within sixty days of the expiration of the contract. Any billings for services rendered during a particular state fiscal year which are not submitted within ninety days of the end of the fiscal year will not be paid.

Termination of Contract

The Department may cancel this contract unilaterally at any time, for any reason including convenience, unavailability of federal funds, state funds or both by giving the other party thirty (30) calendar days written notice, and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery. Availability of funds will be determined at the sole discretion of the Department.

Payments for completed services or deliverables satisfactorily delivered to and approved by the Department shall be at the contract price. Payment for partially completed services or deliverables satisfactorily delivered to and not yet approved by the Department shall be at a price mutually agreed upon by the Contractor and the Department. In addition to any other law, rule or provision which may authorize complete or partial contract termination, the Department may immediately terminate this contract in whole or in part when the Department determines that the Contractor or subcontractor has failed to satisfactorily perform its contractual duties and responsibilities.

Procedure on Expiration or Termination

Upon delivery by certified mail to the Contractor of a Notice of Termination specifying the nature of the termination and the date upon which such termination becomes effective, the Contractor shall:

- ☐ Stop work under the contract on the date and to the extent specified in the Notice of Termination,
- ☐ Place no further orders or enter in any additional subcontracts for services,
- ☐ Terminate all orders and subcontracts to the extent that they relate to the performance of work

- terminated by the Notice of Termination,
- ☐ Assign to the Department in the manner and to the extent directed by the Department representative all of the right, title and interest of the Contractor in the orders or subcontracts so terminated. The Department shall have the right, in its discretion, to settle or pay any and all claims arising out of the termination of such orders and subcontracts,
 - ☐ With the approval or ratification of the Department representative, settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, the cost of which would be reimbursable, in whole or part, in accordance with the provisions of this Contract.
 - ☐ Transfer title to the Department and deliver in the manner, at the time, and extent directed by the Department representative, all files, data, information, manuals, or other documentation, or property, in any form whatsoever, that relate to the work terminated by the Notice of Termination.
 - ☐ Complete the performance of such part of the work as shall not have been terminated by the Notice of Termination.
 - ☐ Take such action as may be necessary, or as the Department representative may direct, for the protection and preservation of the property related to the contract which is in the possession of the Contractor and in which the Department has or may acquire an interest.

The Contractor shall proceed immediately with the performance of the above obligations notwithstanding any delay in determining or adjusting the amount of any item or reimbursable price under this clause.

Termination Claims

After receipt of a Notice of Termination, the Contractor shall submit to the Department all outstanding claims within ten (10) working days. The Contractor and the Department may agree upon the amounts to be paid to the Contractor by reason of the total or partial termination of work as described in this section.

In the event of the failure of the Contractor and the Department to agree in whole or in part as to the amount with respect to costs to be paid to the Contractor in connection with the total or partial termination of work as described in this section, the Department shall determine, on the basis of information available, the amount, if any, due to the Contractor by reason of termination and shall pay to the Contractor the amount so determined.

Contractor

It is expressly agreed that the Contractor, officers, and employees of the Contractor or Sub-Contractor in the performance of this contract shall act in an independent capacity and not as officers or employees of the Department. It is further expressly agreed that the Department shall exercise no managerial responsibility over the Contractor nor shall this contract be construed as a partnership or joint venture between the Contractor or any subcontractor and the Department or the State of Arkansas.

The Contractor hereby represents and warrants to the Department that as of the execution date of this Contract:

- ☐ The Contractor has been duly organized and is validly existing and in good standing under the laws of the State of Arkansas, with power, authority, and legal right to enter into this Contract.
- ☐ There are no proceedings or investigations pending or threatened, before any court, regulatory body, administrative agency or other governmental instrumentality having jurisdiction over the Contractor or its properties (i) seeking to prevent the consummation of any of the transactions contemplated by this Contract; or (ii) seeking any determination or ruling that might materially and adversely affect the performance by the Contractor of

- its obligations hereunder, or the validity or enforceability of this Contract.
- ☐ All approvals, authorizations, consents, orders or other actions of any person or of any governmental body or official required to be obtained on or prior to the date hereof in connection with the execution and delivery of this Contract and the performance of the services contemplated by this Contract and the fulfillment of the terms hereof have been obtained.
 - ☐ The Contractor and the executive officers of the Contractor have not been the subject of any proceeding under the United States Bankruptcy Code.

Force Majeure

The Contractor will not be liable for delay in performing under the contract if the delay arises out of causes beyond the control and without the fault or negligence of the Contractor.

Confidentiality of Information

In connection with this contract, the Contractor will receive certain Confidential Information relating to DHS clients. For purposes of this contract, any information furnished or made available to the Contractor relating to DHS clients, the financial condition, results of operation, business, customers, properties, assets, liabilities or information relating to recipients and providers including but not limited to protected health information as defined by the Privacy Rule promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, is collectively referred to as "Confidential Information". The Contractor shall comply with all DHS policies governing privacy and security of Confidential Information, including the contracting division's designation of the Confidential Information as required by the Arkansas Data and System Security Classification Standards, and shall implement and maintain reasonable security procedures and practices appropriate to the nature of the Confidential Information as required by A.C.A. § 4-110-104, the Personal Information Protection Act ("the Act"). In addition, the Contractor shall comply with the Business Associate Agreement between the parties, incorporated herein by reference, and shall disclose any breaches of privacy or security by contacting the Information Technology Security Officer within one (1) business day of the breach by notification to the following e-mail address: dhs-it-security@arkansas.gov.

The contractor shall treat all Confidential Information which is obtained by it through its performance under the contract as Confidential Information as required by state and federal law and shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations. The parties acknowledge that the disclosure of Confidential Information in contravention of the provisions hereof would damage the party to whom the information disclosed relates and such party has the right to seek all remedies at law or equity to minimize such damage and to obtain compensation therefore. The Contractor agrees to retain all protected health information as defined by the Privacy Rule promulgated pursuant to HIPAA for

six (6) years or as otherwise required by HIPAA.

The contractor shall safeguard the use and disclosure of information concerning applicants for or recipients of Title XIX services in accordance with 42 CFR Part 431, Subpart F, and shall comply with 45 CFR Parts 160 and 164 and shall restrict access to and disclosure of such information in compliance with federal and state laws and regulations.

Public Disclosure

Upon signing of the contract by all parties, terms of the contract shall become available to the public, pursuant to the provisions of Ark. Code Ann., § 25-19-101 et seq.

Inspection of Work Performed

The State of Arkansas and its authorized representatives shall, at all reasonable times, have the right to enter the Contractor's work areas to inspect, monitor, or otherwise evaluate the quality, appropriateness, and timeliness of work, services, or both, that have been or are being performed.

Subcontracts

The Contractor is fully responsible for all work performed under the contract. The Contractor may, with the prior written consent of the Department, enter into written subcontract(s) for performance of certain of its functions under the contract. No subcontract under this contract shall in any way relieve the Contractor of any responsibility for performance of its duties. The Contractor agrees that all subcontracts shall adhere to Department policies.

The Contractor shall give the Department immediate notice in writing by certified mail of any action or suit filed and prompt notice of any claim made against the Contractor or any subcontractor which may result in litigation related in any way to the contract or the Department.

In accordance with Executive Order 98-04, IF the agreement between the contractor and the subcontractor is greater than \$25,000.00:

- The contractor shall require the subcontractor to complete a Contract and Grant Disclosure and Certification Form. This form must be signed no later than 10 days after entering into any agreement with a subcontractor and the contractor shall transmit a copy of this form to the agency.
- The contractor shall include the following in the contract between the Contractor and that 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 the rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

Audit Requirement:

Contractor shall comply with the Department audit requirements as outlined in "Arkansas Department of Human Services Audit Guidelines". Copies may be obtained from:

Arkansas Department of Human Services
Office of Policy & Legal Services Audit Section
P.O. Box 1437 – Slot S270
Little Rock, Arkansas 72203-1437

Indemnification

The Contractor agrees to indemnify, defend, and save harmless the State, the Department, its officers, agents and employees from any and all damages, losses, claims, liabilities and related costs, expenses, including reasonable attorney's fees and disbursements awarded against or incurred by the Department arising out of or as a result of:

- Any claims or losses resulting from services rendered by any person, or firm, performing or supplying services, materials, or supplies in connection with the performance of the contract;
- Any claims or losses to any person or firm injured or damaged by the erroneous or negligent acts (including without limitation disregard of Federal or State regulations or statutes) of the Contractor, its officers or employees in the performance of the contract;
- Any claims or losses resulting to any person or firm injured or damaged by the Contractor, its officers or employees by the publication, translation, reproduction, delivery, performance, use, or disposition of any data processed under the contract in a manner not authorized by the contract, or by Federal or State regulations or statutes;
- Any failure of the Contractor, its officers or employees to observe local, federal or State of Arkansas laws or policies, including but not limited to labor laws and minimum wage laws.
- The Contractor shall agree to hold the Department harmless and to indemnify the Department for any additional costs of alternatively accomplishing the goals of the contract, as well as any liability, including liability for costs or fees, which the Department may sustain as a result of the Contractor's or its subcontractor's performance or lack of performance.

Assignments

The Contractor shall not assign the contract in whole or in part or any payment arising therefrom without the prior written consent of the Department representative.

Waiver

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract will be waived except by the written agreement of the parties, and forbearance or indulgence in any other form or manner by either party in any regard whatsoever shall not constitute a waiver of the covenant, condition, duty, obligation, or undertaking to be kept, performed, or discharged by the party to which the same may apply; and until complete performance or satisfaction of all such covenants, conditions, duties, obligations, and undertakings, any other party shall have the right to invoke any remedy available under law or equity, notwithstanding any such forbearance or indulgence.

Department Property

Property, including intellectual property, acquired or created by the Contractor as a Contract deliverable, is the property of the Department. The Contractor shall be responsible for the proper custody and care of all Department owned property, including Department owned property used in connection with the performance of this contract and the Contractor agrees to reimburse the Department for its loss or damage due to negligence, theft, vandalism, or Acts of God.

Use and Ownership of Software

The Contractor will have access to all applications software that the Department requires the Contractor to use in the performance of the services covered in the contract, subject to customary confidentiality and other license terms and conditions. No changes in the applications software may be made without the written consent of the Contract Administrator if the change would have the effect of causing the Department to incur additional costs for either hardware or software upgrades or both.

Any applications software developed by the Contractor in the performance of the services under this contract must become the property of the State of Arkansas at no additional cost. Any existing software applications owned by the Contractor and used in the performance of the services under this contract must be granted to the State of Arkansas at no additional cost, subject to customary confidentiality and other license terms and conditions.

Contract Variations

If any provision of the Contract (including items incorporated by reference) is declared or found to

be illegal, unenforceable, or void, then both the Department and the Contractor shall be relieved of all obligations arising under such provision. If the remainder of the Contract is capable of performance, it shall not be affected by such declaration or finding and shall be fully performed.

Attorney's Fees

In the event that either party to this Contract deems it necessary to take legal action to enforce any provision of the contract, and the Department prevails, the Contractor agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation as set by the court or hearing officer. Legal action shall include administrative proceedings.

Liability

In the event of non-performance of a contractual obligation by the Contractor or his agents which results in the determination by Federal authorities of noncompliance with Federal regulations and standards, the Contractor will be liable to the Department in full for all penalties, sanctions and disallowances assessed against the Department.

Records Retention

The Contractor agrees to retain all records for five (5) years after final payment is made under this Contract or any related subcontract. In the event any audit, litigation or other action involving these records is initiated before the end of the five (5) year period, the Contractor agrees to retain these records until all issues arising out of the action are resolved or until the end of the five (5) year period, whichever is later. The Contractor agrees to retain all protected health information as defined by the Privacy Rule promulgated pursuant to HIPAA for six (6) years or as otherwise required by HIPAA.

Access to Contractor's Records

The Contractor will grant access to its records upon request by state or federal government entities or any of their duly authorized representatives. Access will be given to any books, documents, papers or records of the Contractor which are related to any services performed under the contract. The Contractor additionally consents that all subcontracts will contain adequate language to allow the same guaranteed access to the records of subcontractors.

Ownership of Documentation

All documents and deliverables prepared by the Contractor and accepted by the Department shall become the property of the Department and shall not be used for any other purpose by the Contractor without the Department's specific written consent.

Disclosure

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the State Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Department under the provisions of existing law.

Set-Off

The parties agree that the Department, in its sole discretion, shall have the right to set-off any money Contractor owes the Department from the Department's payment to Contractor under this contract.

State and Federal Laws

Performance of this contract by both parties must comply with State and federal laws and regulations. If any statute or regulation is enacted which requires a change in this contract or any attachment, then both parties will deem this contract and any attachment to be automatically

amended to comply with the newly enacted statute or regulation as of its effective date.

Accessibility Act 1227 of 1999

TECHNOLOGY ACCESS: When procuring a technology product or when soliciting the development of such a product, the State of Arkansas is required to comply with the provisions of Arkansas Code Annotated § 25-26-201 et seq., as amended by Act 308 of 2013, which expresses the policy of the State to provide individuals who are blind or visually impaired with access to information technology purchased in whole or in part with state funds. The Vendor expressly acknowledges and agrees that state funds may not be expended in connection with the purchase of information technology unless that system meets the statutory requirements found in 36 C.F.R. § 1194.21, as it existed on January 1, 2013 (software applications and operating systems) and 36 C.F.R. § 1194.22, as it existed on January 1, 2013 (web-based intranet and internet information and applications), in accordance with the State of Arkansas technology policy standards relating to accessibility by persons with visual impairments.

ACCORDINGLY, THE VENDOR EXPRESSLY REPRESENTS AND WARRANTS to the State of Arkansas through the procurement process by submission of a Voluntary Product Accessibility Template (VPAT) or similar documentation to demonstrate compliance with 36 C.F.R. § 1194.21, as it existed on January 1, 2013 (software applications and operating systems) and 36 C.F.R. § 1194.22, as it existed on January 1, 2013 (web-based intranet and internet information and applications) that the technology provided to the State for purchase is capable, either by virtue of features included within the technology, or because it is readily adaptable by use with other technology, of:

- ☐ Providing, to the extent required by Arkansas Code Annotated § 25-26-201 et seq., as amended by Act 308 of 2013, equivalent access for effective use by both visual and non-visual means;
- ☐ Presenting information, including prompts used for interactive communications, in formats intended for non-visual use;
- ☐ After being made accessible, integrating into networks for obtaining, retrieving, and disseminating information used by individuals who are not blind or visually impaired;
- ☐ Providing effective, interactive control and use of the technology, including without limitation the operating system, software applications, and format of the data presented is readily achievable by nonvisual means;
- ☐ Being compatible with information technology used by other individuals with whom the blind or visually impaired individuals interact;
- ☐ Integrating into networks used to share communications among employees, program participants, and the public; and
- ☐ Providing the capability of equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

If the information technology product or system being offered by the Vendor does not completely meet these standards, the Vendor must provide an explanation within the Voluntary Product Accessibility Template (VPAT) detailing the deviation from these standards.

State agencies cannot claim a product as a whole is not commercially available because no product in the marketplace meets all the standards. If products are commercially available that meets some but not all of the standards, the agency must procure the product that best meets the standards or provide written documentation supporting selection of a different product.

For purposes of this section, the phrase "equivalent access" means a substantially similar ability to communicate with, or make use of, the technology, either directly, by features incorporated within the technology, or by other reasonable means such as assistive devices or services which would constitute reasonable accommodations under the Americans with Disabilities Act or similar

state and federal laws. Examples of methods by which equivalent access may be provided include, but are not limited to, keyboard alternatives to mouse commands or other means of navigating graphical displays, and customizable display appearance. As provided in Act 308 of 2013, if equivalent access is not reasonably available, and then individuals who are blind or visually impaired shall be provided a reasonable accommodation as defined in 42 U.S.C. § 12111(9), as it existed on January 1, 2013.

As provided in Act 308 of 2013, if the information manipulated or presented by the product is inherently visual in nature, so that its meaning cannot be conveyed non-visually, these specifications do not prohibit the purchase or use of an information technology product that does not meet these standards.

Employee Background Requirements

Contractor shall comply with Arkansas Code Annotated (A.C.A.) §21-15-101 *et seq.*, or any amendments thereto, which requires all employees of state agencies, in designated positions including those providing care, supervision, treatment or any other services to the elderly, mentally ill or developmentally disabled persons, to individuals with mental illnesses or to children who reside in any state-operated facility or a position in which the applicant or employee will have direct contact with a child, to have a criminal history check and a central registry check. Should an applicant or employee be found to have been convicted of a crime listed in A.C.A. §21-15-101 *et seq.*, that employee shall be prohibited from providing services in a designated position as defined by Arkansas law or being present at the facility. Should an applicant or employee be found to have been named as an offender or perpetrator in a true, substantiated, or founded report from the Child Maltreatment Central Registry, the Adult Abuse Central Registry, or the Certified Nursing Assistant/ Employment Clearance Registry, the applicant/employee shall be immediately disqualified.

Prohibition Against Contingent Fees

It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business.

Compliance with Department Policy Issuances

The Contractor agrees to deliver the services authorized by this contract or any attachment in accordance with all policies, manuals and other official issuances of the State of Arkansas and Department promulgated through the Administrative Procedures Act.

Relinquishment

The failure of the Department to insist upon the performance of any of the conditions in any one or more instances shall not be construed as a waiver or relinquishment of the future benefit of said condition.

Entire Contract

The parties acknowledge that each have read this Contract, understand it and agree to be bound by the terms. The parties further agree that this Contract is the complete and exclusive statement of the agreement of the parties with respect to the subject matter hereof and that it supersedes all prior proposals, representations, arrangements, understandings, and agreements, whether oral or written, between the parties with respect to the subject matter hereof.

This Contract may not be modified, amended, or in any way altered except by a written agreement duly executed by the parties and approved in accordance with the laws and established procedures of the State of Arkansas.

Survival of Rights and Obligations

The right and obligations of the Parties under this Contract shall survive and continue after the ending or expiration of the term of this Contract, and shall bind the parties, and their legal representatives, successors, heirs and assigns.

Notices

All demands, notices and communications hereunder shall be in writing and shall be deemed to have been duly given if mailed by first class mail, postage prepaid, to:

Central Arkansas Development Council

(address)

P.O. Box 580, Benton, AR 72018

Attention: Cindy Dedman

(Name of contractor contact person or such other name or address as may hereafter be furnished to Department in writing by the Contractor)

Notices to the Department should be mailed to:

DHS Office of Procurement

Attention: Mary Kathryn Williams, CPO

618 N Main St

Little Rock, AR 72203-1437

Severability of Provisions

If any one or more of the covenants, agreements, provisions or terms of this Contract shall be for any reason whatsoever held invalid, then such covenants, agreements, provisions or terms shall be deemed severable from the remaining covenants, agreements, provisions or terms of this Contract and shall in no way affect the validity or enforceability of the other provisions of this Contract.

Certification Regarding Lobbying:

The Contractor will comply with public law 101-121, section 319 (section 1352 of Title 31 U.S.C.) for an award in excess of \$100,000.00 by certifying that appropriated federal funds have not been or will not be used to pay any person to influence or attempt to influence a federal official/employee in connection with the awarding of any federal contract, grant, loan or cooperative agreement.

If the Contractor has paid or will pay for lobbying using funds other than federal appropriated funds, Standard Form-LLL (Disclosure of Lobbying Activities) shall be completed and included as an attachment to this contract.

Certification Regarding Debarment

The Contractor, as a lower tier recipient of \$25,000.00 or more in federal funds, will comply with Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions). By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 C.F.R. Part 76, certifies to the best of its knowledge and belief that it and its principals:

- ☐ are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal or state agency
- ☐ where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled *Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions* without modification in all lower tier covered transactions.

Contractor certifies that the Contractor is in compliance with Public Law 101-121 (Certification Regarding Lobbying) and Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions):

Certification Regarding Employment Practices

Neither the Contractor nor its subcontractors shall discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age (except as provided by law), marital status, political affiliation, or disability. The Contractor must take affirmative action to ensure that employees, as well as applicants for employment, are treated without discrimination because of their race, color, religion, sex, national origin, age (except as provided by law), marital status, political affiliation, or disability. Such action shall include, but not be limited to, the following:

- ☐ Employment;
- ☐ Promotion;
- ☐ Demotion or transfer;
- ☐ Recruitment or recruitment advertising;
- ☐ Layoff or termination;
- ☐ Rates of pay or other forms of compensation; and
- ☐ Selection for training, including apprenticeship.

Contractor certifies that neither the contractor nor its subcontractors shall discriminate against any employee or applicant for employment because of race, color, religion, gender, national origin, age (except as provided by law) or disability. Contractor must insure that employees, as well as applicants for employment, are treated without discrimination because of their race, color, religion, gender, national origin, age (except as provided by law) or disability. Such action shall include, but not be limited to, employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection of training, including apprenticeships.

E. 12 VEHICLE MAINTENANCE, SAFETY, AND INSPECTIONS

A. Describe the Broker's annual inspection process and daily inspection process.

- Each vehicle operator/driver will perform a daily inspection on the vehicle they are operating each day. They will perform these inspections at the beginning of their route and also at the end of their route. Any defect that a vehicle operator/driver finds on his/her vehicle is noted on the inspection sheet and turned into their supervisor. It is then the site supervisor's responsibility to make the determination whether or not to remove the vehicle from service in order to be worked on immediately or if they can schedule any repairs/maintenance at a later date.
- SCAT's Safety and Security Officer, Danny Waite will inspect each SCAT bus annually by using the Commercial Motor Vehicle Annual Inspection Report Form (see Appendix F) and placed in the vehicle's file as well as on the bus.

APPENDIX

Appendix A	Resumes
Appendix B	Organizational Charts
Appendix C	Scheduler Handbook
Appendix D	Business Continuity & Disaster Recovery Plan
Appendix E	✓ Driver Daily Inspection Form
Appendix F	✓ Annual Vehicle Inspection Form
Appendix G	✓ Driver Policy and Procedure Manual
Appendix H	✓ Transport Infectious Disease Plan
Appendix I	Health and Safety Plan
Appendix J	Vehicle Roster

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.

- SCAT currently has 190 vehicles in their fleet with 95% of them handicapped accessible with either wheelchair ramp or lift. SCAT will be the provider of DTT services in Region E and will not at this time plan on utilizing a subcontractor nor use Uber, Lyft and/or Taxi to transport passengers.

B. Provide a table that includes, without limitation, the following.

1. 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

- SCAT has currently one hundred and ninety (190) vehicles in their fleet
- One hundred and sixty-six (166) are wheelchair accessible (See Appendix L)
- All Wheelchair accessible vehicles are equipped with Q'Straint Wheelchair Securement Systems
- Our vehicles are equipped with one-thousand (1,000) lb, lift.
- All SCAT vehicles are equipped with posterior belts to use during wheelchair loading and unloading for the beneficiary's safety.

2. Process for determine the most appropriate mode of transportation

- When a beneficiary call for a reservation, our Call Center Schedulers will ask if they are using a mobility device, such as walker, scooter, wheelchair or cane
- Our RouteMatch software will allow for our Call Center Schedulers to indicate on their client profile and also on their trip their special mobility needs.
- RouteMatch will then determine the client's needs and then will determine the most appropriate vehicle based on its proven scheduling algorithms.
- Each SCAT Site Supervisor who does the schedule will review the trip to make sure that the automated system has placed the client appropriately and efficiently

Process for determining and accommodating any client specific health or safety needs

- When a beneficiary call for a reservation, our Call Center Schedulers will ask if they are using a mobility device, such as walker, scooter, wheelchair or cane
- The Call Center Schedulers will also ask if there are any special needs that a client might have and it is documented in their client profile such as an attendant or service animal.

E.10 SUBCONTRACTOR INFORMATION

A. Describe the Broker's process for monitoring subcontractor(s) performance.

- This is not applicable at this time as Central Arkansas Development Council and South Central Arkansas do not have plans to subcontract with any other transportation systems.

E.9 BUSINESS CONTINUITY AND DISASTER PLAN

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.

- Central Arkansas Development Council's Business Continuity and Disaster Recovery Plan is included in this proposal as Appendix D.

E.8 SAFETY VIOLATIONS

Describe the Broker's approach for monitoring for Safety Violations

- Any prospective employee who is being considered for employment, Central Arkansas Development Council's Human Resources Department will run that individual's motor vehicle record (MVR) through Arkansas Department of Finance and Administration in order to ensure a clean driving record.
- A motor vehicle record (MVR) is ran every year on a vehicle operator/driver's anniversary of employment along with their evaluation of employment. This will enable to check for any unknown vehicle safety violations that were not turned in by the employee.
- A motor vehicle record (MVR) can also be obtained on an as necessary basis if SCAT determines that there could be a problem with a vehicle operator. These records will be monitored and we will report any serious traffic violations that results in points or a felony offence of hired vehicle operators.
- Any vehicle operator that receives any combination of two (2) moving violations or at-fault accidents within a twelve (12) month period will be removed from driving Day Treatment Transportation services. This will include any violations that occurred while driving his/her personal vehicle.
- All SCAT vehicles are registered with the nationally known "Safety First Monitoring Program". Each vehicle is assigned and decaled with an identification number as well as the toll-free number that driving issues can be reported to. This information is recorded and passed on to our Safety and Security Officer, Danny Waite, who then sends to the appropriate Site Supervisor to investigate the complaint/issues. This program allows SCAT to help monitor driver and vehicle safety.

E.7 DRIVER AND ATTENDANT CONDUCT

A. Describe how the Contractor will ensure that drivers and attendants abide by the requirements stated in Section 2.3.11 of the RFP

- SCAT drivers and/or attendants must successfully pass the following before start of employment and then during the duration of their employment:
 - Criminal background checks
 - Adult and Long-term Care Maltreatment Central Registry Check
 - A pre-employment drug screen that tests for illegal drugs prior to hiring and after will be placed in the random pool to be tested quarterly
 - Arkansas Sex Offender Central Registry
- SCAT will upload all completed screens and check results to the DTT Monitoring Contractor portal with five (5) business days
- SCAT 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. If there is suspension of drug and/or alcohol use, a Supervisor trained under US DOT Drug and Alcohol regulations will perform a documented reasonable suspension determination and then drug and alcohol test will be conducted if necessary.
- SCAT will verify that all drivers and/or attendants meet all minimum qualification requirements:
 - All drivers and/or attendants must be twenty-one (21) years of age or older
 - Have a valid Arkansas driver's license with passenger endorsement if a driver. If attendant a valid Arkansas driver's license or government issued identification.
 - SCAT will provide training in order that drivers and/or attendants remain in good standing with the following credentials:

- CPR/First Aid/AED training
 - Defensive Driving training
 - Child Passenger Safety Training
 - Wheelchair lift operations and Wheelchair securement
- SCAT 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 drug, alcohol, or substance abuse offense within the last five (5) years
- If any SCAT driver who during the previous twelve (12) month period receive any combination of two (2) moving violations and/or accidents where the SCAT driver was deemed at fault, they are prohibited from driving a vehicle providing DTT services. This will also include when the SCAT driver is operating his own personal vehicle. CADDC Human Resources Department will run motor vehicle report on all active drivers yearly on their anniversary date or if necessary if warranted.
- If a SCAT driver has been convicted of a charge listed under ACA 21-15-102(f), until the conviction has been vacated or reversed, the driver is prohibited from providing services under this solicitation.
- A roster of all active drivers and attendants will be kept and maintained by SCAT staff to ensure that we have the most up-to-date information on all drivers and/or attendants. This list is reviewed monthly not only by SCAT Operational staff, but site supervisors as well. This record includes but not limited to the following:
 - Driver license number and expiration date
 - First Aid/CPR/AED renewal date
 - MVR check
 - Criminal Background Check renewal
 - Adult/Child Maltreatment Check renewal
 - DOT physical (driver only) renewal date
- Drivers and Attendants will abide by the following:
 - Wear SCAT Identification badges
 - Carry valid driver's license or government issued identification

- Follow guidelines/directives from Arkansas Department Health related to infection control. (See CADC's Healthy and Safety Plan, Appendix I)(See Transport Infectious Disease, Appendix H)
- Will maintain a professional and well-groomed appearance
- Will not wear jewelry or other accessories that may interfere with their duties
- Identify and announce their presence upon arrival if client is not outside
- Assist a client, as necessary, to transfer between vehicle and pick-up/drop off location
- Assist a client in boarding, seating, fastening seatbelt prior to departure
- Driver and/or attendant will confirm that all wheelchairs and mobility aids are properly secure and stowed away
- Drivers and/or attendants will confirm that all passengers including wheelchair passengers are secure and seat belts are fastened
- Driver and/or attendant will assist wheelchair and mobility-limited clients as they enter or exit the vehicle
- Driver and/or attendant will perform a walk through the interior of the vehicle to ensure that no clients are left on board the vehicle and will deactivate the child safety alarm

E.6 QUALITY ASSURANCE

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 operated.

