

South Central Los Angeles Regional Center
for persons with developmental disabilities, inc.

2500 S. Western Ave., Los Angeles, CA 90018
 (213) 744-7000 fax (213) 743-3026

TRANSPORTATION MONITORING REVIEW

Review Date:	Part Two of the Monitoring:
Vendor #:	Service Code:
Name:	Administrator:
Telephone #:	Name Of QA:
Address:	License:

Number of Vehicles:	Amount of Coverage:
General Liability Insurance Company:	Business License No:
Workers Comprehension Insurance:	Auto Liability Insurance:

PART 1

Date Of Hire	Driver's Name	Class License	Driver's License Number	Driver's License Exp. Date & DOB	Fingerprints on File	Date of Calif. Driver's Certificate [AB 1611] Exp. Date

1. Do all the drivers have Calif. Driver's Certificate [AB 1611]?
2. Has each driver received Criminal Clearance either through Calif. Driver's Certificate or Fingerprinting (Livescan/CCL)?

AIDES LIST

1. Does each aide have a current First Aid/CPR Certificate?
2. Has each aide received Criminal Clearance either through Calif. Driver's Certificate or Fingerprinting (Livescan/CCL)?

PART 2

TRAINING

1. Ongoing Training Documentation Indicated (Topics, Dates, Presenter, Sign-In Sheets, etc... for drivers).
2. New Hire Orientation (including "Dry Runs") Documented (Topics, Dates, Presenter, Sign-in Sheets, etc... for drivers)

3. Pre-employment Screening Program Documented (Topics, Dates, Presenter, Sign-in Sheets, etc... for drivers)
4. Evidence of Annual Drive/Aide Performance Observation (Evidence of Names of Drivers Observed During this Monitoring Period)
5. Transportation Aides have proper clearances and certificates.

SPECIAL INCIDENT REPORTING (SIR)

6. SIR's on file (If applicable – check vendor file prior to monitoring visit)

DRIVER IDENTIFICATION

7. Carrier identification for all drivers are apparent and available

CONSUMER GRIEVANCE

8. Written consumer grievance procedure is on file

RECORD KEEPING

9. Vendor maintains outgoing route slips
10. Vendor maintains vehicle maintenance logs

PART 3

Vehicle Body Condition

Vehicle License No: _____	Odometer Reading: _____
Size/Type of Van: _____	Date of last inspection By Highway Patrol: _____
Body Condition:	
Overall Vehicle Appearance	_____
Tires (including spare)	_____
Lights (including turn signals)	_____
Horn	_____
Seats (including seat belts)	_____
Child Care Seat Purchased by Carrier(if applicable, check to determine if children under 5 yrs. are transported)	_____
Heater	_____
Air Conditioner	_____
Rear View Mirror	_____
Left/Right Sideview Mirrors	_____
Windows	_____
Windshield Wipers	_____
Doors & Locks	_____
2-Way Radio (or Cellular Phone)	_____
Entrance Steps	_____

Wheelchair Lift _____
First Aid Kit _____
Fire Extinguisher Date of last Inspection _____
Reflectors _____
Floor Condition _____
Vendor Name Indicated on Van and/or CA DOT Numbers _____

QUALITY ENHANCEMENT:

COMMENTS:

Name of Supervisor: Kim Bowie Other

If you are cited your signature below indicates your awareness of your appeal rights and acknowledgement of the meaning of these inadequacies. Corrections must be made within established time frame noted above. (56056)

QAS has reviewed documentation with vendor

SCLARC Facility Monitor Signature: _____

Date: _____ **Telephone:** _____

Facility Representative Signature: _____

Facility Representative Initials if received Appeal Process: _____