- South Central Arkansas Transit has existing policies and procedures in order for our vehicle operators to provide safe, courteous and professional transportation to all our clients. CADC and SCAT have developed a Driver Policy and Procedure Manual (Appendix G) that entails all safety policies and procedures for the drivers, a Transport Infectious Disease Plan (Appendix H) which will help drivers in transporting clients who have COVID or other infectious diseases and a Health and Safety Plan (Appendix I).
- South Central Arkansas Transit and Central Arkansas Development Council is considered a “Drug-Free” workplace and has a “zero tolerance” policy for any drug and/or alcohol use. SCAT and CADC are part of Arkansas Transit Association’s Drug and Alcohol Consortium and will continue to adopt the drug and alcohol testing policies required by law under the Federal Transit Administration (FTA). Under FTA guidelines CADC and SCAT are to test for the presence of drugs and/or alcohol for the following circumstances:
 - Pre-employment Drug Testing
 - Random Drug Testing
 - Post-Accident Drug and Alcohol Testing
 - Reasonable Suspicion Testing
 - A confirmed positive result for a drug and/or alcohol or an employee’s refusal to test will result in immediate termination.
- SCAT’s assistant program managers will assist the site supervisors in keeping a detailed record of all active drivers. These records are reviewed monthly so that we will always have the most current information available. This record will include but not limited to:

- Driver license number and expiration date
- First Aid/CPR renewal date
- Current MVR date
- Criminal Background check renewal date
- Adult/Child Maltreatment renewal date
- Annual health physical renewal date
- SCAT's Safety and Security Officer, Danny Waite will inspect each SCAT bus annually by using the commercial motor vehicle Annual Inspection Report Form (see Appendix F) and placed in the vehicle's file as well as on the bus.
- Site Supervisors will do "walk-around" inspections of all vehicles at their site and record any body damage that needs to be address/repaired as well as having any mechanical issues.
- SCAT Site Supervisors will do on-site inspections at facilities where clients are being loaded and/or unloading in order to observe the driver performing his job duties correctly and professionally.
- SCAT vehicle operators will do a daily inspection sheet (Appendix E) of their vehicle before going on their route and when they are finished for the day. They are to mark any deficiencies on the inspection sheet concerning their vehicle and turn it in each day. Supervisors will look at them and then make the decision if the vehicle can go out the next day or can wait to correct repairs later.
- During the daily inspections, SCAT drivers will make sure that the vehicle is equipped with the following:
 - Fire Extinguisher
 - First-Aid Kit
 - Reflective triangles
 - Flashlight
 - Reflective Safety Vest
- SCAT drivers are to sweep and pick up all trash on their vehicles after their day has ended. Once a week they are required to wash their vehicle. This will ensure that all of our vehicles are clean.
- During the COVID pandemic, SCAT drivers defogged their vehicle each day after they had finished. Now we are using them once a week to sanitize our vehicles.

- No smoking signs and Fasten Your Seat Belt signs are clearly visible inside a SCAT bus.
- SCAT's Site Supervisors pull video tapes from random vehicles during each week. This is to ensure that all drivers are being courteous and professional to the clients on the vehicle. It is also a way to discover that the camera is working properly without any glitches.
- SCAT is fortunate to have a full maintenance facility that employs the maintenance supervisor who is also our Safety and Security Officer, three (3) full time mechanics and one (1) transportation support clerk. The Maintenance supervisor as well as the transportation support clerk will keep all maintenance records for the vehicles as well as keeping up with any upcoming preventative maintenance.
- SCAT currently has 190 vehicles in their fleet. (Appendix J) They range from 8 passengers to 30 passengers seating. Twenty-four (24) of the vehicles in the fleet are not handicapped accessible. The other vehicles are equipped with either a ramp or a wheelchair lift. SCAT keeps an active list that will include but not limited to:
 - Agency Vehicle Identification Number
 - Vehicle Identification Number (VIN)
 - Manufacturer, make, model, and year model
 - License plate number with expiration dates
- This vehicle list will ensure that all vehicles are up to date with licenses and registrations.

E.5 TRIP INFORMATION

**Describe the Contractor's ability to track and monitor trip information
for each beneficiary**

- South Central Arkansas Transit uses RouteMatch software to schedule trips and also to manage the delivery of these trips. RouteMatch is a paratransit and dispatching software, cloud based, that allows SCAT to manage, track and report on all clients and trip data.
- All trips are downloaded into a Samsung Galaxy tablet that each driver uses to indicate when they have picked up a client. The tablet automatically uploads exact time and the odometer reading for that stop.
- RouteMatch will allow our Call Center Schedulers, Site Supervisors and central office staff to evaluate trips in real-time to ensure that trips are on time to and from ADDT and EIDT facilities.

E.4 OPERATIONAL REQUIREMENTS

A. DESCRIBE PROCEDURES FOR OVERSIGHT OF DAY-TO-DAY OPERATION INCLUDING THE FOLLOWING:

1. Annual and on-going safety training for vehicle operators

- South Central Arkansas Transit has a full time Assistant Program Manager – Training and Fleet Operations, John Mockabee and one (1) Safety and Security Officer.
- Mr. Mockabee has been employed for 11 years starting out as a vehicle operator/driver. He has received specialized training and certifications in numerous areas of transportation including but not limited to CPR, First Aid, AED, Defensive Driving, Wheelchair - loading/unloading/securement, and Child Safety Seat Installation
- Mr. Mockabee will be responsible for CPR, First Aid, AED, Defensive Driving, Wheelchair training, Child Safety Seat Installation training for all new drivers as well as annually for our veteran drivers. He will also be responsible for seeing that any refresher training is completed as well if needed.

2. Field Observations of Operations

- All of South Central Arkansas Transit's fleet of vehicles are equipped with Angeltrax audio/video camera systems. Each site supervisor will pull random video footage for review each week to ensure that vehicle operators/drivers assigned to their site are obeying all safety policies and procedures while providing safe and reliable transportation for day treatment beneficiaries. The vehicle operator/driver is also reviewed his passenger escort procedures, courteous and professional transportation service to all beneficiaries.
- In the event of an accident or incident on a SCAT vehicle, the supervisor will pull the video and download the footage and it will be placed in the accident file and can be sent to DTT Monitoring Contractor if requested.

- SCAT site supervisors will also make surprise visits at a site where a beneficiary will be picked up from his appointment or dropped off at a facility to make sure that all procedures from passenger escort policy to wheelchair loading/unloading/securement are being met.

3. Monitoring Staff Levels

- Central Arkansas Development Council and South Central Arkansas Transit accepts all applications for review which allows South Central Arkansas Transit to have adequate staffing.

4. Vehicle Repairs and Preventative Maintenance

- South Central Arkansas Transit has a maintenance facility with two (2) bays equipped with hydraulic automotive lifts located in Malvern, Arkansas. There is one Supervising mechanic along with three (3) other mechanics. SCAT vehicles will come into the SCAT Service Center for major servicing. At a major servicing the vehicle is completely checked over, the transmission oil is changed and filter replaced, check of the audio/video camera, and wheelchair lift is serviced.
- Each vehicle operator/driver will perform a daily inspection (see Appendix E) on the vehicle they are operating each day. They will perform these inspections at the beginning of their route and also at the end of their route. Any defect that a vehicle operator/driver finds on his/her vehicle is noted on the inspection sheet and turned into their supervisor. It is then the site supervisor's responsibility to make the determination whether or not to remove the vehicle from service in order to be worked on immediately or if they can schedule any repairs/maintenance at a later date.
- Each SCAT vehicle is equipped with a Vehicle Maintenance Book that stays with the vehicle. This book contains information regarding any maintenance that has been performed on the vehicle at any time by any vendor.

- SCAT's Safety and Security Officer who is also the supervising mechanic will inspect all vehicles annually and completes a motor vehicle inspection form (see Appendix F).
- SCAT Supervisors will inspect vehicles stationed at their site each week and send a report to their Supervisor showing that vehicles were inspected and if there was any damage to the body or any repairs that need to be made.
- CADC and SCAT have good standing in our 19 counties and therefore we are able to work with outside maintenance shops in order to get small maintenance repairs completed quickly such as routine oil changes.

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

- Any prospective employee who is being considered for employment, Central Arkansas Development Council's Human Resources Department will run that individual's motor vehicle record (MVR) through Arkansas Department of Finance and Administration in order to ensure a clean driving record. These are also run yearly at their annual evaluation or at any time if the occasion arises that they need to be checked.
- Vehicle operators are to report any traffic violations that they receive either on the job or off the job immediately to their Supervisor. Any vehicle operator who receives a combination of two (2) moving violations and/or at-fault accidents in a twelve (12) months period will be remove from driving.
- Central Arkansas Development Council is a member of Safety First Monitoring Program where each vehicle is assigned a monitoring number. This number along with a 1-800 number is on a sticker on back of each SCAT vehicle. Any unsafe driving issues can be reported by calling the number which then is sent to our Safety and Security Officer – Service Center Supervisor where he distributes to correct site for investigation.

**C. DESCRIBE THE PROCESS AND EQUIPMENT USED FOR VERIFYING
ELIGIBILITY TO RECEIVE DTT SERVICES**

- SCAT's call center schedulers have access to the MMIS portal so that when a client calls in for services they can verify their Medicaid number through the portal...make sure the client resides in Region E...is eligible for Medicaid/DTT transportation ... and that SCAT is the transportation provider before moving on to begin the gatekeeping process for making a reservation.

E.3 SERVICE REQUIREMENTS

A. DESCRIBE THE PROCESS FOR RESERVATION AND TRIP ASSIGNMENTS INCLUDING SCHEDULING AND DISPATCH CAPABILITIES

- The Call Center Schedulers will answer each call in the following manner:
 - Day Treatment Transportation and identify themselves
 - Verify to whom they are speaking
 - Verify eligibility for Day Treatment Transportation through Medicaid Portal and go over gatekeeping questions
 - Request an appointment time and identify any special needs that the beneficiary might have. If the trip is a standing order verify the origin, destinations and any special needs that the beneficiary might have.
- Central Arkansas Development Council and South Central Arkansas Transit has one of the finest software programs available to a paratransit system. RouteMatch software completes all necessary requirements in this IFB. Our intake process is second to none as RouteMatch specializes in rapid data entry and short data entry time. This software interfaces with Medicaid NET and Day Treatment Transportation technology and can produce any report that Department of Human Services and Day Treatment Transportation requests in a timely manner.
- RouteMatch provides the capability to automate schedule functions by utilizing an algorithm that determines the client's needs to ensure the most appropriate vehicle is used for each trip. This paratransit scheduling and dispatching software can manage all aspects of customer service from trip processing, eligibility verification to direct operations and record keeping.
- South Central Arkansas Transit has twelve (12) satellite offices where the trips will go to for scheduling so that the day treatment beneficiaries will be transported in a timely and efficient manner.

- South Central Arkansas Transit vehicle operators will utilize Samsung Galaxy tables with RouteMatch software installed in order to access and execute the trips that are assigned to them for the day.
- Central Arkansas Development Council maintains the capability to support the automated call intake, eligibility verification and can meet all monthly reporting that is required under this IFB together with internet capability to submit encounter information to Department of Human Services through the MOVEit Program.
- All data is stored electronically and backed up on a daily basis and stored at a secure off site location in accordance with Central Arkansas Development Council's Disaster Recovery Plan.

**B. PROVIDE A DETAILED SUMMARY OF HOW BROKER WILL ENSURE
DTT SERVICES ARE PROVIDED FOR REQUESTS WITHOUT SUFFICIENT
ADVANCE NOTICE**

- Currently the policy for any South Central Arkansas Transit client either through Medicaid NET services or paratransit is that all rides must be reserved with a forty-eight (48) advance notice. SCAT will abide by the seventy-two (72) hours window as required by day treatment transportation, but in the event that a beneficiary call after the seventy-two (72) hour window a referral from the beneficiary's physician or from a ADDT or EIDT provider will be required in order to provide transportation with the sufficient advance notice.

E.2 CALL CENTER

A. DESCRIBE THE PROCESS(ES), EQUIPMENT AND CAPABILITIES TO MEET THE REQUIREMENTS OUTLINED IN SECTION 2.3.3.B INCLUDING, WITHOUT LIMITATION, THE FOLLOWING:

Central Arkansas Development Council and South Central Arkansas Transit will administer, operate, coordinate and provide Day Treatment Transportation services for Region E in accordance with the requirements of this IFB as outlined in Section 2.3.3B including without limitation, the following

Central Arkansas Development Council and South Central Arkansas Transit will be responsible for the day to day overall management of operations necessary to provide Day Treatment Transportation Services just as we have done for the past 22 years with the Medicaid NET Broker in Region E. This will include the maintenance of appropriate records, and a system of accountability of reporting to Department of Human Services or Day Treatment Transportation Monitoring Contractor but for providing transportation to the beneficiaries/clients to ADDT and/or EDIT facilities as required in order to respond to the terms of this IFB and/or contract.

1. CALLS

- For the past 12 months, Central Arkansas Development Council has made substantial investment in the upgrade of our Call Center. Our state of the art phone system has made it easier for call center schedulers to schedule trips or provide assistance to the Day Treatment beneficiaries. We are equipped to answer all calls from any individual who calls in to make a reservation. To meet the needs of the hearing impaired, Central Arkansas Development Council has access for both the hearing and/or speech impaired by the use of a Comdial/TDD which is located in the Call Center

and interfaces with all lines. Central Arkansas Development Council and South Central Arkansas Transit have bilingual staff that can provide basic Spanish assistance if needed for our staff in order to assist the beneficiary/client. Any other additional call center accommodations will be provided to clients in accordance with State and Federal laws.

- Central Arkansas Development Council will establish a designated 1-800 number for Day Treatment Transportation beneficiaries to call in for transportation.
- All telephone calls are answered by live operators, Monday through Friday, 8:00 a.m. through 5:00 p.m. There are now 8 Call Center Operators as well as the other South Central Arkansas Transit Supervisors will be available while Day Treatment Transportation services are in progress. Central Arkansas Development Council readily accepts any modifications that Department of Human Services may request concerning the hours of operation.
- Central Arkansas Development Council assures Department of Human Service that ninety-five (95%) percent of all calls will be answered within three (3) rings or fifteen (15) seconds. The ability of our up to date phone system will allow us to be able to tell if more call schedulers are needed to be hired due to demand of calls.
- Busy signals will not exceed five (5%) percent of the total incoming calls
- Wait time for incoming calls by Day Treatment Transportation clients will be no longer than three (3) minutes. Our telephone system allows for the calls to be moved from one caller to the next within four (4) rings until answered.
- Any calls that require a call back will be completed within one (1) business day by the Call Center Supervisor
- The abandoned call rate will not exceed twenty percent (20%) for any month. Daily reports are run in order to check the amount of abandoned calls received for that day and the abandoned rate can be corrected.
- All calls received during business hours will be answered or if necessary returned before the close of the business day

- Any calls received during non- working hours or left on the voice mail will be returned the next working day to either clients or any Day Treatment facility
- All Call Center Schedulers are trained during orientation and also on their yearly anniversary as described in the quality assurance plan and will maintain a courteous and polite attitude in all dealings with clients and/or providers. Certificates are printed after their training and placed in their personnel file. A copy of the Schedulers Handbook is included in this proposal as Appendix C.
- All Call Center Schedulers will identify by answering with “CADDC-SCAT Day Treatment Transportation, this is (first name of scheduler), may I help you?”
- All Call Center Schedulers will notify each caller that the calls are being monitored and recorded for quality assurance. These calls are maintained for one (1) year from the date of the call and can be retrieved if requested by Department of Human Services
- Any time a client and/or provider has a complaint it is referred to the Call Center Supervisor who will maintain a log of these complaints or issues and will submit the complaint to the Day Treatment Transportation Monitoring Contractor the next business day for tracking and/or investigation.
- Central Arkansas Development Council’s telephone system at the Call Center is equipped to document each call received by each Call Center Scheduler during the business day in detail. Central Arkansas Development Council is able to download any call and send to Department of Human Services and/or Day Treatment Transportation Monitoring Contractor.
- The Call Center has a natural gas generator installed backup system. In the event of a power failure, the load is transferred to return power immediately. This generator will operate the telephone system for eight (8) hours at full capacity without any interruption in order to receive calls or data collection. A Business Continuity and Disaster Recovery Plan is included in this proposal as Appendix D.
- South Central Arkansas Transit’s Call Center will provide to the Day Treatment Transportation Monitoring Contractor a weekly call metrics report on the Monday for the previous week.

- Central Arkansas Development Council and South Central Arkansas Transit has the capacity to communicate through internet, telephone services including voice mail and automated attendant, send and receive facsimiles through their e-mail not only at the Central Business Office/Call Center, but at all of the site locations as well.
- The call center metrics report will include the following without limitations information:
 1. The number of incoming calls
 2. The number of calls that were answered
 3. The average time to answer calls
 4. Number of abandoned calls
 5. Percentage of calls that were abandoned
 6. Average talk time
 7. Number of complaints received
- Central Arkansas Development Council and South Central Arkansas Transit both understand and complies with the requirement that Department of Human Services can request a call center metrics report more frequently than once a week.
- As stated above, Central Arkansas Development Council and South Central Arkansas Transit understands that Department of Human Services reserves the right to add, delete, and/or modify the call center metrics report requirements.

2. CALL MONITORING

- All calls received into Central Arkansas Development Council South Central Arkansas Transit's call center is recorded and maintained for one (1) year from the date of the call. Any call can be retrieved in order for Department of Human Service to monitor for quality, accuracy and professionalism in a timely manner. Calls are also recorded at each South Central Arkansas Transit satellite office.

- All calls can be downloaded and sent to the Department of Human Services or the Day Treatment Transportation Monitoring Contractor within five (5) business days.
- Reports are generated each night for the day before and sent to Project Director/Program Manager; Assistant Program Managers and Call Center Supervisors. These reports will show the Call Scheduler activity for the day (calls answered and calls missed) and the number of abandoned calls. These monitoring reports will enable the Call Center Supervisor to see what each Call Scheduler is doing.
- Project Director, Call Center Supervisor and assistant program managers can monitor calls at any time during the day.
- Central Arkansas Development Council and South Central Arkansas Transit has telephone numbers that will directly connect Department of Human Services and/or Developmental Day Treatment Monitoring Contractor to the Call Center Supervisor without going through the Call Center scheduling staff. This number will be made available as well as other numbers for Project Manager, Executive Director for Central Arkansas Development Council or other Administrative/Operational staff upon start of contract.

3. COMPLAINTS

- All complaints that come into the Call Center are recorded by each Call Center Scheduler into a daily log which will include date of complaint, time of complaint, actual complaint description and possible resolution. Each call center scheduler will try and do their best to defuse a complaint and if they can't succeed they will transfer to the Call Center Supervisor.
- The Call Center Supervisor, Myrtis Rodgers, will referred to Day Treatment Transportation monitoring Contractor by the next business day any complaint received for tracking and/or investigation by their staff.

4. SCHEDULING

Gatekeeping Requirements

South Central Arkansas Transit's Call Center schedulers will obtain from the beneficiary or the beneficiary's authorized representative sufficient information to make a decision regarding the beneficiary's need for Day Treatment Transportation services. During this gatekeeping process, South Central Arkansas Transit schedulers must determine:

- Is there an operational vehicle in the household available to the beneficiary?
- Is there public transit available to the beneficiary?
- Are there other means of transportation available to the beneficiary?

If the answer to all the questions above are "NO", then South Central Arkansas Transit must provide transportation. If the answers to any of the questions are "YES", then South Central Arkansas Transit must deny transportation to the beneficiary.

1. To determine if there is an operational vehicle available to the beneficiary, South Central Arkansas Transit Call Center scheduler must ask:
 - a. Is there a vehicle in your home?
 - b. Is the vehicle drivable?
 - c. Are you (the beneficiary) physically able to drive the vehicle?
 - d. Is there someone available to drive your vehicle for you?
 - e. Is the vehicle available at the time of your appointment?
 - f. Do you have funds available to operate the vehicle?
2. To determine if there is public transit available to the beneficiary, South Central Arkansas Transit Call Center schedulers must ask:
 - a. Is there public transit available?
 - b. Do you have the funds to pay to use public transit?
3. To determine if there are other means of transportation available to the beneficiary, South Central Arkansas Transit Call Center schedulers must ask:

- a. Are there other means of transportation available to you such as?
 - i. Your relatives
 - ii. Neighbors
 - iii. Friends
 - iv. Community Organizations
 - v. And/or including medical providers
4. South Central Arkansas Transit Call Center schedulers will record the questions and responses. South Central Arkansas Transit will maintain these telephone recordings for one (1) year. These recordings will be made available to DHS/DDS or the Day Treatment Transportation Monitoring Contractor within five (5) business days of their request.
5. Any beneficiary who refuses to answer any question related to their need for transportation will not be provided the requested transportation.
6. South Central Arkansas Transit will provide Day Treatment Transportation services to eligible beneficiaries. South Central Arkansas Transit will consider each beneficiary's permanent and/or temporary special needs and any special instructions to ensure that appropriate and safe transportation is provided.

Authorized Representatives

1. If the beneficiary relies on the assistance of a representative to schedule their Day Treatment Transportation services, the beneficiary may provide the name, relationship and contact number for up to two (2) authorized representatives to South Central Arkansas Transit Call Center when scheduling their Day Treatment Transportation services. South Central Arkansas Transit Call Center schedulers will only take transportation requests from or discuss the beneficiary's Day Treatment Transportation services with the beneficiary, legal guardian, or authorized representative as listed with South Central Arkansas Transit Call Center.
2. As part of the initial scheduling process, South Central Arkansas Transit Call Center schedulers must ask the following questions:

a. Would you like to provide at least two (2) authorized representatives that will be allowed to schedule Day Treatment Transportation services on your behalf?

b. If so, please provide:

- *first name
- * last name
- * relationship
- * contact number

Scheduling

1. South Central Arkansas Transit will educate all Day Treatment Transportation beneficiaries on how to request and schedule their Day Treatment Transportation services through the Call Center. Part of the education process will be to instruct the beneficiary that any Day Treatment Transportation requests must be made at least three (3) business days before their transportation service is needed. South Central Arkansas Transit will develop a brochure that will include the 1-800 number to be distributed to all eligible beneficiaries, guardians, ADDT and EIDT providers.

2. South Central Arkansas Transit is to established a scheduled pick-up date and time at the time the request for Day Treatment Transportation services is made.

3. South Central Arkansas Transit will ensure that the average wait time for pick-up does not exceed fifteen (15) minutes. South Central Arkansas Transit is not required to wait for the beneficiary more than fifteen (15) minutes after the scheduled pick-up time. Scheduled pick-up times may only be changed by the beneficiary, legal guardian or authorized representative.

Translation and Interpreter Accommodations

1. To meet the needs of the hearing and/or speech impaired, Central Arkansas Development Council has made available the use of a Comdial/TDD which is located in the Call Center and interfaces with all lines of the Day Treatment Transportation schedulers
2. Central Arkansas Development Council and South Central Arkansas Transit have bilingual staff that can provide basic translation and/or interpreter assistance if needed for our staff in order to assist any individual who does not speak English or only has limited English.
3. Central Arkansas Development Council and South Central Arkansas Transit will comply with Department of Human Services/Office of Information Technology (OIT) Standard Information technology requirements, as specified in Attachment I – ARDHS – OIT – Standard IT Requirements.

Technology

1. Central Arkansas Development Council maintains the highest technology computer hardware and software to support the automated call center intake and electronic eligibility verification on a daily basis. Central Arkansas Development Council has their own in-house technology department that will ensure that our technology and computer systems meet all reporting requirements in this IFB. Our current hardware that networks all computers together is Ubiquity Switch. Each staff person is equipped with a CPU, monitor, internet access and laser jet printer. Our current software is Symatec Anti-Virus, Microsoft 2016, RouteMatch Software, Medicaid Database Software and Google e-mail.
2. Central Arkansas Development Council and South Central Arkansas Transit has one of the finest software programs available to a paratransit system. RouteMatch software completes all necessary requirements in this IFB. Our

intake process is second to none as RouteMatch specializes in rapid data entry and short data entry time. This software interfaces with Medicaid NET and Day Treatment Transportation technology and can produce any report that Department of Human Services and Day Treatment Transportation requests in a timely manner.

3. RouteMatch has support backup technical service on a twenty- four (24) hour on-call support technologists that we can contact in case there are issues with any of the software programs.

4. Central Arkansas Development Council maintains the capability to support the automated call intake, eligibility verification and can meet all monthly reporting that is required under this IFB together with internet capability to submit encounter information to Department of Human Services through the MOVEit Program.

5. All data is stored electronically and backed up on a daily basis and stored at a secure off site location in accordance with Central Arkansas Development Council's Business Continuity and Disaster Recovery Plan.

6. Central Arkansas Development Council and South Central Arkansas Transit currently utilizes a secure e-mail system approved by the Department of Human Services through our Medicaid NET Transportation program and will continue to do so. This secure e-mail system ensures that all information between Central Arkansas Development Council/South Central Arkansas Transit and Department of Human Services – Day Treatment Transportation Program is transmitted securely in accordance with all federal and state privacy and confidentiality laws and regulations. Prior to providing services, Central Arkansas Development Council will complete an Interconnection Security Agreement that is provided by Department of Human Services.

7. Central Arkansas Development Council and South Central Arkansas Transit will comply with Department of Human Services/Office of Information Technology (OIT) Standard Information technology requirements, as specified in Attachment I – ARDHS – OIT – Standard IT Requirements.
8. All documents that South Central Arkansas Transit are to provide to Department of Human Services or to Day Treatment Monitoring Contractor will be sent and/or received electronically.
9. All documentation including telephone calls are backed up and stored off site daily in accordance with Central Arkansas Development Council's disaster recovery plan. Central Arkansas Development Council has a concrete fire/tornado building located at 321 Edison Street, Benton, Arkansas which is the location of the Benton Administration Office. All of Central Arkansas Development Council's data is backed up and stored inside this building.
10. Central Arkansas Development Council and South Central Arkansas Transit has the capacity to reproduce any documents through the transportation support staff located not only at the Central Business Office but at all South Central Arkansas Transit satellite site offices including the Central Business Office, Benton Administration Office, South Central Arkansas Transit's maintenance facility, South Central Arkansas Transit's Operations Office. All records are readily available within five (5) business days for review at the request of Department of Human Services and/or its authorized representatives.
11. The Call Center has a natural gas generator installed backup system. In the event of a power failure, the load is transferred to return power immediately. This generator will operate the telephone system for eight (8) hours at full capacity without any interruption in order to receive calls or data collection. A disaster recovery plan is included in this proposal as Appendix D.

**B. PROVIDE A QUALITY ASSURANCE AND MONITORING PLAN FOR
THE CALL CENTER INCLUDING TRAINING**

1. Quality Assurance Plan

- Central Arkansas Development Council will develop a draft of a Quality Assurance and Monitoring plan that will include training to be reviewed by Department of Human Services for any changes that need to be made. Once the draft has been approved, then the final Quality Assurance and Monitoring Plan will be submitted at least fourteen (14) days before contact starts.
- Project Director, Assistant Program Managers and Call Center Supervisor will randomly listen to call recordings to ensure that our staff is adhering to the standards of this contract and being courteous and helpful.
- A SCAT Call Center Schedulers manual is given to each new call center schedulers when they come on board for work. These new Call Center Schedulers go through extensive training before they are ever set up alone to answer the phone.
- Daily reports of all calls at the Call Center will generate each night and are available next morning for previous day. The reports are sent to Call Center Supervisor; Project Director and SCAT Assistant Program Managers for their review. These reports will be used for monitoring purposes by not only call center supervisor but Project Director and Assistant SCAT Supervisors as well.
- These reports will show:
 - how many calls came into the call center, how many calls were answered and how many calls were abandoned.
 - Number of calls each Call Center Schedulers answered for the day...how many they missed How many were abandoned
 - Total time that call center schedulers were logged in and answering telephone calls

E.1 QUALIFICATIONS

**A. DESCRIBE BROKER'S PRIOR EXPERIENCE PROVIDING DAY
TREATMENT TRANSPORTATION INCLUDING THE NUMBER OF YEARS
OF EXPERIENCE**

Central Arkansas Development Council is pleased to submit our proposal in response to the Arkansas Department of Human Services (DHS) Office of Procurement on behalf of the Division of Developmental Disabilities Services (DDS) for the purpose to provide Day Treatment Transportation (DTT) for Region E in the state of Arkansas. Central Arkansas Development Council is currently serving as the Non-Emergency Transportation (NET) Broker for Region E in the state of Arkansas and we look forward to continuing in the capacity of providing the best cost effective and quality transportation to local residents of Region E. The Day Treatment beneficiaries/clients are accustomed to our services and our staff as some are already utilizing our services to Early Intervention Day Treatment (EIDT) and the Adult Developmental Day Treatment (ADDT) since day treatment transportation became separate from NET in 2019. By continuing in our current role as the broker for Region E this will ensure that critical mobility remains in place. It will also avoid a costly and is connected process for Arkansas Department of Human Services, and the Division of Development Disabilities for any transition of another transportation provider unfamiliar with Region E. Overall, Central Arkansas Development Council agrees to deliver the services for Day Treatment Transportation authorized by this contract or any attachment/addendum in accordance with all manuals and other official issuances of the State of Arkansas.

Central Arkansas Development Council oversees South Central Arkansas Transit, which is one of the oldest, largest and most successful rural public

transportation system in the state of Arkansas. South Central Arkansas Transit has been operating since 1975 and therefore historically Central Arkansas Development Council – South Central Arkansas Transit has been the natural and logical choice for operating the Day Treatment Transportation Program for Arkansas Department of Human Services, Division of Development Disabilities Services. In fact, Central Arkansas Development Council's contractual relationship with Arkansas State Department of Human Services, Division of Medical Services goes back over 40 years and includes over 20 plus years as the Medicaid Transportation Broker for Region 8, 10 and 11, which now is considered Region E. Since assuming the operation of the Day Treatment Transportation for Region E, Central Arkansas Development Council has continued to serve all beneficiaries/clients with the same reliable and safe transportation as we have done in the past with no interruptions. When contracting with Central Arkansas Development Council, Arkansas Department of Human Services will know what they are getting . . . a community based professional transportation provider that is particularly adept at meeting mobility needs while maximizing resources.

The program manager and staff of South Central Arkansas Transit who have ultimate responsibility for the management and day – to – day operation of the services have extensive experience at Central Arkansas Development Council, and importantly have worked many years administering the transportation program. This highly experienced staff will ensure the provision of safe, quality and appropriate transportation; adherence to program guidelines; provision of an efficient reservation and trip assignment process; recruitment, training and negotiation with any subcontractors; submission of accurate and timely encounter (trip) data; and overall provision of administrative oversight and reporting.

- The Project Director for Region E will be the current project directors for South Central Arkansas Transit, Cindy Dedman. Ms. Dedman has been the NET project director for the past 18 years and has been with Central

Arkansas Development Council for 45 years in the transportation program. Included in the daily duties for Ms. Dedman will be the monitoring of the daily operation for the delivery of safe, cost effective and dependable transportation services to meet a wide and diverse public need – not only for Arkansas Department of Human Services – Day Treatment Transportation but for all transportation services that South Central Arkansas Transit provides. Therefore, she is committed to Day Treatment transportation services and will engage additional resources as needed in order that South Central Arkansas Transit meets all contract requirements without service interruption for all Day Treatment clients/beneficiaries.

- Belva Bailey has been with South Central Arkansas Transit since 1991 beginning as a bus driver. She is the Assistant Program Manager and will work closely with Site Supervisors and the project director to oversee the Day Treatment Transportation services.
- John Mockabee is also an Assistant Program and has been with South Central Arkansas Transit since 2011. He will work with Ms. Dedman, Ms. Bailey and the Site Supervisors in the day – to – day operation of South Central Arkansas Transit. His main focus is on training as does Defensive Driver Training, CPR and First Aid training, wheelchair loading – unloading – securement training, and car seat installation training for Central Arkansas Development Council’s employees.
- Ms. Myrtis Rodgers will oversee the Call Center Staff and will make sure that all schedulers perform their job duties in an efficient manner and will comply with all rules and regulations of this IFB by Department of Human Services.
- The entire staff of South Central Arkansas Transit will be backed up by Central Arkansas Development Council’s excellent management team that includes Randy Morris, CEO of Central Arkansas Development Council, Lavel Neal COO of Central Arkansas Development Council, John Jeffers CFO of Central Arkansas Development Council and Dana Bates – Human Resources Director for Central Arkansas Development Council.
- Organizational Charts for both Central Arkansas Development Council and South Central Arkansas Transit are included in this proposal under Appendix B.

MINIMUM QUALIFICATIONS

- Central Arkansas Development Council's Articles of Incorporation and Bylaws will show that Central Arkansas Development Council is registered with the state of Arkansas to do business within the state. Central Arkansas Development Council and South Central Arkansas Transit have over 47 years of experience in providing Medicaid transportation to the beneficiaries/clients within our 19 county service area as well as being the Medicaid Broker in Region E for the past 22 years.

Central Arkansas Development Council far exceeds the minimum years of experience in providing non-emergency medical transportation services. Central Arkansas Development Council has worked closely with Arkansas Department of Humans Services/Department of Medical Services since 1977 and has served as the broker/provider for NET services for the past 22 years. The Arkansas State Department of Human Services should know they are purchasing a quality run program, rather than running the risk of purchasing the services of "some guy with a van". Central Arkansas Development Council's signature on the Technical Response Packet will certify our compliance to meet the minimum qualification of this bid proposal.

Through our experience over the past 22 years as the community based transit NET Broker/Operator for Region E, we have gained valuable know-how not only in receiving and processing trip requests, but also as an operator of services. We are dedicated to the clients in our communities and our coordinated approach guarantees a professionally run and safe transportation program.

- Central Arkansas Development Council agrees and acknowledges that if they cancel, default, or otherwise abandon the contract prior to the expiration Central Arkansas Development Council will not be eligible to provide Medicaid transportation services in Region E for a period of twenty-

four (24) months. Our signature on page four (4) of the Technical Response Packet will certify that Central Arkansas Development Council complies with this minimum qualification.

- Currently Central Arkansas Development Council holds a bond to the State of Arkansas for being the Medicaid Broker for Region E and has been bonded to provide transportation for Department of Human Services for the past 22 years. The Bond will be available to Department of Human Services upon the start of the contract.
- Central Arkansas Development Council and South Central Arkansas Transit will provide Arkansas Department of Human Services/Department of Medicaid Services copies of the Consent for Release of Information (Form DMS-619) of all employees that will be associated with Day Treatment Transportation. Also provided will be the Medicaid Provider Agreement.

**B. PROVIDE RESUMES FOR THE PROJECT DIRECTOR RESPONSIBLE FOR
MANAGEMENT OF DAY – TO – DAY OPERATIONS**

Resumes for the operation staff of South Central Arkansas Transit are included in this proposal under Appendix A.

TRANSIT SYSTEM VEHICLE PROFILE									
PROGRAM YEAR 2022-2023									
SOUTH CENTRAL ARKANSAS TRANSIT									
YEAR	MAKE AND MODEL OF VEHICLE	VIN. NUMBER	FUNDING SOURCE	SEATING CAPACITY	W/C LIFT RAMP	NUMBER OF FLIP SEATS	NUMBER OF TIE DOWNS		
04	(02) Chevrolet Pickup	2GCEC14X842278334	5311	3	0	0	0		
01	(181) Dodge Van	2B5WB35Y71K535968	18	15	0	0	0		
01	(182) Dodge Van	2B5WB35Y91K535969	18	19	0	0	0		
02	(189) Dodge Maxi Van	2B5WB35Y52K116003	5311	15	0	0	0		
02	(190) Dodge Maxi Van	2B5WB35Y52K116002	5311	15	0	0	0		
2	(210) Dodge B3500 Ram Van	2B5WB35Y52K105129	CSBG	12	0	0	0		
05	(256) Kia Sedona LX	KNDUP132356704729	So. Co. Council	6	0	0	0		
06	(276) Chevrolet Star Trans Bus	1GBESV1296F411380	5311	20	L	4	2		
06	(282) Ford Conversion Van	1FBNE311L66DA18865	5311	12	0	0	0		
06	(288) Ford Bus	1FDWE388X7DB03139	5311	12	0	0	0		
08	(309) Chevrolet Cutaway Bus	1GBESV1978F410244	5311	15	L	1	2		
09	(321) Ford Aerotech Bus	1FDFE45S39DA84507	ARRA	27	L	0	2		
09	(325) Ford Aerotech Bus	1FDFE45S29DA84501	ARRA	17	L	0	2		
09	(327) Ford Aerotech Bus	1FDFE45S89DA84499	ARRA	13	L	0	2		
10	(331) Ford Aerotech Bus	1FDFE45S69DA84498	ARRA	13	L	0	2		
10	(334) Ford Aerotech Bus	1FDFE45S59DA88395	ARRA	13	L	0	2		
10	(341) Ford Aerotech Bus	1FDFE4FS1ADA48883	5310/Saline Co.	13	L	0	2		
13	(357) Ford Aerotech Bus	1FDEE3FS3CDB30221	5311	18	L	0	3		
13	(360) Ford E450 Starcraft Bus	1FDFE4FS1DDA44711	5311	18	L	0	2		
13	(361) Ford E450 Starcraft Bus	1FDFE4FSXDDA44710	5311	18	L	0	2		
13	(362) Ford E450 Starcraft Bus	1FDFE4FS3DDA44712	5311	18	L	0	2		
13	(363) Ford E450 Starcraft Bus	1FDFE4FSXDDA44707	5311	18	L	0	2		
13	(365) Dodge Lowered Floor Minivan	2C7WDGBG9DR780693	5311	5	R	0	1		
12	(367) Ford E350 Aerolite	1FDEE3FL3CDB30292	5311	10	L	0	2		
13	(373) Ford Aisle Conversion Van	1FTSS3EL1DDDB03322	5311	13	0	0	0		
13	(374) Ford Aisle Conversion Van	1FTSS3EL1DDDB03323	5311	13	0	0	0		
14	(375) Ford Cutaway bus	1FDEE3FL7EDA72769	5310	13	0	0	0		
14	(376) Ford Cutaway Bus	1FDEE3FL0EDA72774	5310	13	0	0	0		
14	(379) Ford Aerolite Bus	1FDEE3FL7EDA71928	5311	9	L	0	0		
14	(381) Ford Aerolite Bus	1FDEE3FL6EDA71922	5311	9	L	0	2		
14	(382) Ford Aerotech Bus	1FDEE4FL2EDB10186	5311	17	L	1	2		
14	(384) Ford Aerotech Bus	1FDEE4FL6EDB10188	5311	17	L	1	2		
14	(385) Ford Aerolite Bus	1FDEE3FL9EDA72773	5311	9	L	0	2		
14	(386) Ford Aerolite Bus	1FDEE3FL1EDA72783	5311	9	L	0	2		
14	(391) Ford Aerotech Bus	1FDEE4FL8EDB10189	5311	17	L	1	2		
14	(392) Ford Aerotech Bus	1FDEE4FL4EDB10190	5311	17	L	1	2		
14	(393) Ford Aerotech Bus	1FDEE4FL6EDB10191	5311	17	L	1	2		
14	(394) Ford Aerotech Bus	1FDEE4FL8EDB10192	5311	17	L	1	2		
15	(395) Dodge Mini-Van	1FDEE4FLXEDB10193	5311	17	L	1	2		
15	(396) Dodge Mini-Van	2C7WDGBG1FR542176	5311	7	R	1	2		
15	(397) Dodge Mini-Van	2C7WDGBG3FR542177	5311	7	R	1	2		
15	(397) Dodge Mini-Van	2C7WDGBG5FR542178	5311	7	R	1	2		
15	(398) Ford Aerotech Bus	1FDEE4FL9FDA06988	5311	16	L	1	2		

TRANSIT SYSTEM VEHICLE PROFILE									
PROGRAM YEAR 2022-2023									
SOUTH CENTRAL ARKANSAS TRANSIT									
YEAR	MAKE AND MODEL OF VEHICLE	VIN. NUMBER	FUNDING SOURCE	SEATING CAPACITY	W/C LIFT RAMP	NUMBER OF FLAP SEATS	NUMBER OF TIE DOWNS		
15	(399) Ford Aerotech Bus	1FDEE4FL0FDA06989	5311	16	L	1	2		
15	(400) Ford Aerotech Bus	1FDEE4FL7FDA06990	5311	16	L	1	2		
15	(401) Ford Aerotech Bus	1FDEE4FL9FDA06991	5311	16	L	1	2		
15	(402) Dodge Grand Caravan	2C4RFD8G4FR690963	Hot Spgs Village	7	0	0	0		
15	(404) Ford Aerotech Bus	1FDEE4FL9FDA08434	5311	16	L	0	2		
15	(405) Ford Aerotech Bus	1FDEE4FL0FDA08435	5311	16	L	0	2		
14	(406) Chevy Express Van	1GAZGYFG7E1101553	CADC	15	0	0	0		
15	(408) Dodge Lowered Floor Ramp Van	2C7WWDG8G2FR652122	5311	4	R	0	1		
15	(409) Dodge Lowered Floor Ramp Van	2C7WWDG8G2FR652136	5311	4	R	0	1		
15	(410) Dodge Lowered Floor Ramp Van	2C7WWDG8G2FR652153	5311	4	R	0	1		
16	(412) Dodge Truck Grand Caravan	1FDEE4FL0FDA37448	5311	16	R	0	2		
16	(413) Lowered Floor Ramp Van	2C4RWDG8G0GR183477	CSBG	7	0	0	0		
16	(414) Lowered Floor Ramp Van	2C7WWDG8G1GR235639	5311	4	R	0	2		
16	(415) Lowered Floor Ramp Van	2C7WWDG8G1GR235642	5311	4	R	0	2		
16	(416) Lowered Floor Ramp Van	2C7WWDG8G2GR235648	5311	4	R	0	2		
16	(417) Lowered Floor Ramp Van	2C7WWDG8G2GR235651	5311	4	R	0	2		
16	(418) Lowered Floor Ramp Van	2C7WWDG8G1GR235656	5311	4	R	0	2		
16	(419) Lowered Floor Ramp Van	2C7WWDG8G2GR235657	5311	4	R	0	2		
16	(420) Dodge Ramp Van	2C7WWDG8G2GR235665	5311	4	R	0	2		
16	(421) Chevrolet Express Passenger Bus	2C7WWDG8G4GR235649	Hot Spgs Village	7	R	0	2		
16	(422) Ford Medium Duty Cutaway	1G2AG1LFT6G1254342	CADC	12	0	0	0		
16	(423) Ford Medium Duty Cutaway	1FDFE4FS3GDC53680	5311	24	L	0	2		
16	(424) Ford Transit Van	1FDFE4FS3GDC53516	5311	24	L	0	0		
16	(425) Ford Transit Van	1FDZX2CM2GKB33046	5311	8	L	0	2		
16	(426) Ford Transit Van	1FDZX2CM7GKB25195	5311	8	L	0	2		
16	(427) Ford Transit Van	1FDZX2CM9GKB25196	5311	8	L	0	2		
16	(428) Ford Transit Van	1FDZX2CM0GKB23045	5311	8	L	0	2		
16	(429) Ford Transit Van	1FDZX2CM0GKB22459	5311	8	L	0	2		
17	(430) Lowered Floor Ramp Van	1FDZX2CM0GKB25197	5311	8	L	0	2		
17	(431) Lowered Floor Ramp Van	2C7WWDG8G8HR618320	5311	4	R	0	2		
17	(432) Lowered Floor Ramp Van	2C7WWDG8G8HR618321	5311	4	R	0	2		
17	(433) Lowered Floor Ramp Van	2C7WWDG8G3HR618323	5311	4	R	0	2		
17	(434) Lowered Floor Ramp Van	2C7WWDG8G8HR618324	5311	4	R	0	2		
17	(435) Ford Aerolite Bus	2C7WWDG8G8HR625835	5311	4	R	0	2		
17	(436) Ford Aerolite Bus	1FDEE3FS8HDC47235	5311	8	L	0	2		
17	(437) Ford Aerolite Bus	1FDEE3FS1HDC47940	5311	8	L	0	2		
17	(438) Ford Aerolite Bus	1FDEE3FS1HDC47934	5311	8	L	0	2		
17	(439) Ford Aerolite Bus	1FDEE3FS8HDC47938	5311	8	L	0	2		
17	(440) Ford Aerolite Bus	1FDEE3FS0HDC47231	5311	8	L	0	2		
17	(441) Ford Aerolite Bus	1FDEE3FS2HDC47229	5311	8	L	0	2		
17	(442) Ford Aerolite Bus	1FDEE3FS3HDC47935	5311	8	L	0	2		
17	(443) Ford Aerotech Bus	1FDEE3FS9HDC47230	5311	8	L	0	2		
17	(444) Ford Aerotech Bus	1FDFE4FS9HDC47951	5311	16	L	0	2		
17	(444) Ford Aerotech Bus	1FDFE4FS7HDC47950	5311	16	L	0	2		

TRANSIT SYSTEM VEHICLE PROFILE

PROGRAM YEAR 2022-2023

SOUTH CENTRAL ARKANSAS TRANSIT

YEAR	MAKE AND MODEL OF VEHICLE	VIN. NUMBER	FUNDING SOURCE	SEATING CAPACITY	W/C LIFT RAMP	NUMBER OF FLIP SEATS	NUMBER OF TIE DOWNS
17	(445) Ford Aerotech Bus	1FDE4FS8HDC47269	5311	16	L	0	2
17	(446) Ford Aerotech Bus	1FDE4FS4HDC47260	5311	16	L	0	2
17	(447) Ford Aerotech Bus	1FDE4FS6HDC47261	5311	16	L	0	2
17	(448) Ford Aerotech Bus	1FDEE3FSXHDC49178	5311	8	L	0	2
17	(449) Ford Aerotech Bus	1FDEE3FS8HDC49180	5311	8	L	0	2
16	(450) Dodge Caravan	2C4RDGBG7GR152338	CADC	4	R	0	1
16	(451) Dodge Caravan	2C4RDGBG7GR143688	CADC	4	R	0	1
16	(452) Dodge Caravan	2C4RDGBG9GR228383	CADC	4	R	0	1
16	(453) Dodge Caravan	2C4RDGBG3GR228377	CADC	4	R	0	1
16	(454) Chevy Express Van	1GAZGNFG5G1257642	CADC	12	0	0	0
16	(455) Chevy Express Van	1GAZGLFF9G1257624	CADC	12	0	0	0
16	(456) Ford Aerotech Bus	1FDEE3FS1GDC53604	CADC	8	L	0	2
16	(457) Chevy Express Van	1GAZGLFF9G1304733	CADC	12	0	0	0
16	(458) Ford Aerotech Bus	1FDEE3FS9FDA17452	CADC	8	L	0	2
16	(459) Ford Aerotech Bus	1FDEE3F66FDA19733	CADC	8	L	0	2
17	(460) Ford Transit	1FDZX2CM7HKA98274	5311	8	L	0	2
17	(461) Ford Transit	1FDZX2CM9HKA98275	5311	8	L	0	2
17	(463) Ford Transit	1FDZX2CM2HKA98277	5311	8	L	0	2
17	(464) Ford Transit	1FDZX2CM4HKA98278	5311	8	L	0	2
13	(465) Ford Aerotech Bus	1FDEE3FL1CDB30307	CADC	8	L	0	2
17	(466) Dodge Caravan	2C7WDGBG5HR802299	5311	4	R	0	1
17	(468) Dodge Caravan	2C7WDGBG5HR802274	5311	4	R	0	1
18	(469) Ford Starcraft Bus	1FDE4FS1JDC04310	5311	16	L	0	2
18	(470) Ford Starcraft Bus	1FDE4FS5JDC04309	5311	16	L	0	2
18	(471) Ford Starcraft Bus	1FDE4FS9JDC04314	5311	16	L	0	2
18	(472) Ford Starcraft Bus	1FDE4FS5JDC04312	5311	16	L	0	2
18	(473) Ford Starcraft Bus	1FDE4FS2JDC04316	5311	16	L	0	2
18	(474) Ford Starcraft Bus	1FDE4FS3JDC04311	5311	16	L	0	2
18	(475) Ford Starcraft Bus	1FDE4FS0JDC04315	5311	16	L	0	2
18	(477) Ford Starcraft Bus	1FDE4FS4JDC04317	5311	16	L	0	2
18	(478) Ford Starcraft Bus	1FDE4FS3JDC04308	5311	16	L	0	2
18	(479) Ford Starcraft Bus	1FDE4FS7JDC04313	5311	16	L	0	2
18	(480) Ford Starcraft Bus	1FDE4FS8JDC34730	5311	16	L	0	2
18	(481) Dodge Lowered Floor Minivan	2C7WDGBG3JR362741	5311	4	R	0	1
18	(482) Dodge Lowered Floor Minivan	2C7WDGBG3JR363694	5311	4	R	0	1
18	(483) Dodge Lowered Floor Minivan	2C7WDGBG3JR361489	5311	4	R	0	1
18	(484) Dodge Lowered Floor Minivan	2C7WDGBG6JR363009	5311	4	R	0	1
18	(486) Dodge Lowered Floor Minivan	2C7WDGBG7JR362984	5311	4	R	0	1
18	(488) Dodge Lowered Floor Minivan	2C7WDGBG2JR363072	5311	4	R	0	1
18	(482) Dodge Lowered Floor Minivan	2C7WDGBG9JR363695	5311	4	R	0	1
18	(488) Dodge Lowered Floor Minivan	2C7WDGBG7JR362743	5311	4	R	0	1
19	(489) Ford Starcraft Bus	1FDE4FS9KDC30607	5311	16	L	0	2
19	(490) Ford Starcraft Bus	1FDE4FS6KDC30614	5311	16	L	0	2
19	(491) Dodge Ramp Minivan	2C7WDGBG5KR649547	5311	4	R	0	1

TRANSIT SYSTEM VEHICLE PROFILE

PROGRAM YEAR 2022-2023

SOUTH CENTRAL ARKANSAS TRANSIT

YEAR	MAKE AND MODEL OF VEHICLE	VIN	NUMBER	FUNDING SOURCE	SEATING CAPACITY	W/C LIFT RAMP	NUMBER OF FLAP SEATS	NUMBER OF TIE DOWNS
19	(492) Dodge Ramp Minivan	2C7WDGBG7KR649558		5311	4	R	0	1
19	(493) Dodge Ramp Minivan	2C7WDGBG7KR649596		5311	4	R	0	1
19	(494) Ford Starcraft Bus	1FDFE4FS6KDC30605		5311	16	L	0	2
19	(495) Ford Starcraft Bus	1FDFE4FS2KDC30612		5311	16	L	0	2
19	(496) Ford Starcraft Bus	1FDFE4FS9KDC30610		5311	16	L	0	2
19	(497) Ford Starcraft Bus	1FDFE4FS1KDC30603		5311	16	L	0	2
19	(498) Ford Starcraft Bus	1FDFE4FS0KDC30608		5311	16	L	0	2
19	(499) Ford Starcraft Bus	1FDFE4FS3KDC30604		5311	16	L	0	2
19	(800) Ford Starcraft Bus	1FDFE4FSXKDC30602		5311	16	L	0	2
19	(801) Ford Starcraft Bus	1FDFE4FS7KDC30606		5311	16	L	0	2
19	(802) Ford Starcraft Bus	1FDFE4FS2KDC30609		5311	16	L	0	2
19	(803) Ford Starcraft Bus	1FDFE4FS4KDC30613		5311	16	L	0	2
19	(804) Ford Aerolite Bus	1FDEE3F62KDC39786		5311	8	L	0	2
19	(805) Ford Aerolite Bus	1FDEE3F63KDC39800		5311	8	L	0	2
19	(806) Ford Aerolite Bus	1FDEE3F60KDC39799		5311	8	L	0	2
19	(807) Ford E350 Starcraft	1FDEE3F60KDC46770		5311	8	L	0	2
19	(808) Ford E350 Starcraft	1FDEE3F63KDC46777		5311	8	L	0	2
19	(810) Ford E350 Starcraft	1FDEE3F61KDC46776		5311	8	L	0	2
19	(811) Ford E350 Starcraft	1FDFE4FS5KDC46819		5311	24	0	0	0
19	(812) Dodge Ramp Mini Van	2C7WDGBG1KR779521		5311	4	R	0	1
19	(813) Dodge Ramp Mini Van	2C7WDGBG4KR779545		5311	4	R	0	1
19	(814) Dodge Ramp Mini Van	2C7WDGBG2KR779401		5311	4	R	0	1
19	(816) Dodge Ramp Mini Van	2C7WDGBG7KR779393		5311	4	R	0	1
19	(817) Dodge Ramp Mini Van	2C7WDGBG1KR779499		5311	4	R	0	1
19	(818) Dodge Ramp Mini Van	2C7WDGBG1KR779488		5311	4	R	0	1
19	(819) Dodge Ramp Mini Van	2C7WDGBG6K4779546		5311	4	R	0	1
19	(820) Dodge Ramp Mini Van	2C7WDGBG3K4779553		5311	4	R	0	1
19	(821) Dodge Ramp Mini Van	2C7WDGBG0K4779476		5311	4	R	0	1
19	(823) Ford E450 StarCraft	1FDFE4FS2KDC74528		5311	13	L	0	2
19	(824) Ford E450 StarCraft	1FDFE4FS0KDC75063		5311	13	L	0	2
19	(825) Ford E450 StarCraft	1FDFE4FS0KDC75094		5311	13	L	0	2
19	(826) Ford E450 StarCraft	1FDFE4FS9KDC74526		5311	13	L	0	2
19	(827) Ford E450 StarCraft	1FDFE4FS4KDC74465		5311	25	0	0	0
19	(828) Ford E450 StarCraft	1FDFE4FS8KDC75178		5311	13	L	0	2
19	(829) Ford E450 StarCraft	1FDFE4FS3KDC74506		5311	13	L	0	2
19	(830) Ford E450 StarCraft	1FDFE4FS8KDC74507		5311	13	L	0	2
19	(831) Ford E450 StarCraft	1FDFE4FS6KDC75150		5311	13	L	0	2
19	(832) Ford E450 StarCraft	1FDFE4FS0KDC75161		5311	13	L	0	2
19	(833) Dodge Ramp Mini Van	2C7WDGBG8KR800838		5311	4	R	0	2
19	(834) Dodge Ramp Mini Van	2C7WDGBG6KR802985		5311	4	R	0	1
19	(835) Dodge Ramp Mini Van	2C7WDGBG9KR808182		5311	4	R	0	1
19	(836) Dodge Ramp Mini Van	2C7WDGBG7KR808178		5311	4	R	0	1

TRANSIT SYSTEM VEHICLE PROFILE									
PROGRAM YEAR 2022-2023									
SOUTH CENTRAL ARKANSAS TRANSIT									
YEAR	MAKE AND MODEL OF VEHICLE	VIN. NUMBER	FUNDING SOURCE	SEATING CAPACITY	W/C LIFT RAMP	NUMBER OF FLIP SEATS	NUMBER OF TIE DOWNS		
19	(837) Dodge Ramp Mini Van	2C7WDCBCKR800835	5311	4	R	0	1		
20	(838) Ford Transit	1FDVU4X86LKB22039	5311	6	R	0	2		
20	(839) Ford Transit	1FDVU4X84LKB22040	5311	6	R	0	2		
20	(840) Ford Transit	1FDVU4X86LKB22041	5311	6	R	0	2		
20	(841) Ford Transit	1FDVU4X82LKB22036	5311	6	R	0	2		
20	(842) Ford Transit	1FDVU4X84LKB22037	5311	6	R	0	2		
20	(843) Ford Transit	1FDVU4X86LKB22038	5311	6	R	0	2		
20	(844) Ford Transit	1FDVU4X81LKB22044	5311	6	R	0	2		
20	(845) Ford Transit	1FDVU4X81LKB22043	5311	6	R	0	2		
20	(846) Ford Transit	1FDVU4X88LKB22042	5311	6	R	0	2		
20	(847) Ford Transit	1FBZ2ZG9JKB30339	5311	12	0	0	0		
20	(848) Chevrolet Van	1GAZGNFG0L1263794	5311	15	0	0	0		
21	(849) Ford Transit	1FDVU4X86MKA75473	5311	12	0	0	0		
21	(850) Ford Transit	1FDVU4X83MKA75472	5311	12	0	0	0		
06	(875) International School Bus	4DRBUAFT96A201547	HEAD START	34	L	0	1		
VEHICLE UTILIZATION (Please fill in)									
USE THIS CHART TO CALCULATE ELIGIBLE DR									
VEHICLE DESCRIPTION									
NO. YEARS									
35' - 40' Large-size Bus									
30' - 35' Medium Size Bus									
less than 30' Small/Mini Bus									
Vans									
12									
10									
7									
4									



Central Arkansas Development Council
Building Futures One Person at a Time

HEALTH AND SAFETY PLAN

Central Arkansas Development Council
P.O. Box 580
Benton, AR 72018

Approved 6/27/15
Reaffirmed 06/17/17
Reaffirmed 10/27/18
Revised 10/26/2019
Reaffirmed 10/2020
Revised 07/2021
Reaffirmed 10/23/2021

Table of Contents

- I. Management Component**
- II. Accident/Injury Analysis Component**
- III. Record Keeping Component**
- IV. Education and Training Component**
- V. Safety and Health Inspection Component**
- VI. Incident Investigation Component**
- VII. Health and Safety Plan Review and Revision Component**

Attachments

I. MANAGEMENT COMPONENT

1. Safety Policy

It is the policy of Central Arkansas Development Council to work continually toward improving our safety program and safety procedures.

It is the company's intent to provide a safe working environment in all areas for our employees. It is our belief that all accidents and injuries can and should be prevented by controlling the environment and the actions of our employees. Therefore, safety will take precedence over expediency and shortcuts. Every attempt will be made to reduce the possibility of accidents or injuries. Protection of employees, the public, and company property and operation is paramount. We consider no phase of the operation more important than the health and safety of our employees.

Employee safety is our number one priority as we do business. We will pledge to train and equip our employees with the tools and knowledge to be able to do their jobs safely. We will ensure the policies adopted by our company are implemented and adhered to by all employees. While at the same time, employees must take personal responsibility for the prevention of injuries.

Management will continue to be guided and motivated by this policy, and with the cooperation of all employees, will actively pursue a safer working environment throughout our company.

Chief Executive Officer

Date

Board Chairman

Date

2. Assignment of Responsibilities

The Human Resource Manager will be the primary person responsible for the implementation and enforcement of the company safety policy. In the absence of the Human Resource Manager, the Human Resource Specialist will assume the responsibility for enforcing the program.

Additionally, the Human Resource Manager will be responsible for all documentation and records developed as a result of safety training, meetings, accident investigations and hazard reports required by the plan.

II. ACCIDENT/INJURY ANALYSIS COMPONENT

1. Injury Analysis

The Human Resource Manager will review our company's health and safety trends on an annual basis. The purpose of this review will be to identify any trends or patterns and take corrective action.

The following documentation will be reviewed when developing the trend analysis:

Worker's Compensation Claims
Monthly Work-Site Inspection Sheets
Incident Reports

Trends will be reviewed for patterns such as: shift, injury type, time of day, and by type of exposure. The Human Resource Manager will make recommendations and track corrective actions identified to prevent recurrence of similar accidents or hazards.

2. Documentation

The Human Resource Manager will be responsible for documenting the trend analysis reviews. All documented reviews will be retained for a period of at least 2 years.

III. RECORD KEEPING COMPONENT

Safety Program Record Keeping

The Human Resource Manager will be responsible for maintaining all documentation of training, accident reports, incident reports, the loss run, and any other documentation required for the implementation of this health and safety plan.

Blank forms for all necessary documentation for the health and safety plan will be available in the Human Resource Office.

The following are a list of records kept as part of the health and safety plan:

1. Injury Records:

An Incident/Injury log will be maintained in the Human Resource Manager. Injuries will be recorded within 72 hours of being reported.

Injury records will be retained for a period of at least 5 calendar years.

2. Inspection records

All health and safety inspections (Monthly Work-Site Inspection Sheets) will be maintained in the Human Resource Office for a period of at least 1 year.

3. Safety Meetings/Training Records

Safety meeting and training records will be maintained in the Human Resource Office for a period of at least 1 year unless other regulations require that they be maintained for longer periods.

4. Accident Investigation Records

Accident investigation records will be maintained in the Human Resource Office for a period of at least 1 year.

IV. EDUCATION AND TRAINING COMPONENT

1. Training and Education

Central Arkansas Development Council is committed to providing safety and health related orientation and training to all employees at all levels of the company. The Human Resource Manager will be responsible for identifying the education and training needs of this facility on an annual basis. The training subjects and materials are developed utilizing industry and site specific criteria based on the identified and potential hazards and past claims history.

The training program will be administered in two phases consisting of new employee or reassignment orientation and general periodic and refresher training. In addition to formal safety and health training, employees will also receive on the job instruction on safe operating procedures of each assigned job or task.

2. Employee Orientation:

Our company will conduct orientation for employees when:

- I. Health and Safety Plan is implemented or changed
- II. Employees are new or newly assigned
- III. New substances, processes, or equipment is introduced
- IV. New hazards or previously unrecognized hazard is found

The orientation will consist of all required training programs as well as job and site specific safety and health information. All new employees will be given a tour of the facility and an opportunity to pose questions to familiarize themselves with the process. New employees will not be released to an individual job assignment until it has been determined by their supervisor that the individual has retained the minimal acceptable elements of the training provided and can safely perform the assigned duties.

3. Training and Education Documentation

Safety education and training will be documented and records will be maintained by the Human Resource Manager for a period of at least 2 years or as required by law or directives.

Documentation will include:

- 1) Date of training,
- 2) Name of trainer,
- 3) Subject(s) covered, and
- 4) Attendance roster with employee's signatures.

Central Arkansas Development Council will ensure that supervisors are trained in safety hazard recognition and prevention.

V. SAFETY AND HEALTH INSPECTION COMPONENT

1. Safety Inspections

The work-site supervisor will be responsible on a monthly basis for conducting and documenting safety inspections within our company. The purpose of these inspections is to identify hazardous conditions and practices that may result in injury or illness to the employee or pose a significant safety risk to the agency. For this reason, items such as candles, electric heaters, etc. will be prohibited in all CADC offices without the approval of the Chief Executive Officer or designee. Furthermore, work-site supervisor will be responsible for taking action to track and correct the hazards found during these inspections.

2. Documentation

Records of these inspections will be maintained by the Human Resource Manager. Records will be maintained and tracked until all hazards noted are corrected and will remain on file for a period of at least 1 year.

Documentation will include:

1. Date of inspection
2. Name of person conducting inspection
3. Inspection results (items noted)

4. Person assigned for corrective action
5. Date of corrections made

All parties who conduct formal workplace inspections will be trained on their responsibilities and on how to document the inspections.

VI. ACCIDENT/INCIDENT/WORKCOMP INVESTIGATION COMPONENT

Accident/Incident Investigation

An accident may be defined as an unexpected and usually undesirable event that may cause injury to people, damage to property or the environment, or a combination of both. Accidents usually arise from a combination of unsafe conditions and unsafe acts.

Central Arkansas Development Council requires all employees to immediately report to their supervisor all accidents and incidents that result in injury or property damage, and all near misses. Central Arkansas Development Council is a participant in a worker's comp managed care system. This means that employees who receive a work-related injury must receive treatment through this managed care system, except, of course, in case of a serious or life threatening injury. Employees who receive treatment other than managed care treatment may be required to pay for the treatment.

Each of these events will be investigated within 24 hours to determine the causes and contributing factors. From the accident investigation, a plan of corrective action will be established to prevent recurrence of similar events.

The work-site supervisor will investigate and document all accidents and incidents that involve workers. The investigation will include completing the Incident Report and/or First Report of Injury or Illness, taking witness statements, and ensuring the injured worker has received any needed medical assistance.

1. Procedure:

- a. The employee reports work related accident:
Steps for assuring treatment for employees and reporting of injury are as follows:
- b. The injured employee should report the injury to their supervisor on Form AR-N (Employees Notice of Injury) unless rendered physically or mentally unable to do so. The injured employee should be provided with a copy (front & back) of the completed Form AR-N. Medcor provides triage suitable for most injuries, but it is not a 911 system for life-threatening situations. Supervisors should always call 911 first for any potentially life-threatening situations.

Potentially life threatening conditions include:

- * Choking
- * Difficulty breathing
- * Unconscious or disoriented
- * Chest pain or discomfort
- * Severe bleeding
- * Profuse sweating
- * Off-Balance, unable to work
- * Severe abdominal pain
- * Hot, dry skin
- * Seizure or convulsions
- * Any other problem you feel may be an emergency!

If 911 is called, supervisor should call Medcor after the incident to report the injury.

- c. Placing the Triage Call: Ideally, the supervisor and injured employee should place the call together; dialing the toll-free number-1(800)775-5866. If the supervisor is unavailable, the injured employee can call the Medcor Center directly. To be most beneficial, the call should be made as soon as possible after the injury occurs.
- d. Injury Assessment: A nurse will answer the call and speak with the supervisor first, then privately with the injured employee. Following specially designated protocols, the nurse will determine the seriousness and nature of the injury, and the best way to address it. Depending on the situation the employee may be guided in first aid ("self-care"), allowed back to work, or may be referred off-site to a "Designated Medical Facility" for further evaluation or treatment.
- e. Treatment Recommendations: If the injured employee can safely return to work, the nurse will provide first aid ("self-care") instructions to the employee. Self-Care Instructions may be faxed or e-mailed to the employee. At the conclusion of the call, the nurse will speak with the supervisor again to explain any first aid recommendations.
- f. Triage Report Information: Whenever a triage call is placed, certain information must be collected to properly identify the patient and to complete the reporting requirements. This information is kept confidential and is only released to those who have a right to access it. The required information includes:

- * Company Name
 - * Injured employee's name, department, supervisor, and work phone number.
 - * Employee's home phone number (for follow-up, if necessary)
 - * Employee's Social Security Number
 - * Employee's age and birth date
 - * Time and date injury occurred
 - * Incident location
 - * Description of how injury occurred.
- g. Post-Injury Resource: At the end of the call, the employee should be given the Medcor toll-free phone number so he/she can call back with any questions, or if symptoms change or worsen. This way, the employee has 24-hour access to a health care professional.
- h. Call Confirmation: Medcor staff will provide the caller with a unique call confirmation number. This number can be used to validate that the call was placed and for tracking and reference purposes. Supervisors who participate in a call to the triage center should not hang up without receiving a call confirmation number. This confirmation number should be submitted to Human Resources as soon as possible after end of call.
- i. Referral Off-Site: During the triage call, the nurse may determine that the employee should be referred off-site for further evaluation or treatment or the employee may request to be referred off-site. If referral is made, employee should be directed to a "Designated Medical Facility" in the area. The nurse will speak to the supervisor again at the end of the call to explain the referral recommendations. Supervisors should complete a Post-Accident (Workers Comp) Requirement to Test form when a referral to off-site medical care is made. Employee should take the Requirement to Test with them to the "Designated Medical Facility". **A post-accident drug screen must be performed on any employee referred for treatment off-site.** Employee will be allowed to return to work based on medical recommendations, while waiting on post-accident drug testing results. Positive post-accident drug test results for the prohibited substances, will result in the employee's immediate termination.
- j. The supervisor will complete Form IA-1 (First Report of Injury or Illness) and forward it and the completed Form AR-N to Human Resources at the Benton Administration Office by the fastest

method of delivery. All worker's compensation information is then sent to Central Arkansas Development Council's Worker's Compensation carrier as follows:

Risk Management Resources Inc.
P.O. Box 251770
Little Rock, AR 72225

- k. Arrange for transportation for injured employee's medical treatment if needed
- l. Secure the scene of the accident
- m. Supervisor completes the Accident Investigation
 - 1. The steps of an effective accident investigation include:
 - A. Secure and manage the scene to prevent further injury and preserve evidence that may be important in the investigation.
 - B. Take photographs and make sketches of the scene. Identify equipment, materials, etc.
 - C. Interview witnesses, others who may have been involved in or have information about the process, and others who may be able to provide pertinent information concerning the conditions that may have contributed to the accident. Reduce the statements to writing and have them signed by the persons interviewed.
 - D. Evaluate all factors to determine Who, What, When, How, and Why?
 - E. Prepare a written, detailed report of the investigation
 - F. Recommend corrective actions.
 - G. Follow up on the recommendations to ensure corrective actions have been implemented and that they are effective.
 - H. Supervisor sends Accident Investigation documentation to Senior Management for review.

2. Documentation

The accident investigation will be reviewed by the Program Manager to determine corrective actions needed. The Program Manager will be responsible for tracking and implementing the corrective actions. Accident investigation reports should be retained in the Human Resource Office for a period of at least two years.

Central Arkansas Development Council will ensure that accident investigations are conducted by trained personnel.

VII. REVIEW AND REVISION COMPONENT

Review and Revision

The Human Resource Manager or other designated representative will review and revise the components of the Health and Safety Plan on an annual basis. The purpose of this review will be to determine if all areas of exposure are addressed in the Health and Safety Plan. Special attention will be devoted to areas that demonstrate failure in a program element, and introduction of new processes or equipment. Corrective actions will be taken and the plan will be amended to ensure that it is effective.

Annual reviews will be documented showing the date of the review and any corrective actions taken. Documentation will be maintained by the Human Resource Office.

Attachment A

Training and Education Matrix

The Departments indicated below will receive training on each topic at the indicated frequency.

	Topics									
	Emergency Evacuation	Personal Protective Equipment	Defensive Driving	Serv-Safe	First Aid/CPR	Slip/Trip/Fall Prevention	Wheelchair Securement	Car Seat Securement	Ladder Training	Bloodborne Pathogens
HS		Initial Orientation Annual	Initial Orientation Bi-Annual	5 year intervals for required staff	Initial Orientation Bi-Annual	Initial Orientation Annual				Initial Orientation Annual
LIHEAP		Initial Orientation Annual	Initial Orientation Bi-Annual			Initial Orientation Annual				Initial Orientation Annual
SAC		Initial Orientation Annual	Initial Orientation Bi-Annual	5 year intervals for required staff	Initial Orientation Bi-Annual	Initial Orientation Annual				Initial Orientation Annual
SCAT	Initial Orientation Annual	Initial Orientation Annual	Initial Orientation Annual		Initial Orientation Bi-Annual	Initial Orientation Annual	Initial Orientation Annual	Initial Orientation Annual		Initial Orientation Annual
Wx		Initial Orientation Annual	Initial Orientation Bi-Annual		Initial Orientation Bi-Annual	Initial Orientation Annual			Initial Orientation Bi-Annual	Initial Orientation Annual
All Others		Initial Orientation Annual	Initial Orientation Bi-Annual			Initial Orientation Annual				Initial Orientation Annual

Attachment B

Driver's Accident Report Form

IN THE EVENT OF AN ACCIDENT

NONPROFIT / INSURED

Driver - Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

Supervisor - Fax this Driver's Accident Report form to your insurance broker immediately.

BROKER - Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947.
This number is reserved for true claims emergencies after business hours and weekends.

Driver/Vehicle Information

Name of Driver (first and last)		Driver's Age	Driver License No.	State
Driver's Address - Street		City	State	Zip
		Telephone No.		
Name of Nonprofit / Employer				ANLI/AC Policy Number
Nonprofit/Employer Contact Name		Contact Email Address		
Nonprofit / Employer Address - Street		City	State	Zip
		Telephone No.		
Make of Nonprofit's Vehicle	Body Type	Year	License Plate #	V.I.N. (last four digits)
Damage to Nonprofit's Vehicle:				

Accident Information

Date of Accident	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Accident AM / PM	Location - Street or Highway & City	
On what street were you driving?			Direction (circle one) N S E W	Speed (approximate)
On what street was other vehicle driving?			Direction (circle one) N S E W	Speed (approximate)
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of reporting officer	Agency	Citation/Report #	
Witness #1 Name (first and last)		Telephone No. ()	Email Address	
Witness #2 Name (first and last)		Telephone No. ()	Email Address	
Description of Accident (include weather and road conditions):				

(Use the back of this sheet if additional space is needed; please use the diagram on page 3 to draw the accident)



Serving ...



www.insuranceforallnonprofits.org

Approved 6/27/15
Reaffirmed 06/17/17
Reaffirmed 10/27/18
Revised 10/26/2019
Reaffirmed 10/2020
Revised 07/2021
Reaffirmed 10/23/2021

Passenger(s) In Your Vehicle (attached additional pages if needed)

Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of doctor or hospital		

Other Vehicle Involved

Name of Driver (first and last)		Driver License No.		State
Address - Street	City/State/Zip	Telephone No. ()	Email Address	
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address	
Name of Insurance Company		Policy #	Telephone No. ()	
Year/Make of Vehicle	Body Type	License Plate No.		State
Damage to Vehicle:				
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

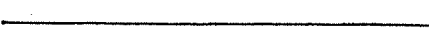
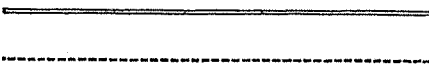
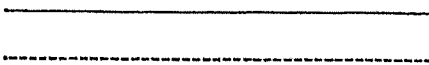
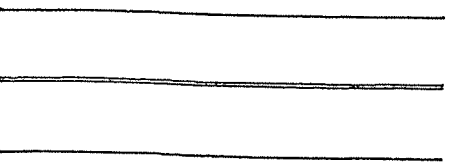
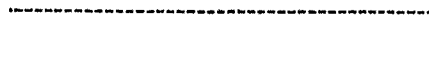
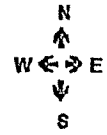
Other Vehicle Involved (if any)

Name of Driver (first and last)		Driver License No.		State
Address - Street	City/State/Zip	Telephone No. ()	Email Address	
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address	
Name of Insurance Company		Policy #	Telephone No. ()	
Year/Make of Vehicle	Body Type	License Plate No.		State
Damage to Vehicle:				
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

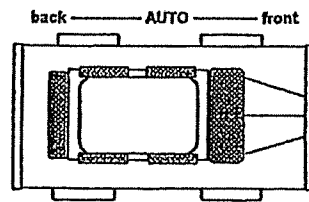
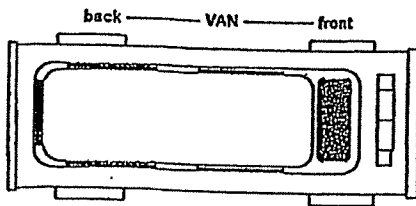
On the diagrams below, please draw the accident.
(Be sure to include any stop signs or traffic signals.)

Legend:

- V1 ▶ Your Vehicle
- V2 ▶ Other Vehicle
- V3 ▶ Other Vehicle (if any)



On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.



SIGNATURE OF DRIVER

DATE

LC-DAR 04_12

Pg 3 of 3

Attachment C



SPECIFIC TRAINING TITLE

This form documents that the training specified above was presented to the listed participants.
By signing below, each participant acknowledges receiving this training.

Date: --/--/--

Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____
Name: _____	Signature: _____	Site: _____

Attachment D

CENTRAL ARKANSAS DEVELOPMENT COUNCIL DAILY VEHICLE INSPECTION SHEET

DATE _____ VEHICLE # _____

MILEAGE: _____ PARA: _____

END OF DAY _____ END _____

START OF DAY _____ START _____

TOTAL MILES _____ TOTAL _____

Inspect each item listed below at the start of your day and again at the end of your day:

Mark "s" if satisfactory

Mark "u" if unsatisfactory

Mark "x" in the RR column with an explanation in the remarks section if the item requires repairs before safe

operation of the vehicle continue

PRE POST RR

- _____ 1. Oil level
- _____ 2. Transmission fluid level
- _____ 3. Radiator coolant level
- _____ 4. Brake fluid
- _____ 5. Power steering fluid
- _____ 6. Engine/hoses/belts
- _____ 7. Battery/cables
- _____ 8. Fluid leaks
- _____ 9. Steering/suspension
- _____ 10. Windshield/windows
- _____ 11. Windshield wiper/washer fluid
- _____ 12. Headlights
- _____ 13. Turn signals/4-way flashers
- _____ 14. Clearance/marker lights
- _____ 15. Tail/brake lights
- _____ 16. Mor/ryde
- _____ 17. Body damage
- _____ 18. Tires/wheels
- _____ 19. Exhaust system
- _____ 20. Exterior cleanliness
- _____ 21. Brake/parking lights
- _____ 22. Gauges/instrument cluster
- _____ 23. Mirrors
- _____ 24. Horn
- _____ 25. Hvac/defroster
- _____ 26. Passenger door
- _____ 27. Driver's seat & seatbelts
- _____ 28. Passenger seats & seatbelts
- _____ 29. Child car seats (expiration date : _____)
- _____ 30. Aisle/passenger stepwell

FUEL ADDED _____ GAL \$ _____
OIL ADDED _____ QT \$ _____

PRE POST RR

- _____ 31. Handrails
- _____ 32. Interior cleanliness
- _____ 33. Emergency windows/door
- _____ 34. Wheelchair lift (cycle lift)/tie downs
- _____ 35. Postural belt/quick strap
- _____ 36. Fire extinguisher (last service date : _____)
- _____ 37. Triangles
- _____ 38. First aid kit
- _____ 39. Blood-borne pathogen kit
- _____ 40. Backup alarm/sensors/camera
- _____ 41. Child safety alarm (alarm should be tested daily)
- _____ 42. Camera system/green light on panic button
- _____ 43. Camera lens are not obscured
- _____ 44. Tablet
- _____ 45. Current license/proof of insurance

Drivers initials confirm Pre-Trip Inspection took place.

Drivers Initials: _____

Minor service due @ _____

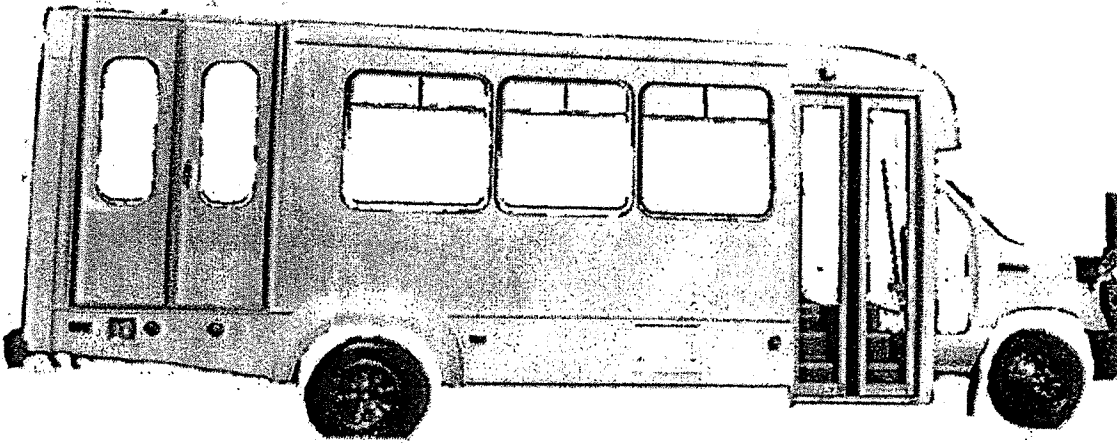
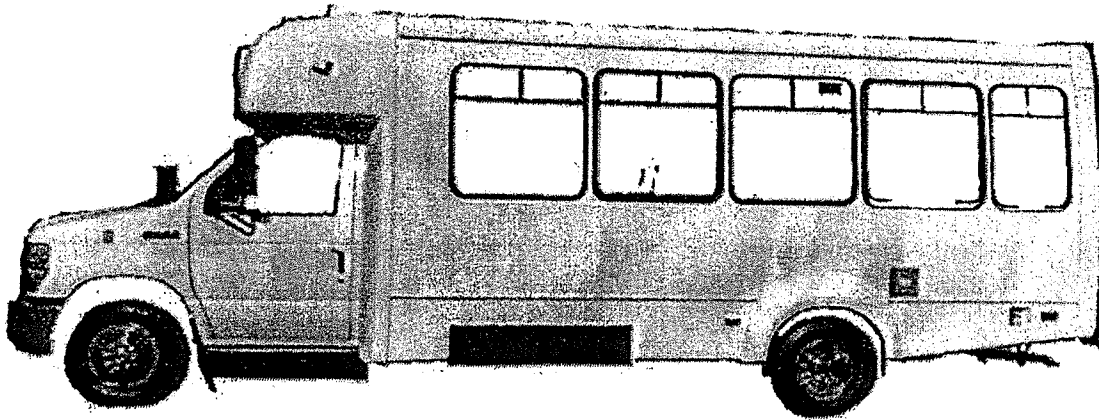
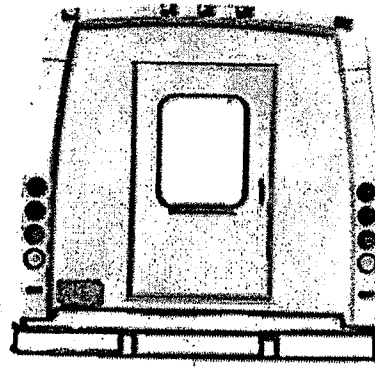
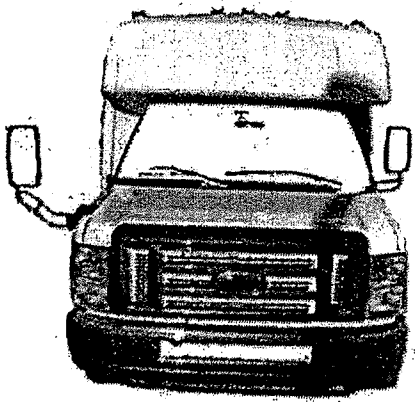
Major Service due @ _____

Tran's service due @ _____

REMARKS ON REVERSE

TIME: _____
Driver Signature confirms that the vehicle was cleaned, Sanitized, and Fogged and shows he/she has inspected each item and found the condition written on this report.

REMARKS



ATTACHMENT E



CENTRAL ARKANSAS DEVELOPMENT COUNCIL CSBG/STAFF VEHICLE INSPECTION SHEET

DATE _____ VEHICLE# _____ LOCATION _____

MILEAGE END OF TRIP _____
MILEAGE START OF TRIP _____
TOTAL MILES _____



PRE POST

REMARKS BELOW

		1	OIL LEVEL-DASH LIGHT INDICATOR	
		2	FLUID LEAKS-fresh spot under vehicle	
		3	WINDSHIELD/WINDOWS-cracked	
		4	WINDSHIELD WIPER/WASHER FLUID	
		5	HEADLIGHTS	
		6	TURN SIGNALS/4 WAY FLASHERS	
		7	FRESH BODY DAMAGE	
		8	TIRES-TRED DEPTH AND PROPER INFLATION	
		9	EXTERIOR CLEANLINESS	
		10	GAUGES/WARNING LIGHTS	
		11	MIRRORS	
		12	HORN	
		13	HVAC/DEFROSTER	
		14	INTERIOR CLEANLINESS	
		15	FIRST AID KIT/BLOODBORNE PATHOGENS	
		16	VEHICLE REGISTRATION/PROOF OF INSURANCE	

Attention: If pre & post columns not marked ok, please explain in remarks section.

FUEL ADDED _____ GAL

MILEAGE AT FUELING _____

Driver Signature shows he/she has inspected each item and
found the condition written on this report

Approved 6/27/15
Reaffirmed 06/17/17
Reaffirmed 10/27/18
Revised 10/26/2019
Reaffirmed 10/2020
Revised 07/2021
Reaffirmed 10/23/2021



Monthly Worksite Inspection Form Inspection/Program:

For any items where 'NO' is indicated, please complete action required, action taken, and any additional comments.

General	Yes	No	Action Required	Action Taken	Comments
Plumbing working properly					
Heat and Air working properly					
Electrical appears in good working condition - all cords, plugs switches in good repair					
Windows are in good repair - no visible damage, etc.					
Doors are in good repair					
Walking surfaces in good repair and free of trip hazards. As appropriate, non-slip surfaces are in use.					
Exits are clearly marked, illuminated and not blocked					
Biohazard and first aid kits are available. Staff have been instructed in their use.					
Fire extinguishers are accessible, available and in working order. Employees are trained for use. List last service date:					
AED machine is in working order and pads are not beyond expiration date. Expiration dates: Adult: Child:					
Housekeeping practices are adequate (hallways clear, trash containers emptied, storage areas kept neat and orderly etc.)					
Material handling devices (dollies, carts, step ladders etc.) are available and in good repair for use to minimize exposure to lifting, reaching, pushing, pulling					
All heat producing elements (coffee pots, laminators, etc.) are turned off when not in use. No electric heaters or candles are in use.					
Scents of fragrance are present as per policy					
Lighting exterior is adequately lit. Lighting is in good working condition					
Parking lot is in good repair and free of trip hazards					
Service Center Specific					
Combustible/flammable materials stored in metal cabinet away from heat sources or electric panels					
Emergency Eye Wash station is available, inspected and maintained					
Solvent soaked rags placed in appropriate containers					
Adequate ventilation in shop area. Exhaust ventilation system is used when idling engine during repair.					
Cutting torch/hose used correctly & in good condition					
Compressed gas cylinders identified, secured against falling, capped and properly stored					
Floor is free of trip hazards (Hand tools, removed parts, creepers, hoses, etc.)					
Portable and electric tools are properly guarded, equipped with constant pressure controls, double insulated/properly grounded and in good repair					
Hydraulic/pneumatic hoses in good repair					
Safety precautions are followed when hoists, jacks, and lifts are being used					
Head Start Specific					
Grass cut to Head Start regulations					
Fences/gates are in good repair					
Playground equipment/toys are in good repair					
Flower beds/gardening areas are hazard free					

Date of Inspection: _____ Signature of Inspector/Supervisor: _____
 Forwarded to Human Resources (jcrews@cadcd.com): _____ Date Copy to Program Manager: _____

Approved 6/27/15
 Reaffirmed 06/17/17
 Reaffirmed 10/27/18
 Revised 10/26/2019
 Reaffirmed 10/2020
 Revised 07/2021
 Reaffirmed 10/23/2021

ATTACHMENT G



VEHICLE ACCIDENT/INCIDENT REPORT PACKET

(DRIVERS USE THIS FORM TO RECORD DETAILS OF AN ACCIDENT OR INCIDENT INVOLVING OR ON BOARD A VEHICLE)

Report Completed By: _____ Date Report Filed: _____
Print Name

DETAILS: (circle one) ACCIDENT INCIDENT

DATE OF ACCIDENT/INCIDENT: _____ TIME OF ACCIDENT/INCIDENT: _____

LOCATION OF ACCIDENT/INCIDENT: _____

BUS/VEHICLE NUMBER: _____ DRIVER NAME: _____

WEATHER CONDITIONS: _____ TRAFFIC CONDITIONS: _____

PERSONS (if any) INVOLVED/PRESENT:

FULL DESCRIPTION OF ACCIDENT/INCIDENT (use two pages if necessary):

Driver Signature _____ Date _____

This accident/incident was reported to:

1. Within CADC: _____

2. Outside CADC: _____

Name

Date

Name

Date

This report submitted to: _____

Name

Date

Reviewed by Supervisor: _____

Name

Date

Reviewed by Program Manager: _____

Name

Date

to Administrative office: _____

Name

Date

Approved 6/27/15
Reaffirmed 06/17/17
Reaffirmed 10/27/18
Revised 10/26/2019
Reaffirmed 10/2020
Revised 07/2021
Reaffirmed 10/23/2021

ACCIDENT/INCIDENT INVESTIGATION REPORT

WORKSITE: _____

1. Name of injured: _____
2. Sex ☐ M ☐ F Age: _____ Date of accident: _____
3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____
4. Employee's job title: _____
5. Length of experience on the job: _____ Years _____ Months
6. Address of locations where the accident occurred: _____
7. Nature of injury, injury type, and part of the body affected:

8. Describe the accident and how it occurred:

9. Cause of the accident:

10. Was personal protective equipment required? ☐ Yes ☐ No
Was it provided? ☐ Yes ☐ No
Was it being used? ☐ Yes ☐ No If "No" explain.

Was it being used as trained by supervisor or designated trainer? ☐ Yes ☐ No
If "No" explain.

11. Witness(es):

12. Safety training provided to the injured? ☐ Yes ☐ No If "No" explain.

13. Interim corrective actions taken to prevent recurrence:

14. Permanent corrective action recommended to prevent recurrence:

15. Follow-up action taken by Service Manager:

16. Date of report: _____
Prepared by: _____

Supervisor Signature _____ Date: _____
Employee(s) Signature _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE ACCIDENT/INCIDENT INVESTIGATION REPORT

AN ACCIDENT/INCIDENT INVESTIGATION IS NOT DESIGNED TO FIND FAULT OR PLACE BLAME BUT IS AN ANALYSIS OF THE ACCIDENT TO DETERMINE CAUSES THAT CAN BE CONTROLLED OR ELIMINATED.

Items 1-6 – Identification: This section is self-explanatory.

Items 7 – Nature of Injury: Describe the injury, e.g., strain, sprain, cut, burn, fracture. **Injury Type:** *First aid* - Injury resulted in minor injury/treated on premises; *Medical* - Injury treated off premises by physician; *Lost Time* - Injured missed more than one day of work; *No Injury* - no Injury, near-miss type of incident. **Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

Item 8 – Describe the accident: Describe the accident, including exactly what happened, and where and how it happened, describe the equipment or material involved.

Item 9 – Cause of the accident: Describe all conditions or acts which contributed to the accident, i.e.

- a. Unsafe conditions – spills, grease on the floor, poor housekeeping or other physical conditions
- b. Unsafe act – unsafe work practices such as failure to warn, failure to use required personal protective equipment.

Item 10 – Personal protective equipment: Self-explanatory

Item 11 – Witness(es): List name(s), address (es), and phone number(s).

Item 12 – Safety training provided: Was any safety training provided to the injured related to the work activity being performed?

Item 13 – Interim corrective action: Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

Item 14: Self-explanatory

Item 15: Self-explanatory

Item 16 – Follow-up: once the investigation is complete, the next supervisory level shall review and follow-up on the investigation to ensure that appropriate corrective actions are taken and control measures, if indicated, have been implemented.

ATTACHMENT H



Central Arkansas Development Council
Building Futures One Person at a Time

Premises Accident/Incident Report

Date of Accident/Incident: _____ Worksite: _____

Name of Injured: _____

Parents Name (If a Minor): _____
Were Parents Notified? _____ Yes _____ No

Address: _____

Telephone: _____ Birth Date: _____

Location of Accident/Incident: _____ Time: _____

Nature of Accident/Incident: _____

First Aid Administered? _____ Yes _____ No

If Yes, What Procedure? _____

Cause of Accident/Incident (Narrative of what occurred): _____

Witnesses:

Name	Telephone
_____	_____
_____	_____
_____	_____

Staff Person Submitting Report: _____

Date Submitted: _____

Reviewed by Supervisor: _____
Name Date

Reviewed by Region/Program Director: _____
Name Date

Copy to Administrative Office: _____

ACCIDENT/INCIDENT INVESTIGATION REPORT

WORKSITE: _____

1. Name of injured: _____
2. Sex ☐ M ☐ F Age: _____ Date of accident: _____
3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____
4. Employee's job title: _____
5. Length of experience on the job: _____ Years _____ Months
6. Address of locations where the accident occurred: _____
7. Nature of injury, injury type, and part of the body affected: _____

8. Describe the accident and how it occurred: _____

9. Cause of the accident: _____

10. Was personal protective equipment required? ☐ Yes ☐ No

Was it provided? ☐ Yes ☐ No

Was it being used? ☐ Yes ☐ No If "No" explain. _____

Was it being used as trained by supervisor or designated trainer? ☐ Yes ☐ No

If "No" explain. _____

11. Witness(es): _____

12. Safety training provided to the injured? ☐ Yes ☐ No If "No" explain. _____

13. Interim corrective actions taken to prevent recurrence: _____

14. Permanent corrective action recommended to prevent recurrence: _____

15. Follow-up action taken by Service Manager: _____

16. Date of report: _____

Prepared by: _____

Supervisor Signature _____ Date: _____
Employee(s) Signature _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE ACCIDENT/INCIDENT INVESTIGATION REPORT

A., ACCIDENT/INCIDENT INVESTIGATION IS NOT DESIGNED TO FIND FAULT OR PLACE BLAME BUT IS AN ANALYSIS OF THE ACCIDENT TO DETERMINE CAUSES THAT CAN BE CONTROLLED OR ELIMINATED.

Items 1-6 – Identification: This section is self-explanatory.

Items 7 – Nature of Injury: Describe the injury, e.g., strain, sprain, cut, burn, fracture. **Injury Type:** *First aid* - Injury resulted in minor injury/treated on premises; *Medical* - Injury treated off premises by physician; *Lost Time* - Injured missed more than one day of work; *No Injury* - no Injury, near-miss type of incident. **Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

Item 8 – Describe the accident: Describe the accident, including exactly what happened, and where and how it happened, describe the equipment or material involved.

Item 9 – Cause of the accident: Describe all conditions or acts which contributed to the accident, i.e.

- c. Unsafe conditions – spills, grease on the floor, poor housekeeping or other physical conditions
- d. Unsafe act – unsafe work practices such as failure to warn, failure to use required personal protective equipment.

Item 10 – Personal protective equipment: Self-explanatory

Item 11 – Witness(es): List name(s), address (es), and phone number(s).

Item 12 – Safety training provided: Was any safety training provided to the injured related to the work activity being performed?

Item 13 – Interim corrective action: Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

Item 14: Self-explanatory

Item 15: Self-explanatory

Item 16 – Follow-up: once the investigation is complete, the next supervisory level shall review and follow-up on the investigation to ensure that appropriate corrective actions are taken and control measures, if indicated, have been implemented.

ATTACHMENT I

Inspection Frequency Schedule

Department/Area	Inspection Frequency
All agency worksite offices	Monthly
All DOT agency vehicles	Daily – Pre and Post Trip
All Non-DOT agency vehicles	Each use – Pre and Post Trip

**CENTRAL ARKANSAS DEVELOPMENT COUNCIL
EXPOSURE CONTROL PLAN
PROCEDURE ON UNIVERSAL PRECAUTIONS**

Purpose: To safeguard the health and well-being of all clients, passengers, volunteers and employees.

Policy Statement: Individuals are entitled to services provided by Central Arkansas Development Council (CADC). Some clients may have such diseases as Hepatitis B and HIV they are entitled to such services as we may provide. Central Arkansas Development Council (CADC) respects the rights of privacy of these individuals and, at the same time, must take all universal precautions to ensure the health and well-being of other clients, passengers, volunteers and employees.

Guidelines:

- All CADC job classifications are considered to have the potential for occupational exposure.
- Bloodborne pathogens are viruses or other infectious agents carried by the blood which can cause disease in humans, such as, but not limited to HIV and Hepatitis B. Airborne pathogens are viruses, bacteria, and other infectious materials carried in the air, which when inhaled, can cause diseases such as TB, pneumonia and meningitis.
- Occupational exposure means contact with blood or other potentially infectious materials to the skin, eye, mucous membranes or lungs, and piercing of the skin or mucous membranes through needle sticks, human bites, cuts and abrasions that may result during the performance of the employee's duties.
- Other potentially infectious materials include the following human bodily fluids: semen, vaginal secretions, saliva, urine, stool, mucous, drainage from wounds or any bodily fluid that is visibly contaminated with blood.
- For the purpose of this policy, all human blood and certain bodily fluids are to be treated as if known to be infectious with bloodborne pathogens.
- This exposure control plan shall be reviewed and updated at least periodically and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.
- Each CADC location and vehicle carrying clients shall be equipped with a biohazard spill kit (kit is compliant with OSHA regulations 29 CFR 1910.1030 (d)(3)(i)).

Current items included in the kit are:

Antiseptic cleansing wipes
 Disposable gown w/full sleeves
 Disposable bonnet
 Disposable shoe covers
 Eye shield with ear loop mask
 Fluid control solidifier pack, 21 gm
 8" Biohazard scoop
 24" x 24" Biohazard bags, 10 gallon capacity (2), labeled
 8" x 12" clear plastic bags
 Twist ties
 Disposable clean-up towels
 Germicidal (kills germs) wipes
 CPR Pack: 1 CPR one-way valve face shield, exam quality vinyl gloves, antiseptic cleansing wipes, all latex free
 Exam quality gloves
 Bodily fluid pick-up guide

In addition to the above, a sharps container, gloves, solidifier agents, disinfectant spray or foam, hand sanitizer, towels, dust pan, brush or tongs and bags will be provided at CADC work sites and on vehicles.

- Program Managers and/or Site Managers will be responsible for replacement or ensuring that restocking of the kits is done after each use.
- Antiseptic hand cleaner and paper towels must be readily accessible in CADC restrooms.
- Eye wash stations must be readily available in the CADC Maintenance office.
- After using hand sanitizers or wipes, employees and/or volunteers must wash their hands with soap and running water as soon as possible.
- Personal Protective Equipment (PPE) is specialized clothing or equipment worn for protection against a hazard. General work clothes are not considered to be personal protective equipment.
- Personal Protective Equipment (PPE) will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee and/or volunteers work or street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- When there is a potential for occupational exposure, CADC will provide appropriate Personal Protective Equipment (PPE) such as, but not limited to: gloves, gowns, face shield, mask, eye protection, mouthpieces and pocket masks.
- All Personal Protective Equipment (PPE) must be removed before leaving the work area. Employees and/or volunteers must wash hands as soon as possible after the removal of other Personal Protective Equipment (PPE) and gloves.

- Employees and/or volunteers must wash hands and any other skin with soap and water or flush mucous membranes with water as soon as possible following contact of such body areas with blood or potentially infectious materials.
- Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- All tasks involving blood and/or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering and/or generation of droplets of these substances.
- Any garment penetrated by blood or other potentially infectious materials, or Personal Protective Equipment (PPE) that has been removed, shall be placed, using gloves, in a biohazard bag and removed from the site as soon as possible.
- All biohazard bags should be placed in a second clear bag and sealed with a wire tie.
- These bags must NEVER be placed in a regular trash can or dumpster. The biohazard bags must be taken to an approved waste disposal location for proper disposal.
- Gloves MUST be worn when an employee and/or volunteer may have had contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, or contaminated Personal Protective Equipment (PPE).
- Disposable gloves are to be replaced as soon as possible if torn, punctured, or when their ability to function as a barrier is compromised.
- Contaminated gloves are to be disposed of in the same manner as other contaminated Personal Protective Equipment (PPE).
- Contaminated surfaces shall be decontaminated with an appropriate disinfectant. Broken glass which may be contaminated shall not be picked up directly with hands; dust pan, brush or tongs MUST be used.
- Following a report of an exposure incident, the exposure incident report will be submitted to our workers compensation carrier for additional confidential medical evaluation and follow up.
- CADC shall ensure that all employees and/or volunteers with the potential for occupational exposure participate in an Infection Control Training Program at least annually.

Central Arkansas Development Council

Communicable Illness Cleaning and Disinfecting Plan

CADC | 321 EDISON AVE BENTON, AR 72015

Central Arkansas Development Council

Introduction

How communicable illnesses spread

Cleaning vs disinfecting

What surfaces should you clean and disinfect.....3

Make a plan for cleaning and disinfecting your workplace

A. Questions to ask and things to consider

Create a cleaning routine.....4

Gather the right tools

High touch areas to consider.....5

B. How to maintain health and office hygiene

1. When to increase office cleaning frequency.....6

2. Don't skip the dusting

3. Promote good office hygiene

C. Office safety and health: Keep a good thing going.....7

Covid-19 and the Workplace: Housekeeping.....8

A. Develop a cleaning and disinfecting plan9

B. Implement the plan.....10

C. Cleaning and disinfecting safety.....11

D. Maintain and revise the plan

E. Disinfection if a co-worker is sick.....12

Disinfection Plan Template (Sample).....13-16

Commonly used cleaning and disinfecting products.....17

Shared vehicle safety COVID-19 fact & guidance sheet

Shared vehicle safety driver checklist

Communicable Illness Cleaning and Disinfecting Plan

How Communicable Illnesses spread

A viral infection (COVID-19, Flu, SARS etc.) mainly spreads among humans through direct contact with an infected person and their respiratory droplets. Respiratory droplets are generated by breathing, speaking, coughing, and sneezing. Your exposure risk is greatest when you have prolonged close contact with an infected person.

Viral illnesses can also spread if you touch a contaminated surface and then touch your eyes, mouth, or nose. A surface can become contaminated if droplets land on it or if someone touches it with contaminated hands.

Cleaning and disinfecting

Effective cleaning and disinfecting involves a two-stage process.

Cleaning

To disinfect a surface effectively, you must clean it first to remove surface dirt and debris. Any residue left on work surfaces and equipment may deactivate the disinfectant. Use soap or detergent as a cleaning agent i.e. Simple Green.

Disinfection

After cleaning, apply a disinfectant to the surface. You need to leave the disinfectant on for a specified contact time to neutralize any remaining organisms. Look for recommended contact times on product instructions.

What surfaces you should clean and disinfect

Start by cleaning and disinfecting all the common surfaces that workers or customers touch. Examples are door handles, light switches, countertops, desk, tables, phones, keyboards, computer mouse, toilets, faucets etc.

Make a plan for cleaning and disinfecting your workplace

Questions to ask and things to consider:

Create a cleaning routine

To create a cleaning routine, it helps to think about the typical hotspots that transmit bacteria and viruses. What surfaces and objects are workers likely to touch? Do they share any tools or equipment?

1. Make a note of the traffic through certain areas of the office, and the ways in which space is used—or not. In the course of this mental inventory, you may even uncover ways to improve or maximize your space usage as a side-benefit to your cleaning plan development. For instance, you may find areas you don't need to attend to for cleaning purposes. They may turn out to be underutilized real estate.
2. How often will you need to clean? Clean at least once a day for most surfaces and at least twice a day for high-contact surfaces. Consider how many workers are in the space: whether customers, children, or other members of the public are in the space: how long they're in the space and how they use the space.
3. When is the best time to clean? Consider cleaning before and after shifts, or before opening or after closing. Allow enough time for a thorough cleaning. Time the cleaning so it limits workers and customers exposure to cleaning and disinfecting odors.
4. Who will do the cleaning? You may need to limit the number of cleaners and ensure they have time to clean effectively. Make sure workers who are cleaning know how to use the cleaning products safely.
5. What personal protective equipment (PPE) will the cleaners need to protect against the cleaning chemicals?

There may be some equipment in your workplace that isn't used often. To reduce the amount of cleaning you have to do, consider cleaning these items and then boxing them or covering them with plastic drop sheets or tarps until you need them.

Gather the right cleaning tools

What cleaning materials and supplies will you need? Buy a reasonable supply.

Depending on the reason for cleaning (simple cleaning, deep cleaning, or disinfection) you'll need a few items at hand. These may include:

- ☐ Nitrile gloves (latex can cause allergic reactions in some individuals)
- ☐ Paper towels, or microfiber cloths (if you can wash and sanitize them after use)
- ☐ Green cleaning spray
- ☐ Disinfecting wipes, spray, or a correctly-diluted bleach solution
- ☐ Trash bags
- ☐ For disinfection: A properly-rated respirator mask and protective gown

High touch areas in your office space to consider

Look through your office one area at a time, and note the high-touch areas in each.

Typical hotspots include:

- Tables and desks
- Countertops
- Chair-backs
- Doorknobs
- Light switches
- Cabinet pulls and handles

Some of the other high touch areas to consider:

Front desk and reception areas

- Phones, computer mouse, and keyboards
- Desk accessories such as staplers, tape dispensers, and pen-cups

Kitchen and break rooms

- Appliance handles and controls (fridge, toaster, oven, dishwasher, microwave)
- Fixtures
- Chair-backs at seating areas

- Coffee station and coffee/tea service items

Bathrooms

- Bathroom fixtures (toilet handles, faucets, soap and paper towel dispensers)
- Waste-bins
- Door and stall handles
- Changing stations

Conference and meeting rooms

- Technology controls such as speakerphone buttons, remotes
- Televisions, touchscreens, and projectors
- Whiteboard accessories such as pens and erasers

Mail and resource rooms

- Postage meters and scales
- Copy machine
- Packaging and mail tools such as tape guns, letter openers, box cutters
- Rolling package bins, trolleys, and carts

How to maintain health and office hygiene

Following a regular cleaning and disinfection schedule for the office is the best way to maintain the hygiene of your spaces and the health of your colleagues.

When to increase office cleaning frequency

Sometimes you may increase or augment your normal cleaning and disinfection practices:

- During local outbreaks of transmissible diseases or illnesses
- During “peak” season for influenza, or at the beginning of the school year (a time when the common cold finds a foothold in households)
- During large-scale events in the office: holiday gatherings, board meetings, all-hands events, etc.
- When someone goes home sick from the office with something transmissible

Don't skip the dusting

It's tempting to focus solely on areas where hands or respiratory droplets may travel, but dust can be a vector for illnesses like COVID-19, cold, and flu. An "airborne" disease achieves its fast spread by hitching a ride on dust particles and aerosolized moisture. Besides reducing the spread of illness, improving your indoor air quality by opening windows and installing clean air filters can make breathing easier for those with dust allergies, asthma, and other respiratory sensitivities.

Promoting good office hygiene

In the wake of social distancing, getting your team on board with office hygiene likely won't meet with much resistance. Even so, there are several ways you can encourage your staff to keep up these healthy habits once things start to settle into the new normal.

- ☐ Encourage good hand-washing and respiratory hygiene practices within your office.
- ☐ Discourage presenteeism in the office – consciously create an office culture where it is "okay" to take the day off when you're feeling ill.
- ☐ Keep supplies stocked and readily available. Make sure supply cabinets are well marked. (AS AVAILABLE)
- ☐ Place wipes, sanitizer, paper towels, and waste bins (for easy disposal) at strategic spots in high-traffic areas.
- ☐ Make space-hygiene practices a regular part of corporate communication.
- ☐ Get your staff into the habit of pitching in – proactively wiping down surfaces they use (even when they're healthy), making recommendations on cleaning practices, supply levels, or areas in need of attention, etc.
- ☐ Consider automatic or "touchless" office upgrades that reduce contact, such as:
 - Motion-detecting light switches
 - Entry and in-office doors
 - Towel dispensers and hand-dryers
 - Soap/sanitizer dispensers

Office safety and health: Keep a good thing going

Coming up with a plan and covering all the necessary areas is a great first step in promoting a healthier, cleaner office environment. Once done, the objective is to maintain that level of enthusiasm within the office. Make healthy environments part of your overall wellness culture within the office, and promote the ideas in this guide when the opportunity arises.

Covid-19 and the Workplace: Housekeeping

The virus that causes COVID-19 is easily destroyed by mild soap and water. This works well for handwashing, but cleaning surfaces effectively can be a challenge. That's why it's important to clean and disinfect surfaces, especially high-contact surfaces, which are surfaces that are contacted frequently and/or by many people.

Develop a Cleaning and Disinfection Plan

Though your workplace may have established housekeeping practices before the COVID-19 pandemic to prevent accidents and keep your facility tidy, you will now need to follow specific CDC, OSHA, and EPA guidelines for cleaning and disinfecting workplaces to prevent the spread of the virus.

The first step of this new housekeeping strategy will be to develop a cleaning and disinfection plan.

- First, determine which areas, surfaces, and objects in your facility need to be cleaned and disinfected. Areas unoccupied for 7 days or more will need only a routine cleaning, and you can maintain existing cleaning practices for outdoor areas because viruses are killed more quickly by warmer temperatures and sunlight.
- Next, determine how frequently all other areas will be cleaned and disinfected.
 - Consider the type of surface and how often the surface is touched. Prioritize cleaning and disinfecting frequently touched surfaces and objects, especially those made of hard and nonporous materials like glass, metal, or plastic. High-touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, tools, faucets, sinks, and toilets.
 - Frequently touched surfaces and objects that are made of soft and porous materials, such as carpet, rugs, or materials in seating areas, should also be thoroughly cleaned and laundered. If possible, remove such materials from high-traffic areas.
 - Surfaces and objects that are not frequently touched can be cleaned on a routine basis.
- Schedule frequent cleanings of any equipment shared by multiple people, such as faucets, door handles, copiers, monitors, tools, keyboards, control panels, or similar items, as well as of common areas that are heavily trafficked by employees, such as cafeterias, break rooms, and restroom facilities.
- As part of your plan, consider the resources and equipment you will need for cleaning and disinfection tasks. Keep in mind the availability of cleaning products and personal protective equipment, or PPE, appropriate for the types of products being used.
- Finally, be sure your cleaning and disinfection plan follows the guidance from your state, tribal, local, or territorial authorities.

Implement the Plan

Once the cleaning and disinfection plan for your workplace has been developed, you will be asked to help implement it. Your employer will provide cleaning and disinfectant products so you and your coworkers can clean your workspace, equipment, and tools before each use. However, you may also be specially designated to assist with cleaning and disinfection activities at your workplace.

- For hard and nonporous surfaces, such as those made of glass, metal, or plastic, clean visibly dirty surfaces with a detergent or soap and water before disinfection. Cleaning with soap and water reduces the number of germs, dirt, and impurities on a surface, while disinfection kills any remaining germs. To disinfect, use a disinfectant that has been approved by the EPA as being effective against COVID-19, and read the label to make sure it meets your needs. Diluted bleach solutions may also be used if appropriate for the surface. Always follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. But remember, never mix bleach with ammonia or any other cleanser.
- For electronics such as tablets, touch screens, keyboards, and machine controls, consider using wipe able covers. If there are no manufacturer's instructions for cleaning and disinfecting the electronics, use alcohol-based wipes or sprays containing at least 70 percent alcohol, follow product label suggested times to leave surface wet.
- For soft and porous surfaces such as carpets, rugs, and drapes, clean the surfaces using soap and water or with cleaners appropriate for use on these surfaces. If possible, launder these items according to the manufacturer's instructions using the warmest appropriate water setting. Allow the items to dry completely. Alternatively, you may use an EPA-registered household disinfectant.

Cleaning and Disinfection Safety

- When you are performing cleaning and disinfection tasks, always follow the directions on the cleaning products' labels. The labels will include application instructions and safety information. Make sure you have been trained on the hazards of the cleaning products you are using in keeping with OSHA's Hazard Communication Standard before you use them for the first time. Review the manufacturer's safety data sheet, or SDS, for each product you are asked to use. After you are done using the cleaning products, store them properly in keeping with the SDS so that they remain effective and do not react with other chemicals kept at your workplace.
- When using cleaning and disinfectant products, make sure that the area is well ventilated.
- It's also very important for you to wear the appropriate PPE while using cleaning and disinfectant products. At a minimum, wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash. You might need additional PPE, such as eye protection or a respirator, depending on the cleaning and disinfectant products you are using and whether there is a risk of splashing. All PPE must be compatible with the products being used, so consult the SDS and manufacturer's recommendations for each product.
- Before using any PPE for the first time, be sure your employer trains you on when to use the PPE; what PPE is required; how to properly put on, use, and take off the PPE; how to care for your PPE; and how to properly dispose of the PPE.
 - CADC's *Gloves and Mask Training COVID 19* can be found on the employee portal. <https://cadctraining.litmos.com/?C=1891267>

After removing your gloves following cleaning and disinfection activities, be sure to wash your hands for 20 seconds with soap and water. If soap and water are not available and your hands aren't visibly dirty, you may use an alcohol-based sanitizer that contains at least 60 percent alcohol

Maintain and Revise the Plan	<ul style="list-style-type: none"> • Once your workplace's cleaning and disinfection plan is in place and you have begun following it, maintain and revise the plan as needed based on workplace conditions and the availability of cleaning and disinfectant products and PPE. • Continue routine cleaning and disinfection, and disinfect frequently touched surfaces at least daily.
Disinfection if a Coworker Is Sick	<ul style="list-style-type: none"> • If someone in your workplace becomes sick, make sure you take the following additional cleaning and disinfection precautions: <ul style="list-style-type: none"> If it has been 7 days or less since the sick person was last in the facility, close off any area that the sick person recently used. Your company will not necessarily need to close operations if you can close off affected areas. If possible, open outside doors and windows to increase air circulation to the area. • Wait 24 hours before you begin cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. • Once sufficient time has passed, clean and disinfect all areas used by the sick person, such as offices, bathrooms, and other common areas, and any shared equipment like tablets, touchscreens, keyboards, and controls. Once an area or equipment has been appropriately disinfected, it can be made available for use. • Continue routine cleaning and disinfection. • If it has been more than 7 days since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.

DISINFECTION PLAN

Location:

Entry & Reception Area

What	When	How	With what	Who
Front Door Handles	4:30 PM Daily	Clean	Soap & Water solution	To be determined...
Front Door Handles	8:15 AM Daily 2:45 PM Daily 4:30 PM Daily	Disinfect	Disinfecting spray or disinfecting wipe	
Mini fridge	Between uses	Disinfect	Disinfecting wipe	
Desk Phones	Between users	Disinfect	Disinfecting spray or disinfecting wipe	
Keyboards, mouse, stapler	Between users	Disinfect	Disinfecting spray or disinfecting wipe	
Light switches	Daily	Disinfect	Disinfecting spray or disinfecting wipe	
Agency vehicle key cabinet	Between users	Disinfect	Disinfecting spray or disinfecting wipe	
Thermometer	Between users	Disinfect	Disinfecting spray or disinfecting wipe	

*Hand Sanitizer should always be available near thermometer.

*Wipeable keyboard covers are suggested

Kitchen/Breakroom

What	When	How	With what	Who
Microwave	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
Stove knobs & handles	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
Dishwasher handles & buttons	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
Refrigerator handles	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
Coffee Pot	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
Salt & Pepper shakers	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
Telephone	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes
TV remote	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes

Bathrooms

What	When	How	With what	Who
Door handles	Daily	Disinfect	Disinfectant	As assigned
Stall handles	Daily	Disinfect	Disinfectant	As assigned
Toilet handles	Daily	Disinfect	Disinfectant	As assigned
Sink handles	Daily	Disinfect	Disinfectant	As assigned
	Daily	Disinfect	Disinfectant	As assigned

Conference Room

What	When	How	With what	Who
Door Handles	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Computer keyboard, mouse, remotes	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Light Switches	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Tables	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
White board, tv, projector buttons	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Kitchenette Area (sink, counter, cabinets)	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area

Copy/ Mail Room

What	When	How	With what	Who
Copier	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Postage Machine	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Shredder	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Cabinet Handles	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area
Telephone	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area

Water Fountain

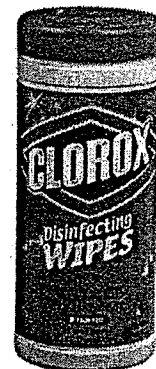
What	When	How	With what	Who
Surface and Buttons	Between users	Disinfect	Disinfecting spray or disinfecting wipe	Person whom utilizes area

Staff Offices

What	When	How	With what	Who
Desk	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.
Light Switch	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.
Keyboard	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.
Mouse	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.
Telephone	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.
Stapler, Calculator, tape dispenser	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.
Any other objects used daily	Daily-end of day and as needed	Disinfect	Disinfecting spray or disinfecting wipe	Staff member whom occupies the office.

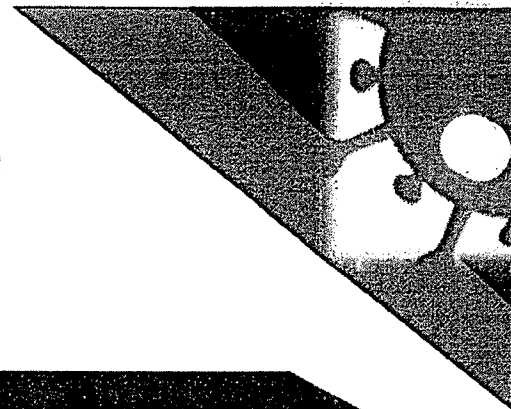
*All of the above should be cleaned weekly with soap & water solution before disinfecting and anytime that dirt or grime is visible.

Commonly used cleaning & disinfecting products



Protecting yourself and others from coronavirus

Sharing vehicles safely during the COVID-19 pandemic



i The interim information is based on what is currently known about coronavirus (COVID-19) and the current situation in the United States.

This information sheet outlines the steps you must take when providing or using shared vehicles, to keep everyone safe.

'Vehicle cleaning' for shared-use vehicles

During the coronavirus (COVID-19) pandemic, it is vital we all take extra steps to help slow the spread of illness and ensure staff have access to safe workplaces, including when using shared-use vehicles. This is part of our duty of care.

COVID-19 – How it spreads

The virus most likely spreads through:

- close contact with an infectious person (including sitting beside a person in a vehicle)
- contact with droplets from an infected person's uncovered cough or sneeze (if you are within 6 feet of an infected person)
- touching objects or surfaces (keys, steering wheels, windows and other controls) that have cough or sneeze droplets from an infected person (including an infected person's contaminated hands) and then touching your mouth, nose or eyes.

Frequency of vehicle use

Where possible, shared vehicles should be rotated and used only once every 24 hours.

To limit the use of shared vehicles, employers should consider alternative working arrangements for staff where possible.

Regardless of frequency of use, strict observance of vehicle cleaning protocols is essential.

For vehicle/fleet managers

Provide copies of (or make accessible) this information sheet and the *Sharing Vehicles Safely – Driver Checklist* to each driver when they collect the car keys.

If possible, ensure drivers have access to:

- alcohol-based hand sanitizer (70% alcohol content is the ideal)
- disinfectant- or alcohol-based wipes (AS AVAILABLE)
- disposable gloves
- a plastic trash bag/s

CADC Shared Vehicle Safety Continued...

What all drivers must do

Driving with passengers

Avoid driving with passengers whenever possible. If driving with a passenger cannot be avoided:

- keep at least 6 feet distance between yourself and the passenger/s at all times; this means no more than two people (including the passenger) should travel together in a standard passenger vehicle (more are permitted in a eight-seater vehicle or mini-van as long as the (6 feet rule is observed)
- ensure your passenger sits behind the front passenger seat (opposite the driver)
- when talking, the driver and/or passenger should face away from the other person to reduce the risk of droplet transmission between them (note, this may lead to droplet contamination of windows and door handles in the rear and means the rear cabin must be cleaned).

Regular cleaning of vehicles

To help reduce the spread of COVID-19, the interior and exterior 'touch points' and windows of shared vehicles must be cleaned before and after the vehicle is used, every time.

'Touch points' are the parts of a car routinely touched by a driver's hands (and passenger's hands) while using a car. Touch points include door handles, steering wheel, gear shift, handbrake, arm rests controls and switches (indicator, windscreen wiper, mirror, window, radio and heating/ A/C), glove compartment handle and pens, logbook or inspection sheet and fuel card.

Windows must also be cleaned because they may be contaminated with droplets from coughing, sneezing and talking.

What to do:

- plan ahead to allow enough time to clean the vehicle before and after each trip
- use disposable gloves for cleaning (do not reuse disposable gloves under any circumstances)
- clean all touch points in the vehicle with disinfectant or alcohol-based wipes (AS AVAILABLE) before and after use; ensure the cleaning process is thorough and removes all visible dirt/organic matter
- dispose of used wipes (and disposable gloves if they are used) in a trash bag immediately; do not leave used wipes in the vehicle.
- allow surfaces to dry naturally (do not dry with paper towels or cloths).

Disinfection following vehicle use by someone with COVID19

If a vehicle is known to have been used by a person who has COVID-19 (a probable or confirmed case), thorough cleaning AND disinfection is required.

The vehicle must not be used until the vehicle has been disinfected.

Disinfection protocol for cleaners

Before anything can be disinfected, the surface or item must be clean so the disinfectant can work (see the section on regular cleaning, above).

- Cleaners should minimize the risk of being infected by wearing disposable gloves and using alcohol-based hand sanitizer before and after putting on and taking off the gloves.
- Use detergent based wipes (AS AVAILABLE) for regular cleaning, then use disinfectant, following the manufacturer's instructions. Alternatively, use a one-step, 2-in-1 detergent/ disinfectant wipe (As available) (wipes must either be alcohol-based with a minimum 70% alcohol content or have 1000 ppm available chlorine.)
- Clean and disinfect all internal and external touch points (including the hood latch), handles, steering wheel, seats, carpets, roof lining, windows.

How can I stay updated?

Advice is changing frequently as the COVID-19 situation evolves in the Arkansas and the U.S . Please refer to the following websites for the latest information:

- Arkansas Department of Health
<https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus>
- Centers for Disease Control & Prevention (CDC)
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- U.S. public health information
<https://www.coronavirus.gov/>

*Disclaimer: CADC is working diligently to secure a supply of the above mentioned cleaning products as they become available. Alternatively, prepare a bleach solution by mixing: 5 tablespoons (1/3rd cup) bleach per gallon of water or. 4 teaspoons bleach per quart of water.

CADC Shared Vehicle Safety

Driver Checklist

Collecting the keys

1

Wash your hands for 20 seconds, using-



Soap and water or



Alcohol-based hand sanitizer (As available)

(If your hands are not visibly dirty: ideally at least 70% alcohol)

2

Wipe the key with a disinfectant or alcohol based wipe (As available). Dispose of wipe in a lined trashcan

At the vehicle

1

Wear gloves, or disinfect handles, before opening vehicle door/s.



2

Perform touch-point cleaning

Using cleaning detergent or alcohol-based wipes (As available), clean:

- ☐ All door handles and areas on the door that driver or a passenger may touch
- ☐ Steering wheel
- ☐ Inside of windows
- ☐ Gear shift
- ☐ Hand controls (blinker)
- ☐ Arm rest
- ☐ Windshield wiper controls
- ☐ Mirror and window controls
- ☐ Other electronic controls (CB radio, heater, a/c, radio)
- ☐ Compartment where things are stored
- ☐ Pens and clipboard for vehicle inspection sheet
- ☐ Look around the interior and wipe any surfaces that may be touched

Returning the vehicle and keys

1

Repeat touch-point cleaning

3

Wipe the key with a disinfectant or alcohol-based wipes (As available)

2

Remove trash, including used wipes and gloves.

4

Wash hands for 20 secs using soap and water or alcohol based hand sanitizer. (As available)

*Disclaimer: CADC is working diligently to secure a supply of the above mentioned cleaning products as they become available. Alternatively, prepare a bleach solution by mixing: 5 tablespoons (1/3rd cup) bleach per gallon of water or 1 teaspoon bleach per quart of water.

TRANSPORT INFECTIOUS DISEASE PLAN

Central Arkansas Development Council
South Central Arkansas Transit

The health of all of our co-workers/staff is vital to our effectiveness, our productivity as well as developing a relationship with every county that we transport to.

Workers should be encouraged to go home or stay home if they feel sick.

The following guidelines for Transporting and Cleaning Vehicles are:

- Provide training and other administrative policies to prevent the spread of Infectious Disease
- All workers should have a basic understanding of Infectious Disease, how the disease is thought to spread, what the symptoms of the disease are, and what measures can be taken to prevent or minimize the transmission of the virus that causes Infectious Disease
 - The main way the virus spreads is from person to person through respiratory droplets when people cough, sneeze or talk
 - Also able to get Infectious Disease by touching a surface or object that has the virus on it and then touching your face, mouth, nose or eyes
- Trainings should include:
 - Importance of social distancing (6 feet or more when possible)
 - Wearing cloth face coverings or masks appropriately
 - Covering coughs and sneezes
 - Washing hands
 - Cleaning and disinfecting frequently touched surfaces
 - Not sharing personal items
 - Washing hands for at least 20 seconds. If soap and water not available, use hand sanitizer
- Post signs and reminders in strategic places providing instruction on social distancing, hand hygiene, use of cloth face coverings or masks.
- Personal Protective Equipment (PPE) provided should include:
 - Full body hazmat suits
 - Gloves
 - Booties
 - Head coverings
 - Can of sanitizer
 - Can of disinfectant
 - Small bottle of hand sanitizer
 - Pair of goggles
 - Face shield
 - Paper masks
- A PPE Kit will be prepared with all the items listed above needed to transport Infectious Disease clients/passengers

- Driver will arrive at client's residence wearing the proper PPE. As the driver is greeting the client, show concern NOT fear and set the client toward the rear of the bus
- At the client's destination and the client has exited the bus sanitize the vehicle with the disinfectant
- When the client is ready to be picked up from their destination, the driver is to arrive wearing the proper PPE.
- After the client returns home, the driver will bring the vehicle back to base where the vehicle will be cleaned out, all seats sanitized by wiping down with disinfectant and then the entire vehicle will be fogged with disinfectant spray

DRIVER'S POLICIES AND PROCEDURES MANUAL

Central Arkansas
Development Council –
South Central Arkansas
Transit

2022

TABLE OF CONTENTS

	PAGE
General Statement	2
Driver Responsibilities	3
SCAT Site Telephone Roster	5
SCAT Vehicles: Inspections/Maintenance Schedule/Care of Vehicles	8
Driver Schedule/Fare Collection	12
Attendant/Escort Procedures	13
Protocol for Transporting Children	15
Child Check Safety Alarms	18
Child Safety Seats	21
Wheelchair Safety Operations	22
Evacuation Procedures	25
Accidents/Incident Procedures	26
Preventable Accident Policy	29
Notes	30

GENERAL STATEMENT

Standard rules and policies are always necessary to operate a program efficiently, safely and professionally. The policies and procedures found in this handbook are consistent with the manner in which CADC and SCAT operate and should be observed at all times. While CADC believes wholeheartedly in the plans, policies and procedures described in this handbook, they are not conditions of employment and are subjected to be changed by CADC and SCAT. These policies and procedures are not the final word in all cases. Individual circumstances usually dictate individual attention. Employment policies of CADC can be found in the CADC Personnel Policy Handbook which you were given at orientation.

The Driver Handbook is a helpful tool for all drivers in carrying out the day-to-day duties. This is very important as the SCAT driver is usually the only CADC and/or SCAT representative on the vehicle. Know, understand and follow these procedures. SAFETY is always number one.

It is CADC and SCAT's intention to provide a quality product and that product is **safe and reliable transportation** services for all riders regardless of age, race, sex, national origin, disability or religion. Therefore, it is important that each service you perform be delivered safely, timely, correctly, with a smile, a pleasant tone of voice and a willing attitude.

In addition to this handbook, special instructions are given to drivers either verbally or in written memo form and all drivers/vehicle operators are to follow. CADC and SCAT strives to maintain reliable and safe drivers, therefore, there is continual and additional training on the job for both new and veteran drivers. With all personnel issues, all employees should follow procedures as outlined in CADC's Personnel Policy Handbook.

CADC and/or SCAT reserve the right to revise these policies and procedures, in whole or in part at any time. Changes will be given to you in order to add to this handbook.

We ask that you become familiar with the policies in this handbook and always refer to it when questions arise. If you have any questions about any policy and/or procedure, please do not hesitate to contact your supervisor.

Failure to comply with the terms of these policies and procedures may result in disciplinary action up to and including termination. All disciplinary action procedures will follow the CADC Personnel Policies.

DRIVER RESPONSIBILITIES

- All SCAT drivers will be furnished five (5) shirts with the CADC-SCAT logo on them along with a picture ID badge. These **MUST** be worn while on duty. These shirts must be clean, non-stained and neat. Jeans and/or other pants must be non-wrinkled and have no holes. Shorts may be worn in summer and must be knee length. Shoes must not be open-toed shoes and no flip flops for safety reasons.
- All co-workers, supervisors and passengers are to be treated with respect at all times.
- HIPPA regulations require that all confidential information will be kept at all times.
- Drivers are not to discuss personal problems, religious convictions or political beliefs with passengers.
- Drivers are not to use passenger's possessions, such as cell phone for personal use nor consume their food and/or drink.
- Drivers are not to allow family members and/or friends to ride in agency vehicles without approval from your supervisor. Drivers are not allowed to use agency vehicles for their personal use.
- Drivers are required to notify their supervisor if any medication(s) they take will affect their driving and/or safe operation of agency vehicle.
- Headphones and/or ear buds are not allowed while operating agency vehicles
- Cell phones and/or Bluetooth devices are prohibited while driving agency vehicles. Cell phones are not to be used for playing music while driving agency vehicles. Any reports or observances of cell phone usage while driving agency vehicles could result in disciplinary action.
- It is the goal of CADC to follow the Arkansas Clean Indoor Air Act of 2006. Any and all property (buses) and/or buildings including the parking areas are designated as **tobacco free areas**. Tobacco is to include any tobacco whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed or ingested such as cigarettes, cigars, pipes and any other smoking products such as e-cigarettes or electronic nicotine devices. This will also include smokeless tobacco such as dip, chew, snus and/or snuff in any form.
- Drivers are to operate agency vehicles in compliance of all applicable Federal, State and local traffic laws. Drivers are required to notify their supervisor immediately if they have received a traffic citation and/or have any auto accident in an agency vehicle or in their personal vehicle.
- Drivers are required to call into their supervisor as far in advance as possible when unable to report to work – report late to work – or have need to leave work early. Drivers must report if they are to be off work for extended

period of time. If a driver is off for medical reasons, a "return to full duty" doctor statement will be required.

- It will be the driver's responsibility to call into your work site and inquire what your work schedule is when you have been off work.

SCAT SITE TELEPHONE ROSTER

BENTON ADMINISTRATION

321 Edison Ave., Benton, Arkansas 72018 **501-315-1121**
Cindy Dedman, Transportation Program Manager

MALVERN OPERATIONS

1303 South Main St., Malvern, Arkansas 72104 **501-332-5426**
Staff:
Belva Bailey, Transportation Assistant Program Manager for Operations
John Mockabee, Transportation Assistant Program Manager for Training and Fleet Operations

ARKADELPHIA SCAT

1305 North 10th Street, Arkadelphia, Arkansas 71923 **870-246-8747**
STAFF:
Michelle Buck – Site Supervisor
Ed Johnson – Assistant Site Supervisor

BENTON SCAT

408 West Walnut Street, Benton, Arkansas 72018 **501-315-0800**
STAFF:
Tonya Rogers – Site Supervisor
Jessie Tarvin – Assistant Site Supervisor

MALVERN SCAT, MALVERN SERVICE CENTER AND GREYHOUND

830 West Moline Street, Malvern, Arkansas 72104 **501-332-6215**
STAFF:
Dyeama Amos – Site Supervisor
Bree Henderson – Assistant Site Supervisor
Danny Waite – Service Center Maintenance Supervisor

HOT SPRINGS SCAT

525 Airport Road, Hot Springs, Arkansas 71913

501-623-2875

STAFF:

Mary Bynum - Site Supervisor

Dane Slayton - Assistant Site Supervisor

LONOKE SCAT

616 North Center Street, Lonoke, Arkansas 72086

501-676-0019

STAFF:

Angela Washington - Site Supervisor

CAMDEN SCAT

313 Jefferson Street, Camden, Arkansas 71701

870-836-3200

STAFF:

Chalunda Shields - Site Supervisor

Kelly Craig - Lead Transportation Support

EL DORADO SCAT

1426 Northwest Avenue, El Dorado, Arkansas 71730

870-864-0067

STAFF:

Reggie Holly - Site Supervisor

SaFonda Iverson - Assistant Site Supervisor

MAGNOLIA SCAT

1503 North Vine, Magnolia, Arkansas 71753

870-234-6444

STAFF:

Dita Holland - Site Supervisor

Ashley Davis - Second in Charge

FORDYCE SCAT

410 East 4th Street, Fordyce, Arkansas 71742

870-352-8894

STAFF:

Loleta Davis - Site Supervisor

Katlin Cornelius - Second in Charge

TEXARKANA SCAT

4415 Jefferson St., Set B, Texarkana, Arkansas 71854

870-330-4965

STAFF:

Karen Morine – Site Supervisor

KeAundrea Boyce – Second in Charge

SCAT MEDICAID CALL CENTER

722 Gaunt Street, Benton, Arkansas 72018

1-800-385-9992

501-326-6311

STAFF:

Myrtis Rodgers – Site Supervisor

SCAT VEHICLES – INSPECTIONS/MAINTENANCE SCHEDULE/CARE OF VEHICLES:

All SCAT vehicles are the property of Central Arkansas Development Council. All vehicles will meet or exceed the manufacturer's standards.

Wheelchair vehicles will meet or exceed ADA (American with Disabilities Act) requirements. The wheelchair lift and tie-downs must be inspected daily by all drivers and will be inspected by CADC – SCAT Service Department during a major servicing

Each vehicle is equipped with the following:

- First Aid Kit
- Fire Extinguisher
- Seat Belt Cutter
- No Smoking or Eating signs
- Triangular Reflector
- Blood Borne Pathogen Kit
- Flashlight

All vehicles will have the necessary documentation of insurance, current vehicle registration, accident forms and any other necessary forms stored where all drivers will have access to them.

Seat belts must be checked daily and are to be functioning, accessible and clean. They are to be stored off the floor when not in use

INSPECTIONS

A daily vehicle inspection is an important part of each driver's job. Vehicle inspections are to be done before the vehicle leaves on any route and also when the vehicle is brought back to base at the end of a route.

It is your responsibility as a driver to inspect your vehicle that is assigned to you before driving. Walk around inspections checking for body damage is to be done any time you get out of the vehicle for any length of time and at the end of the day.

Prior to putting a vehicle in motion each morning a "Daily Vehicle Inspection Sheet" which will be turned in at the end of the day along with your manifest will be

performed. (Attachment 1) Write down any issues/defects with the vehicle on your inspection sheet that is turned in so that the supervisor can make arrangements to have the vehicle repaired. If there are any defects which make the vehicle unsafe to begin the route, you are to call your Supervisor immediately for further instructions.

Items to be checked and not missed by each driver are:

- Wiper blades in good condition
- Fluid levels okay
- Battery cables not corroded and cables snug
- Hoses and belts without cracks
- Tires in good shape – tread okay, no bulges and air pressure is okay
- Lights and signals working properly
- Brakes working properly
- Gauges and controls working properly
- Mirrors adjusted for the driver operating the vehicle
- Two-way radio on and working (vehicles that have radios)
- Green light on for camera system
- Wheelchair lift cycled and working properly
- Body damage to the vehicle. Take a photo of any body damage on the vehicle with your tablet or a cell phone. Do this before leaving on your route.

PREVENTATIVE MAINTENANCE SCHEDULE

A minor service is due every 5,000 miles – drivers are to note on inspection sheet when this is due. This oil change will include:

- Change oil
- Lube chassis
- Check tire pressure, inspect tires for problems
- Check all fluid levels
- Check wiper blades
- Visually inspect brakes
- Check horn for proper operation
- Service record is recorded in the maintenance book

Air filter is changed at 10,000 miles intervals – drivers are to note on inspection sheet when this is due...this will be every other oil change

COMMERCIAL MOTOR VEHICLE INSPECTION REPORT FORM

Date: _____ Bus # _____
Month/Day/Year

Inspector: _____

Business Name: _____ CADC/SCAT _____

Business Address: _____ 830 WEST MOLINE, MALVERN, AR 72104 _____

Telephone #: _____ 501-332-6215 _____

The following described commercial motor vehicle: _____
Year Make Model

The VIN number of the vehicle presented for inspection is # _____

Vehicle License Number: _____ State _____ ARKANSAS _____

All items listed below were inspected during a major service by the signee on the date listed.

☐ Bus ☐ Mini-Van ☐ Van

Signature of Inspector: _____
First/MI/Last Name

Date: _____
Month/Day/Year

INSPECTION ITEMS

VANS & BUSES

- ☐ Horn
- ☐ Heater & Defroster
- ☐ Windshield Wipers
- ☐ Windshield & Window Glass
- ☐ Rearview Mirrors
- ☐ Turn Signals & Indicators
- ☐ Head Lamps
- ☐ Tail Lights
- ☐ Brake Lights
- ☐ Backup Alarm
- ☐ Tires
- ☐ Wheels
- ☐ Body Damage
- ☐ Cleanliness of Vehicle
- ☐ Seat Belts
- ☐ Child Alarm
- ☐ ADA Equipment
- ☐ Camera System

- ☐ Required Safety Equipment
- ☐ Registration, Proof of Insurance
- ☐ Accident Paperwork
- ☐ Service Brake
- ☐ Parking Brake
- ☐ Frame Assemblies
- ☐ Suspension Systems
- ☐ Axles & Attaching Parts

ADDITIONAL CHECK ITEMS FOR BUSES ONLY

- ☐ Clearance Lamps
- ☐ Side Marker Lights
- ☐ Emergency Windows or Doors

THIS DOCUMENT SHALL BE RETAINED WITH THE VEHICLE INSPECTED FOR ONE YEAR.

CENTRAL ARKANSAS DEVELOPMENT COUNCIL
REGION E
DAILY VEHICLE INSPECTION SHEET



DATE _____ VEHICLE _____ Last 6 of VIN# _____

MILEAGE:

END OF DAY _____

START OF DAY _____

TOTAL MILES _____

PARA:

END _____

START _____

TOTAL _____

Inspect each item listed below at the start of your day and again at the end of your day:

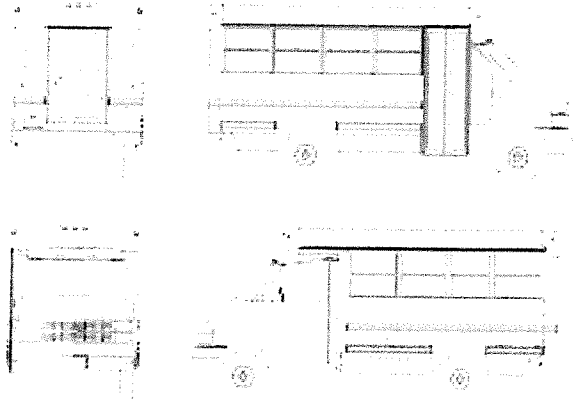
Mark "S" if satisfactory

Mark "U" if unsatisfactory

Mark "X" in the RR column with an explanation in the remarks section if the item requires repairs before safe operation of the vehicle can continue

PRE POST RR

REMARKS BELOW



- | | | | | | | | | | |
|------|------|------|--|----------|----------|-----------|-----------|-----------|-----------|
| ---- | ---- | ---- | 1. Oil level | | | | | | |
| ---- | ---- | ---- | 2. Transmission fluid level | | | | | | |
| ---- | ---- | ---- | 3. Radiator coolant level | | | | | | |
| ---- | ---- | ---- | 4. Brake fluid | | | | | | |
| ---- | ---- | ---- | 5. Power steering fluid | | | | | | |
| ---- | ---- | ---- | 6. Engine hoses/belts | | | | | | |
| ---- | ---- | ---- | 7. Battery/cables | | | | | | |
| ---- | ---- | ---- | 8. Fluid leaks | | | | | | |
| ---- | ---- | ---- | 9. Steering/suspension | | | | | | |
| ---- | ---- | ---- | 10. Windshield/windows | | | | | | |
| ---- | ---- | ---- | 11. Windshield wiper/washer fluid | | | | | | |
| ---- | ---- | ---- | 12. Headlights | | | | | | |
| ---- | ---- | ---- | 13. Turn signals/4-way flashers | | | | | | |
| ---- | ---- | ---- | 14. Clearance/marker lights | | | | | | |
| ---- | ---- | ---- | 15. Tail/brake lights | | | | | | |
| ---- | ---- | ---- | 16. Mor/Ryde (if equipped) | | | | | | |
| ---- | ---- | ---- | 17. Body damage | | | | | | |
| ---- | ---- | ---- | 18. Tire tread depth must exceed 4/32 | LF _____ | RF _____ | LRO _____ | LRI _____ | RRO _____ | RRI _____ |
| ---- | ---- | ---- | 19. Exhaust system | | | | | | |
| ---- | ---- | ---- | 20. Exterior cleanliness | | | | | | |
| ---- | ---- | ---- | 21. Brake/parking brake | | | | | | |
| ---- | ---- | ---- | 22. Gauges/instrument cluster | | | | | | |
| ---- | ---- | ---- | 23. Mirrors | | | | | | |
| ---- | ---- | ---- | 24. Horn | | | | | | |
| ---- | ---- | ---- | 25. HVAC/defroster | | | | | | |
| ---- | ---- | ---- | 26. Passenger door | | | | | | |
| ---- | ---- | ---- | 27. Driver's seat & seatbelt | | | | | | |
| ---- | ---- | ---- | 28. Passenger seats & seatbelts | | | | | | |
| ---- | ---- | ---- | 29. Child car seats properly secured, Check Date to verify seat is not expired | | | | | | |
| ---- | ---- | ---- | 30. Aisle/passenger stepwell clear of obstructions | | | | | | |
| ---- | ---- | ---- | 31. Handrails secure | | | | | | |
| ---- | ---- | ---- | 32. Interior cleanliness | | | | | | |
| ---- | ---- | ---- | 33. Emergency windows/doors | | | | | | |
| ---- | ---- | ---- | 34. Wheelchair lift (cycle lift) Tiedowns Checked and Properly Stored | | | | | | |
| ---- | ---- | ---- | 35. Postural belt/quick straps | | | | | | |
| ---- | ---- | ---- | 36. Fire extinguisher, Fully charged (Last service date: _____) | | | | | | |
| ---- | ---- | ---- | 37. Triangles | | | | | | |
| ---- | ---- | ---- | 38. First Aid Kit, Bloodborne Pathogen kit | | | | | | |
| ---- | ---- | ---- | 39. High Visibility Vest, Seatbelt Cutter, Flashlight in vehicle | | | | | | |
| ---- | ---- | ---- | 40. Backup alarm/sensors/camera | | | | | | |
| ---- | ---- | ---- | 41. Child safety alarm (alarm should be tested daily) | | | | | | |
| ---- | ---- | ---- | 42. Camera system/Camera lens are not obscured | | | | | | |
| ---- | ---- | ---- | 43. Tablet | | | | | | |
| ---- | ---- | ---- | 44. Current License, Registration, Proof of Insurance, Intrastate Renewal | | | | | | |

MINOR SERVICE DUE @ _____

MAJOR SERVICE DUE @ _____

TRANS SERVICE DUE @ _____

FUEL ADDED _____ GAL \$ _____

OIL ADDED _____ QT.

Driver signature shows he/she has inspected each item and found the condition written on this report.

CENTRAL ARKANSAS DEVELOPMENT COUNCIL

SOUTH CENTRAL ARKANSAS TRANSIT



BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN

2022

PURPOSE:

Central Arkansas Development Council and South Central Arkansas Transit strives to maintain strict data backup and disaster recovery standards to reduce the possibility of data loss due to acts of nature, power loss, fire or other disasters that may occur.

DISASTER RESPONSE TEAM/KEY MEMBERS:

Central Arkansas Development Council and South Central Arkansas Transit have designed the response team and key members of the disaster team to include the following:

- CEO of Central Arkansas Development Council
- COO of Central Arkansas Development Council
- CFO of Central Arkansas Development Council
- Human Resources Director of Central Arkansas Development Council
- IT Program Manager of Central Arkansas Development Council
- Program Manager of South Central Arkansas Transit
- Safety and Security Officer of South Central Arkansas Transit

GOALS:

- Minimize disruption of transportation services caused by a disaster at or near the centralized offices of South Central Arkansas Transit Medicaid Call Center as well as other Central Arkansas Development Council and South Central Arkansas Transit sites
- Reduce the risk of any loss of data essential to the operations of the scheduling and transportation software system
- Identify adequate data back-up and restoration procedures to ensure continued scheduling and transportation capabilities
- Ensure the continued operation of communication services with DHS/DMS, beneficiaries, NET Providers and/or medical facilities
- Provide a contingency plan for acute staff shortages due to communicable disease or illness epidemics or pandemics as well as other external event that could impact Central Arkansas Development Council's ability to receive requests for and dispatch transportation services

PROCEDURES:

1. South Central Arkansas Transit uses the scheduling software RouteMatch. All customer/client information as well as all scheduling is backed up each night by RouteMatch and stored off site on the Cloud which is also overseen by RouteMatch. This scheduling can be done by any scheduler and/or supervisor on any computer in any of the 12 satellite offices as well as the centralized call center. If any site goes down due to any disaster then any supervisor can go to another site and run a schedule and/or dispatch trips to any driver. These files are also stored offsite at the Benton Administrative office. RouteMatch's support team technologists are available to SCAT supervisors/schedulers/dispatchers and/or vehicle operators at any time there is a problem with the computer software.
2. All drivers and/or office personnel has emergency contract numbers of not only their supervisor but also of the Service Center Supervisor, Assistant Program Manager and Program Manager in order to obtain assistance at any time.
3. All personnel files are not only located at the Central Arkansas Development Council's Benton administrative office but also are placed in digital files on the Human Resources Manager's computer. These files are backed up multiple times daily on the Cloud managed by Central Arkansas Development Council as well as on the server located at the Benton Administrative Office.
4. Backup copies of all computerized records are stored off site at Central Arkansas Development Council's administration office in a fire/tornado resistant building that has generator backup. This data is backed up multiple times a day as well as place on the Cloud.
5. Human Resources Department at Central Arkansas Development Council also has on file emergency contact numbers for any employee of South Central Arkansas Transit in the event of a disaster.
6. Each satellite office has a fleet of vehicles and is able to share vehicles with other satellite offices if there is a need for additional vehicles to meet transportation demands.
7. The Centralized Scheduling Center has an uninterrupted power source (UPS) which allows for a proper shut down of each computer and the printing of manifests in the event of a power loss. Staff is fully trained to operate manually as needed in each satellite office as well as the centralized scheduling call center.
8. Central Arkansas Development Council utilizes a third party network administrator ARNETEX who monitors Central Arkansas Development Council servers 24/7 for any suspicious activity.

CENTRAL ARKANSAS DEVELOPMENT COUNCIL

SOUTH CENTRAL ARKANSAS TRANSIT

SCHEDULERS OPERATIONS MANUAL

NON-EMERGENCY MEDICAL TRANSPORTATION

January 2022

TABLE OF CONTENTS

	Page No.
SCAT Site Telephone Roster	3
Definition of Terms.....	5
Eligibility Determination	7
Gatekeeping Process	8
Scheduling	9
<i>Daily Client Schedule</i>	
Transportation for Minors (Children)/Incapacitated Beneficiary.....	10
Urgent Care Transportation.....	10
Hospital Discharges	10
Pharmacy Stop	11
Customer Complaints	12
6 Steps in Dealing with Difficult Callers	13
Privacy	14
Forms	15

SCAT SITE TELEPHONE ROSTER

Malvern Operations **501-332-5426**

Belva Bailey-Transportation Assistant Program Manager for Operations
John Mockabee- Transportation Assistant Program Manager for Operations

Arkadelphia SCAT **870-246-8747**

Michelle Buck – Site Supervisor
Ed Johnston – Assistant Site Supervisor

Benton SCAT **501-315-0800**

Tonya Rogers – Site Supervisor
Keele Williams– Assistant Site Supervisor

Malvern SCAT **501-332-6215**

Dyeama Amos – Site Supervisor
Bree Henderson – Assistant Site Supervisor
Danny Waite – Service Center Maintenance Supervisor

Hot Springs SCAT **501-623-2875**

Mary Bynum– Site Supervisor
Dane Slayton – Assistant Site Supervisor

Lonoke SCAT **501-676-0019**

Angela Washington – Site Supervisor

Camden SCAT **870-836-3200**

Chalunda Shields – Site Supervisor
Kelly Craig – Lead Transportation Support

Magnolia SCAT **870-234-6444**

Lavellar Mitchell – Site Supervisor
Sharari Adams – Lead Transportation Support

Fordyce SCAT **870-352-8894**

Loleta Davis – Site Supervisor
Katlin Cornelius – Second in Charge
Penny Parham - Scheduler

El Dorado SCAT

870-864-0067

Reggie Hollis – Site Supervisor

SaFonda Iverson – Assistant Site Supervisor

Texarkana SCAT

870-330-4965

Karen Morine – Site Supervisor

Victoria Harris – Lead Transportation Support

DEFINITION OF TERMS

ATTENDANT: An escort for the client that is provided either by the client itself or hired by the transportation provider in those instances where an attendant is required.

AUTHORIZED REPRESENTATIVE: An individual that the beneficiary has designated who can or will make appointments.

BENEFICIARY: An individual who is eligible to receive assistance under the Medicaid Program.

BROKER: The agency (CADC) that holds the Medicaid contract to provide non-emergency medical transportation to Medicaid eligible clients within a designated service area.

CHILD: Anyone under the age of 18 years (must be accompanied by a parent or legal guardian)

CLIENT: An individual who is eligible to receive assistance under the Medicaid Program.

CLIENT DATA SHEET: Form used when a new client calls in for Medicaid transportation services.

FORTY-EIGHT (48) HOURS: Amount of advance notice required for scheduling transportation

GATE KEEPING: Process required when scheduling that includes verifying the eligibility for Medicaid services by a client; assessing the needs for non-emergency transportation

MEDICAID COVERED SERVICE: Medical service which is paid for by Medicaid

MEDICALLY NECESSARY: Services that is deemed necessary by a physician.

PROVIDER: Any doctor or medical facility that provides medical services to Medicaid clients.

RECIPIENT: An individual who is eligible to receive assistance under the Medicaid Program.

RECURRING APPOINTMENT: Any long term, standing appointment for a single client such as dialysis treatment, cancer treatments, wound care, mental health services, etc.

SCHEDULER: A CADC-SCAT employee who takes telephone ride requests and enters information into the scheduling program.

URGENT TRANSPORTATION: Transportation that is to be provided on an urgent or same day basis such as same day treatment, hospital discharges or referrals.

PHONE ETIQUETTE

When answering the phone always have a smile on your face so that it will come through in your voice.

Answer the phone using following tips:

- Answer the call within three rings...saying "CADC – CALL CENTER"
- Immediately introduce yourself....say your first name only
- Speak clearly
- Only use speaker phone when necessary
- Actively listen and take notes in RouteMatch for scheduling purposes
- Use proper language
- Remain cheerful
- Ask before putting someone on hold or transferring a call
- Be honest if you don't know the answer
- Be mindful of your volume

Proceed to scheduling the customer's trip reservation. Always make sure that you put in what doctor they are going to.

ELIGIBILITY DETERMINATION

MEDICAID RIDERS:

1. Do they live in our service area:

Calhoun, Clark, Columbia, Dallas, Hot Spring, Montgomery, Ouachita, Pike Saline, Sevier, Howard, Hempstead, Nevada, Union, Miller, Little River, Garland and Lafayette

2. Are they scheduling their ride 48 hours prior to their appointment?

a. Is their Medicaid Number active – Check eligibility while scheduling

b. Medicaid NET program **does not** include transportation services for beneficiaries who are:

- Nursing facility residents
- Residents of intermediate care facilities for the mentally retarded (ICF-ID)
- Qualified Medicare Beneficiaries – (QMB)
- Special Low Income Qualified Medicare Beneficiaries (SLMB)
- Qualifying Individual -1 (QI-1)
- AR Kids First – B Beneficiaries

c. Will they be receiving an Arkansas Medicaid covered service?

- Does the doctor/facility have an Arkansas Medicaid provider number
- Are they billing Medicaid for the service they are providing?

d. At least two (2) authorized representatives must be provided that will be allowed to schedule NET services on the beneficiary's behalf. These will be the only ones that will be able to make appointments/reservations for the beneficiary if the beneficiary is unable to do so. Schedulers will confirm that these representatives are not:

- Associated with any agency
- Provider
- Other entity to which transportation is or may be requested

GATEKEEPING PROCESS

1. Go through the gate keeping process:
 - Can you provide at least 2 authorized representatives that will be allowed to schedule NET services on your behalf?
 - First Name
 - Last name
 - Relationship
 - Contact number
2. Ask Beneficiary if they have other means of transportation
 - Is there an operational vehicle in your household available to beneficiary?
 - Is the vehicle drivable
 - Are you physically able to drive the vehicle?
 - Is there someone available to drive the vehicle?
 - Is the vehicle available at the time of your appointment?
 - Do you have funds to operate the vehicle?
 - Is there public transit available to the beneficiary?
 - Do you have funds to pay to use public transit?
 - Other means of transportation available to you such as:
 - Relatives
 - Neighbors
 - Friends
 - Community Organizations
 - And/or including medical providers

If answers to all questions are NO, SCAT is required to provide transportation. If the answers to any of the questions are YES, then SCAT will deny the transportation request

You will turn the information to supervisor if answers are yes and they will send out a letter to beneficiary stating this is the reason for denial.

If it is determined that SCAT must provide transportation, the beneficiary or their authorized representative must be asked:

- Do you confirm the information provided is true, accurate and complete?
- Do you understand any falsification omission or concealment of information may result in termination of all transportation services or additional penalty?

SCHEDULING

SCHEDULING APPOINTMENTS:

Medicaid clients, case managers, hospitals or relatives may call to request rides to and from medical appointments. You should remain courteous and helpful at all times.

To encourage clients to call in advance, you and staff should acknowledge clients for being responsible by calling early or having the information needed readily available. This can be done by saying things such as *"Thank You for calling in advance"* or *"Thank You for having all your information ready"*.

CLIENT DATA SHEET:

- Date of request
- Time of request
- Initials of scheduler taking the call

RIDER'S INFORMATION:

- Name
- Address
- Phone Number (Home, Cell, or Contract Number)
- Date of Birth
- Medicaid Number (verify number is active and eligible for transportation)
- Record the pickup address (directions to residence if necessary)
- Record the name and relationship of any attendant or escort
- Record mobility status and any special equipment needed for transportation

AUTHORIZED REPRESENTATIVES: (at least two authorized representatives)

- Name
- Relationship
- Contact number

APPOINTMENT:

- Date
- Day
- Time
- Verify request is 48 hours prior to their appointment

MEDICAL PROVIDER:

- Name
- Address

- Phone Number
- Medicaid Provider Number (if known)

EMERGENCY CONTACT:

- Name
- Phone Number
- Relationship

TRANSPORTATION REQUESTED BY:

- Name of Caller
- Phone number if not client

RECURRING:

- Write in the time of the appointment for each day
- Start Date
- Discharge Date

The Scheduler must record the questions and the responses. Beneficiaries who refuse the answer the questions related to their needs for transportation shall not be provided the requested transportation. Documentation of this should be given to Call Center Supervisor so that they can send the denial letter.

TRANSPORTATION FOR MINORS (CHILDREN)/INCAPACITATED BENEFICIARY:

A parent, foster parent or guardian may ride with a Medicaid beneficiary who is a minor or an incapacitated adult.

A parent, foster parent or guardian is considered an escort and is eligible for transportation to visit a minor Medicaid beneficiary that is an inpatient of a hospital, whether or not the escort is Medicaid eligible.

There is a limit of one (1) trip to and from the hospital for the escort to visit the minor beneficiary per episode of care.

URGENT TRANSPORTATION:

Transportation that can be scheduled without observing the 48 – hour mandatory time frame is:

- Urgent care/appointments
 - When you receive an urgent care request you will schedule the trip and take the information to your supervisor immediately

- Hospital discharges
 - A representative from the hospital will be the one who calls to set up transportation for the Medicaid beneficiary/client. You are to fill out the form with all the information and forward that to your supervisor immediately.
 - A copy of the Hospital Discharge form is included in the Forms section of this manual
- Follow-up appointments or referrals in which the timeframe does not allow advance scheduling
 - If these follow up appointments or referrals are received within the 48-hour time frame, go ahead and schedule the appointment just as you would do if the Medicaid beneficiary/client called.
 - If the follow up appointment or referral is not within the 48-hour time frame take the information and give it to your supervisor immediately.
 - If you do not have all the information concerning the follow up appointment or referral send back to the physician's office in order to get the correct information by faxing the Arkansas Medicaid Transportation Referral Form.
 - A copy of a Referral Form is included in the Forms section of this manual

PHARMACY STOP:

One pharmacy stop is allowed by Medicaid and should be arranged while they are making their appointment. This pharmacy is to have a Medicaid Provider number that is accurate, so you will need name of pharmacy as well as the address.

VEHICLE SAFETY SEATING:

Child safety seats are to be provided by the beneficiary and should be asked during gatekeeping if they have one. If they do not have one, then CADC is required to furnish one and should be documented on trip request that CADC will have to furnish one at the time of the appointment.

If a Medicaid beneficiary requires a wheelchair and cannot provide one, it should be documented on the trip request in order that CADC will furnish one for the beneficiary to use.

RETURNING MEDICAID RIDERS:

- Verify the Medicaid number is active
- Schedule the trip by following above guidelines

CUSTOMER COMPLAINTS

When dealing with callers who have complaints the best response is TO LISTEN and allow the person to tell their side of the issue. Listen to the complaint, but DO NOT TRY TO MANAGE the complaint. Let them know you are listening by restating what they are saying or be acknowledging their feelings, e.g. "That must be really hard for you" or "I can tell you are upset".

SOME BASICS:

- Conflict will always occur when you are working with people
- Although anger may be directed at you (the scheduler), people are generally not angry with you personally, but are angry over an event or something that has happened to them
- Anger is generally a response that occurs when no other means to control or efforts to resolve a situation have worked. Anger is a last attempt to control and is usually a manifestation of another emotion, e.g. fear, disappointment, frustration, etc.
- Some people consciously use anger to get what they want
- When someone is angry, it generally is not beneficial to be angry back

If a client is angry because they have been denied service or want something changed in their transportation authorization and you cannot make the change they request, do not try to settle the issue during the initial phone call even if you know the answer. Even if the answer is simple, people don't like to think their complaint is simple. Tell the caller you will check into it and see what can be done and then call them back. You can forward the call to your supervisor if you are unable to handle the situation.

Never discourage a caller from complaining. If you are not the person who can solve their problems or given them an answer, try and find out who they can contact or forward them to your supervisor.

Remember that part of your job is to be an advocate. If there are problems that can't be resolve readily, transfer the call to your supervisor. When people are not making sense or are irrational, transfer the call to your supervisor immediately.

- Do not take people's anger personally
- Emotionally remove yourself from the interaction...in other words do not get angry back
- Listen to the complaint – many are valid
- Remain the adult in the conversation, do not get hooked into interacting on the level of the person who is complaining
- Do not feel that you have to take abuse. If the caller becomes abusive, tell them you are going to hang up and then do it. The other option would be to transfer the call to your supervisor

- Video/trainings can be viewed on the CADC website for additional tips on how to handle irate customers
- A copy of the monthly complaint form is included in the forms section of this manual.

All complaints are to be referred to your supervisor.

6 STEPS IN DEALING WITH DIFFICULT CALLERS

- **1. WORK QUICKLY AS POSSIBLE:**

The more efficient you can be means the more customers you can help throughout the day. This means on any given day, you could have a lot of customers on hold. You need to get to them as fast as you can. Adding excessive hold times to the process will only make matters worse.

- **2. LISTEN TO ENTIRE STORY FIRST:**

When you do get a difficult caller on the phone, ask the customer how you can help. Then, sit back and listen, really listen. When a customer is explaining a problem, don't interrupt them at all. Don't even cut in to ask for clarification. Always have paper and pen handy so that you can jot down any details and potential questions. **There are few things more frustrating to an angry caller than not being heard.**

- **3. Apologize**

After they have explained their problem, before anything else happens, apologize. This is key, especially if the customer is angry. It will still be worth your time to apologize, a sincere apology, not a generic one. Assure his or her that you're going to assist them with their problem and together you will work to solve the issue at hand.

- **4.. Make sure you understand:**

Now that you have apologized, it's time to look at those notes you took. Knowing and understanding the details before you begin to try to solve the issue will almost always actually save time down the road

- **5. Try to solve the issue:**

If you know the solution, fantastic!! Dive right in. If you are unsure, don't make any promises that you can't keep. Start by saying "I'd love to help you with this issue". If you don't know the answer, put the caller on hold and consult with your supervisor or any other resources as quickly as possible. But, remember any angry caller is only going to get more annoyed the longer he or she sits on hold.

If you have to transfer the caller to your supervisor, let them know first rather than just pushing a button and sending them along.

- **6. Last thing:**

Above all, staying friendly, keeping your cool and moving things along as efficiently as possible are the three main components of satisfying even the grumpiest of customers. Stay sympathetic and positive and always apologize for their inconvenience. Take a deep breath and, most importantly of all, be as helpful as possible but never take an angry caller personally. The majority of the time, it's not you. It's them.

PRIVACY:

Personal Information about clients or medical diagnosis is to be kept confidential as required by the HIPPA laws and policies of CADC. Any information that you take over the telephone in regards to clients such as listed below are to be kept confidential at all times

1. Destination and/or type of Medicaid provider the client is going to
2. Physical limitations;
3. Need for assistance;
4. Special equipment used by a client;
5. Emotional or mental problems affecting client during transport; and
6. Need for assistance entering or exiting a vehicle or getting to or from the vehicle and home or medical office.

TRAINING FOR DISPATCHERS/SCHEDULERS

Trainings that will be required but not limited to are listed below. Always check with your supervisor in order to schedule these for viewing.

- How to handle Irate Customers
- Training on using telecommunication equipment for hearing/speech impaired
- Training on how to provide translation service for individuals who do not speak English or only speak limited English
- Phone Etiquette
- Customer Service
- How to Deal with Difficult People

FORMS

	PAGE
DAILY CLIENT'S APPOINTMENT SCHEDULE	16
HOSPITAL DISCHARGE	17
MEDICAID TRANSPORTATION REFERRAL FORM	18
MONTHLY MEDICAID COMPLAINT REPORT	19
MEDICAID TRANSPORTATION CALL CENTER FAX SHEET	20

DAILY CLIENTS APPOINTMENT SCHEDULE

NAME: _____

DATE:

[illegible]

HOSPITAL DISCHARGE

TODAY'S DATE: _____

DISCHARGE DATE: _____

NAME: _____

MEDICAID ID# _____ DOB: _____

HOW LONG CLIENT THERE _____

DISCHARGED FACILITY: _____

DISCHARGED ADDRESS/CITY: _____

DISCHARGE TIME: _____ FLOOR: _____

PERSON CALLING: _____

NURSE STATION TELEPHONE NUMBER: _____

CLIENT ADDRESS: _____

CAR SEAT: _____ BOOSTER SEAT: _____ SCAT: _____

WHEELCHAIR: _____ SCAT: _____

ATTENDANT: _____

FAMILY CONTACT INFORMATION: _____



ARKANSAS MEDICAID TRANSPORTATION REFERRAL FORM
CADC FAX NO. 501-326-6301

DATE: _____

APPOINTMENT LOCATION:

DR. NAME:

ADDRESS:

TELEPHONE #

DATE OF APPOINTMENT

TIME OF APPOINTMENT

CLIENT/PATIENT NAME

DOB

MEDICAID #

PCP/REFERRING DR. NAME

SIGNATURE

REFERRALS CANNOT COME FROM THE DR. THAT IS SEEING THE PATIENT. THE REFERRAL MUST COME FROM A LOCAL DR. TO THE PATIENT OR A REFERRING DR.

MONTHLY MEDICAID COMPLAINT REPORT

SITE: _____

MONTH: _____

	DATE OF COMPLAINT	NAME ADDRESS PHONE NUMBER	MEDICAID # or GASH-PAY	COMPLAINT AND RESOLUTION
1				
2				
3				
4				
5				
6				
SITE SUPERVISOR SIGNATURE _____				

CADC – MEDICAID TRANSPORTATION CALL CENTER

PHONE: 1-800-385-9992

FAX: 501-326-6301

TO: _____ FROM: _____

FAX #: _____

DATE: _____

PAGES: _____

RE: _____

How to use a TTY and the Telephone Relay Service

To make a TTY call:

1. Push the "ON" switch.
 2. Push the DISPLAY switch if you wish to use the screen alone, or the PRINT switch if you want what is typed both on screen and in print.
 3. Place the telephone receiver on the TTY's rubber receptacles. Make sure that the receiver is firmly in place and that the telephone's receiver cord is on the LEFT side of the TTY.
 4. Check the telephone indicator light; if it is lit, you have the line.
 5. Dial the number, and watch the telephone light; if it is flashing slowly, this indicates that the device on the other end is ringing.
 6. When the person you are calling answers, you will see a phrase appear on the screen such as: "Hello, this is Richard GA." The "GA" stands for Go Ahead --Don't forget to use "GA" whenever you have finished what you are saying, so that the other person will know it is his/her turn.
 7. When you wish the call to end and you wish to advise the other person, type GA or SK ("Stop keying"). The person will respond by "SK" if he/she agrees. Be courteous - wait until the other person indicates "SK" before hanging up.
- The person who receives the call is always the one who starts typing first.
 - Always switch the TTY "OFF" as soon as you have finished the call.

How to communicate using the Relay Service

1. Phone the Relay Service number (1-800-855-8511)
2. Tell the operator your name, the name of the person you are calling, and the number you wish to reach.
3. The operator will make the call for you. You speak to the operator as if you were talking directly to the person you are calling. For example, say "Hi, How are you doing?" Do not say: "Tell him I said hello."
4. Remember to say "Go Ahead" when you finish speaking, so the person on the other end will know it is their turn to speak.
5. If you normally speak very quickly, the operator may ask you to speak more slowly so your message can be typed while you are speaking. There will be brief silences as the operator types to the TTY user and the user replies.

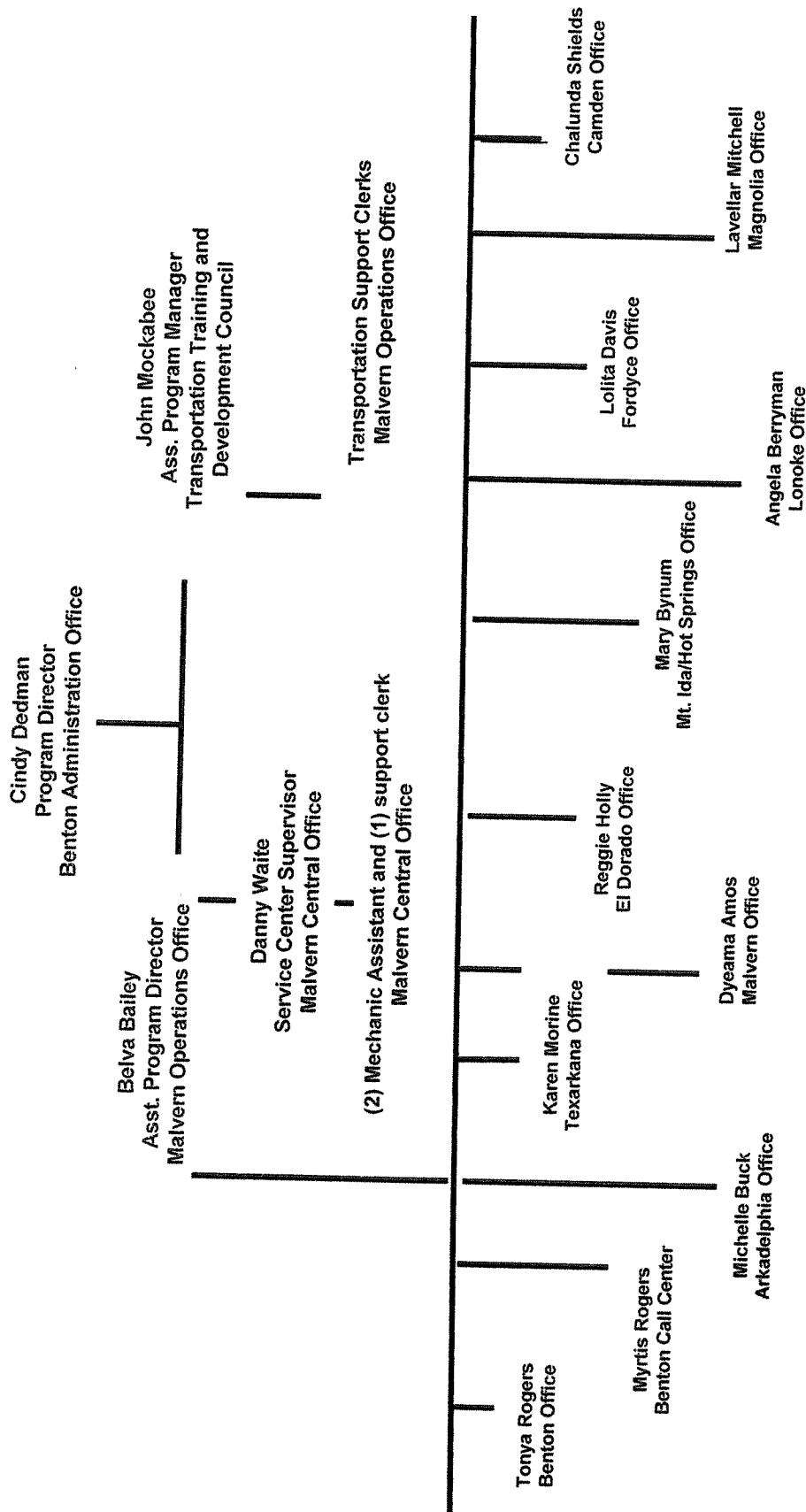
```

graph TD
    Board[Board of Directors] -.-> Policy[Policy Council]
    Board --> CEO[Chief Executive Officer  
Randy Morris]
    CEO --> COO[Chief Operating Officer  
Lavel Neal]
    COO --> SAC[Senior Activity Centers  
Lavel Neal]
    COO --> SD[Systems & Programs  
Todd Anderson]
    COO --> CFO[Chief Financial Officer  
John Jeffers]
    COO --> HS[Head Start  
Barbie Baxter]
    COO --> W[Weatherization  
Beverly Palmer]
    COO --> HR[Human Resource  
Dana Bates]
    COO --> PD[Planning and Development  
Paul Wells]
    COO --> CSBG[CSBG Program Participation  
Michelle Hood]
    SD --> LIHEAP[LIHEAP  
Valerie Ramsey]
    SD --> Tech[Technology  
Todd Anderson]
    SD --> Intercity[Transportation Intercity  
5311 Program  
Cindy Dedman]
    Intercity --> Commodities[Commodities  
Volunteers  
CSBG Reporting  
Evelyn Reed]
  
```

The organizational chart for the Board of Directors is structured as follows:

- Board of Directors**
 - Policy Council** (connected via dashed line)
 - Chief Executive Officer** (Randy Morris)
 - Chief Operating Officer** (Lavel Neal)
 - Senior Activity Centers** (Lavel Neal)
 - Systems & Programs** (Todd Anderson)
 - LIHEAP** (Valerie Ramsey)
 - Technology** (Todd Anderson)
 - Transportation Intercity 5311 Program** (Cindy Dedman)
 - Commodities Volunteers CSBG Reporting** (Evelyn Reed)
 - Chief Financial Officer** (John Jeffers)
 - Head Start** (Barbie Baxter)
 - Weatherization** (Beverly Palmer)
 - Human Resource** (Dana Bates)
 - Planning and Development** (Paul Wells)
 - CSBG Program Participation** (Michelle Hood)

SOUTH CENTRAL ARKANSAS TRANSIT



COUNTIES OF:

Pike, Montgomery, Clark, Saline, Hot Spring, Lonoke, Calhoun, Union,
Dallas, Garland, Columbia, Howard, Sevier, Little River, Hempstead,
Nevada, Miller and Lafayette

Cindy M. Dedman

1532 Oakwood Circle
Malvern, Arkansas 72104
501-609-6727

E-mail: cdedman@cadc.com

Professional Experience

2002—Present

Central Arkansas Development Council, Benton, Arkansas
SCAT Transportation Program Manager

* Oversee day to day transportation operations in 19 counties; Supervise SCAT Transportation Assistant Program Managers; recommend policies and procedures for the SCAT Transportation program, draft and oversee annual budget in excess of \$4 million; NET Project Director for Medicaid—Regions E

1977—2002

Central Arkansas Development Council, Benton, Arkansas
SCAT Assistant Program Manager/Technical Support Data Technician

* Assisted SCAT Project Manager in the day to day overall transit operations; compiled statistical data of source materials from outlying centers and assembling them into computer program for reporting to funding sources as warranted; kept data information on DOT drug testing procedures; both pre-employment as well as random testing for current employees; updated all office reports

1973—1977

Equifax, Inc., Little Rock, Arkansas
Secretary/Typing Clerk Supervisor

* Assisted claims director in all correspondence, typing reports that were sent to various insurance companies, supervised a stenographer pool of 8 typists

Education

1971

Malvern High School, Malvern, Arkansas

1971—1973

Capital City Business College, Little Rock, Arkansas
General business

1986

Tarrant County Junior College, Ft. Worth, Texas
Computer software programing

1996

Ouachita Technical College, Malvern, Arkansas
Word/Excel Programing

References

Available upon request

Belva Bailey

- **Experience** **1991–2022 Central Arkansas Development Council-Malvern, AR**

Assistant Transportation Program Manager

- Supervise six Site Supervisors and Operations of Six Satellite Sites, including Call Center
- Personnel issues, Policy compliance, Payroll
- Train/Supervise Site Supervisors
- Developing Employee Training
- Developing Safety Resources

1989–1991 Huckaby's Thriftway – Malvern, AR

Deli/Bakery Manager

- Hire, supervise, train and set up work schedules for eight employees.
- Responsible for inventory and ordering supplies.
- Payroll compliance

1981–1989 Truman Arnold Companies – Malvern, AR

Assistant Store Manager

- Supervise, train and set up work schedules for ten employees.
- Daily Paperwork, bank deposit, inventory.

- **Education** **1988–1990 Southern Technical College – Hot Springs, AR**

- Business Administration
- Computerized Modern Office
- Computerized Accounting

1978 – 1980 Barber and Cosmetology College

1965 – 1977 Prattsville Schools – Prattsville, AR

- 1977 Graduate

- Personal and Professional references available upon request.

John Mockabee II

Assistant Program Manager

Contact

(870) 356-8294



jmockabee@cadc.com



115 Rock Creek Cut off,
Glenwood Ar. 71943



Profile

Assistant Program Manager with 2+ years of experience. Responsible for all supervisors daily work duties. I teach Defensive Driving class for all CADC employees. I teach CPR, First Aide, and AED to all CADC employees and some public classes. Looking to extending my knowledge and experience into a role as Project Manager.

Professional Experience

Assistant Program Manager

Central Arkansas Development Council / South

June 6 2020

– Present

Central Arkansas Transit – Malvern, Arkansas

Schedule and coordinate supervisor meetings, Site meetings

Train New hires in SCAT to ensure attention to detail and adherence to company policy and work ethics for all our new hired people.

Developed new training for our drivers (3week extensive training) for our new drivers.

Maintain utmost discretion when dealing with sensitive topics with our clients.

Check all supervisor's weekly and monthly reports.

Look over all accidents and incident reports for SCAT

Education

(May 1988)

Child and Youth Counselling and
Ministry,
Applied Life Christian college
– Hot Springs, Ar.

Key Skills

Microsoft Office



English



Typing speed of 20 Wpm



Problem solving



Team leadership



Transportation Training and Development Coordinator

May 4 2019

- June 5 2020

I was responsible for establishing new safety training for all the employees.

Training - CPR, First Aide, AED for all employees

Training – Defensive Driving for all employees

Training – Standards and Policies for SCAT / CADC

Training – Wheelchair loading, unloading and securement

Training – Car seat securement and child securement in car seats

Handles all accidents and incident reports

Site Supervisor
Central Arkansas Development Council / South

July 4 2015
– June 5 2020

Central Arkansas – Hot Springs, Arkansas

Oversee the daily functions of the Hot Springs SCAT office.

Check Schedules for all the drivers and attendants daily.

Weekly reports on the status and functioning of the Hot Springs site.

Monthly reports – CSBG, Mileage, Fuel, Passenger, Timesheets, Trips

Handle client and staff complaints.

Check and inspect all the Hot Springs SCAT vehicles weekly.

Schedule all the Hot Springs site vehicles for service and repairs.

Work Hot Springs site accidents and incidents.

Driver

Central Arkansas Development Council / South

April 7 2011
– July 3 2015

Central Arkansas – Hot Springs, Arkansas

To ensure Safe transportation for all clients to and from their appointments.

Inspecting my vehicle pre trip & post trip inspections

Daily drivers log on all my pick-ups and drop offs.

Keeping the vehicle clean.

Myrtis J. Rodgers
1238 Mimosa Street
Malvern, AR 72104
(501) 655-0783
E-Mail: myrtisrodgers@yahoo.com

Profile Summary

Experienced in varying areas of social work with an emphasis in the field of Education and Training. Self-motivated with high energy, initiative, and focus. Keen insight into the needs and views of a diverse group of people. Skilled in assisting in program development, supervising staff, supporting and communicating with senior managers, coordinating workloads and projects, ensuring compliance to agency policies and guidelines. Effective at responsively serving, advising and counseling low income customers with emphasis on promoting upward mobility. Aid constituents regarding various program activities.

Research, analyze, process and track files, documentation, correspondence and information
Design and present informative, demonstrative and persuasive speeches
Deliver conference level presentations with visual aids
Perform individualized case management
Implement and conduct various workplace workshops for development of job seeking skills
Act as liaison in juvenile court proceedings
Conduct counseling sessions with parents of students
Implement and conduct individual/group sessions on behavior modification techniques
Develop and maintain a positive public image for Education and Training program by establishing working relationships with students, Job Corps Centers, employers, community and social agencies

Education

B.A in Sociology, 2007
Henderson State University, Arkadelphia, AR

Experience

CADC Transportation Supervisor
Central Arkansas Development Council
Benton, AR
April 2022-present
Responsible for the daily operations and supervisory of the CADC Transportation program. Communicate operations and assignments with staff. Process customer complaints and take corrective action to improve customer relations and services. Work closely with superiors to ensure program compliance. Submit required reports as needed. Ensure all scheduling is entered correctly. View audio and call reports daily to ensure work compliance. Process employee Mid Probation and annual evaluations to address any performance issues following progressive disciplinary issues. Oversee staff to improve services and operational activities. Adhere to policy and regulations. Perform other duties as assigned.

AARP/Senior Community Service Program Employment (SCSEP)
Employment Specialist
Hot Springs, AR
May 2018-April, 2021
Develop, coordinate and monitor job development programs for participants. Schedule and interview applicants for eligibility purposes. Utilize methods and techniques to specifically fit each applicant. Monitor ongoing contacts with a variety of business and agencies to promote the program, maintain a job board with current positions, Monitor participants' progress. Provide job seekers with instructions and training, assist job seekers with interviewing techniques and resume writing. Create and present PowerPoint presentations on job search techniques. Control, organize and coordinate project activities through community presentations from local agencies. Gather various community resources to assist participants in making sound decisions. Schedule community presentations, manage

training related paperwork by ensuring all necessary materials are current, properly filed and stored. Adhere to agency guidelines.

Arkansas Job Corps/WEN

Project Director

Little Rock, AR

04/2016-10/2017

Responsible for overall management of the Outreach Admissions and Placement services for state and regional Job Corps Centers personal. Coordinate and lead department requirements. Coordinate the delivery of services to increase effectiveness and efficiency as required by policy. Provide managerial duties and services to twenty-one staff members. Promote positive agency images and awareness through the communities. Establish referral partnerships with various organizations and agencies. Ensure program operations are within the policies and guidelines of the agencies' expectations. Develop forms and records to document program operations. Consult with company president when recruiting, interviewing and selecting potential staff. Conduct regular performance evaluations for all staff members. Write and submit reports of program's operations to upper management. Monitor program activities on a regular basis. Develop new and unique ways to improve operations of the program. Anticipate, understand, and respond to the needs of staff members and co-organizations to meet or exceed expectations. Positively influence staff members to achieve results as required by agency policies. Implement action plans and monitor expected outcome. Adhere to policies and guidelines.

Arkansas Job Corps/WEN

Career Transition/Data Integrity Supervisor

Hot Springs, AR

11/2013-04/2016

Responsible for providing oversight and guidance to nine (9) Career Transition Specialist in providing transitional services to Job Corps Graduates and Former Enrollees. Oversee the design of staff approach and performance in providing quality services, maintaining required standards as required by federal regulations, and adhering to policy guidelines. Monitor weekly and monthly statistics regarding wages, employment status, training matches and follow-up. Conduct office audits to ensure compliance with policy. Administer quarterly and yearly staff assessments. Develop strategies to help that determine quality indicators are met. Submit weekly, monthly, and quality reports to indicate the success of the operations of the program. Communicate clearly with staff and Project Director the needs required to improve program delivery. Consistently improve required Program Outcome Measurement standards through leadership and guidance. Play key role in ensuring Transition Specialists meet objectives in a timely manner. Create and implement strategies to motivate staff to meet monthly goals. Ensure data integrity is adhered to as required by policy. Monitor weekly, month, yearly progress of career transition duties. Assign graduates to appropriate Career Transition Specialist. Transfer files to other placement agencies. Conduct weekly conference calls. Complies and submit required oral and/or written reports to Project Director on a monthly basis or as needed. Provide staff counseling as needed. Adhere to agency guidelines. Meet with Regionwide Center personnel to discuss placement strategies.

Arkansas Job Corps/ODLE Management

Career Transition Specialist

Hot Springs, AR

06/2010/11/2013

Responsible for developing a strong rapport with students by making them feel cared for and motivated to move forward. Develop job related leads for students according to their field of study. Promote job development through direct contact with employers, military and colleges. Collaborate with state and private employment agencies, and community outreach programs. Provide assessment and assistance with placement readiness essentials. Ensure timely placement of grads and former enrollees according to agency guidelines. Assist student with locating and securing housing, transportation and other transitional services. Provide continued follow-up and transitional services according to agency guidelines. Direct job readiness training e.g. resumes preparation, interviewing techniques, mock interviews. Assure students' achievement credentials are updated in computer system. Maintain ongoing support to customers by providing customer service and issue resolutions. Conduct and attend area career fairs for positive job development. Meet with center staff and current students on a weekly basis. Conduct job readiness workshop at local Job Corps Center on a monthly basis. Record weekly and monthly student contact in computer system in accordance with agency guidelines. Adhere to agency guidelines

Little Rock Job Corps Center

Outreach and Admissions/Career Preparation Coordinator

Little Rock, AR

02/2009-06/2010

Coordinate pre-arrival process with Outreach and Admissions Agencies. Monitor student progress and performance. Work with various Community Agencies to facilitate referral, identification and admission of potential students.

Assist in the development and achievement of contract goals. Act as a liaison between various community agencies by developing referral linkages. Develop classroom curriculum. Maintain classroom discipline

**Clark County Prosecuting Attorney
Juvenile Coordinator**

**Arkadelphia, AR
07/2008 – 02/2009**

Receive direction from the Prosecuting Attorney. Plan, organize, coordinate monthly court docket. Review juvenile court cases. Interview victims, family members and others regarding juveniles. Schedule and conduct diversion meetings. Monitor and conduct follow-ups on diversion cases to assure compliance. Make appropriate dispositions in various juvenile arrest cases. Recommend short-term counseling and various other programs for juveniles and their families. Collaborate with police personnel, defense attorneys, juvenile probation officers, school personnel, and various other agencies regarding juveniles. In-put and maintain case files in computer database system.

**U.S. Forest Service – Ouachita Job Corps Center
Center Standards Officer/Student Personnel Officer**

**Hot Springs, AR
02/ 2000 -08/2007**

Implemented behavior modification techniques through positive and negative reinforcement for 175-224 customers. Provided individual and group counseling to insure the continuation of positive behavior. Maintained open communication to local court system. Created various tracking techniques to insure proper maintenance of caseload. Developed and implement various behavioral modification workshops. Created curriculum for Diversity Training.

Career Transition Counselor

Provided personalized career transition services that lead to long-term employment, earning growth, career progression and further education to 100% of eligible participants. Implemented services to ensure that customers remain successfully attached to the workforce or further education and training by connecting them with transitional support services throughout their communities. Assisted customers in developing employability plans.

Career Preparation Counselor

Instruct customers in Career Skills and Information Technology skills. Assisted students in various phases of Career Development through the utilization of on center computer labs, One-Stop centers, and local schools and colleges. Taught Information Technology. Offered hands-on career skills activities including interviewing techniques, and various social skills training.

Social Services Assistant/Assistant Manager

Maintained accountability. Conduct personal counseling sessions. Prepared agendas and conduct dorm meetings. Conducted student evaluations. Conducted social skills training. Conducted periodic safety meetings. Initiated cultural diversity activities. Acted as Student Government Association Advisor. Presented job search workshops. Presented leadership training.

**Del-Jen, Inc. – Department of Labor
Placement Supervisor**

**Hot Springs, AR
1995 – 2000**

Provided leadership and supervision to Placement Specialists in job development. Evaluated and made personnel decisions based on job performance. Made weekly audits of placement data provided by Placement Specialists. Evaluated, trained, and provided job counseling to Placement Specialists. Provide training to Outreach, Admissions, and Placement staff in computer skills (OASIS).

Placement Counselor

Conducted various workshops for development of job seeking skills. Provided post-placement follow-up on students who have been placed by gathering and maintaining technical back-up data. Produced and sponsored annual Career Fairs. Developed and utilized, with company permission, a computer databased management system based on the employment status for monthly placement tracking.

Admissions Counselor

Recruited committed and suitable applicants for participation in an Education and Training program. Reviewed and assessed all application materials and make informed judgments regarding applicants' suitability for program.

**State of Arkansas, Department of Human Services
Social Services Representative**

**Hot Springs, AR
Jan. 1990-Jan 1995**

Responsible for determining eligibility for Aid to Families with Dependent Children. Performed case management duties. Informed clients of laws and regulations governed by state and federal guidelines. Calculated eligibility amounts, conduct home visits, compile monthly eligibility reports; testify at hearing to present evidence on behalf of the agency.

Activities

Founder/Director-TADS (Teens Against Drugs)
Recipient of "Unsung Hero's Award" – Volunteer Service of Hot Springs
Former Member of Hot Springs Chamber of Commerce
Former Member of Hot Springs Women's Chamber of Commerce
Member of Hot Springs Community Coffee
Member of Webb Community Center
Past Member of Garland County Youth Council
Former Chairperson of Ouachita Job Corps Industrial Council



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

October 18, 2022

RE: Central Arkansas Development Council– Surety Reference Letter

Dear sir or madam,

We are providing this information at the Central Arkansas Development Council. Travelers have been providing surety bonds for Central Arkansas Development Council since 2013 and intend to do so in the future, subject to our established surety credit parameters. We have a \$500,000 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 Central Arkansas Development Council 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.



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	CENTRAL ARKANSAS DEVELOPMENT COUNCIL
Fictitious Names	
Filing #	100010617
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 176 of 1963
Status	Good Standing
Principal Address	P.O. BOX 580 BENTON, AR 72018
Reg. Agent	RANDY MORRIS
Agent Address	321 EDISON AVENUE BENTON, AR 72015
Date Filed	06/24/1965
Officers	SEE FILE, Incorporator/Organizer WORNEST LAMBERT MR, Director CHARLES GASTINEAU MR, Director ED DUNLAP , Director BEVERLY MEEKS , Director ANNETTE JOHNSON MS, Director SANDRA FAISON , Director ALBERTA JAMES , Director DARLENE JONES , Director LARRY HUDSON , Director ROBERT COATES MR, Director ALLIE GREEN , Director THERESA TYREE , Director MARION HOOSIER , Director PAM DAVIS , Director KIMBERLY CLEMONS MS, Director JOHNATHON BOYCE MR, Director DELORIS ALLISON , Director LISA SMITH , Director ANNETTE PATE , Director ETHAN DUNBAR , Director BRENDA PORTER , Director ED ALBARES MR, Director ROBBY TINGLE MR, Director JERALDINE SANDERS , Director ERIKA BUENRROSTRO MS, Director CARLTON HAAS MR, Director JOHNNIE MITCHELL , Director TAMIKO JOHNSON , Director RENNETTA ROWE , Director LAKETA GUTIERREZ , Director RANDY MORRIS , CEO
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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

[Submit a Nonprofit Annual Report](#)