

**Connecticut Department of Transportation
Section 5310 Desk Audit Site Visit**

I. GENERAL INFORMATION

Name of Organization: ADULT VOCATIONAL PROGRAMS, INC.		
Primary Street Address: 191 Middlesex Avenue		
P.O. Box #: 435		
City/Town: Chester	State: CT	Zip code: 06412
Telephone Number: 860 -345-4457		
Fax Number: 860-526-1926		
Website: https://brianhouse.org		

II. CONTACT INFORMATION

1. Please enter contact information for the person completing this questionnaire.

Name: Linda Topping
Title: Accounts Payable Manager
Email Address: ltopping@avpinc.org
Telephone Number: 860-345-4457

2. Please enter contact information for the person that completes the quarterly operating/maintenance reports (if different from above).

Name: Linda Topping
Title: Accounts Payable Manager
Email Address: ltopping@avpinc.org
Telephone Number: 860 -345-4457

3. Please enter contact information for the authorized official of your organization (i.e., Executive Director, First Selectman, Mayor).

Name: Christina Hall
Title: Executive Director
Email Address: chall@avpinc.org
Telephone Number: 860 -526-5306

III. SERVICE & CLIENTELE

4. What service area does your transportation program cover? (List the municipalities or specific destinations).
Connecticut: Chester, Deep River, Lyme, Whelen Engineering Company located at 51Winthrop Road, Chester, CT 06412

5. What are the hours and days that service is operated?

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Mon – Fri: 8:00 a.m-4:00 p.m.

6. What type of service does your organization provide? Select all that apply.

- Dial-a-Ride (service provided for rides that are reserved in advance)
- Fixed Route (service provided along a designated route and operated at set times)
- Other (Please Explain): Transportation to individuals' job sites

7. Who is your organization's clientele? Select all that apply.

- Seniors (65+) Individuals with Disabilities
- Group/Nursing Home Residents Adult Daycare Program Participants
- Other (Please Explain):

8. Does your organization provide service on the Section 5310 vehicle(s) only to members of your organization (i.e., registered members of a senior center or nonprofit organization), or can any senior or adult with a disability ride the vehicle if they fall within a certain service area or geographic location (i.e. any senior or adult with a disability that is a resident of a particular municipality)?

Please explain:

AVP, Inc. provides transportation for individuals in work programs through AVP, Inc.

9. Does your organization coordinate with any other service providers?

- Yes No

If yes, please explain.

If yes, please attach your organization's MOU or interagency agreement with the coordinating service provider.

10. Describe other transportation service available in your service area. Is it adequate? If not, please describe the limitations.

Yes, I feel the transportation system is adequate. Bus, Uber, Lyft, public transportation, train

11. Where can the public find information about your organization's program and the transportation services it provides?

<https://brianhouse.org/about-us/>

12. What kind of information is provided to new members of your organization regarding the transportation services available?

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AVP, Inc. services individuals within the program. Administrators/Human resources handle the individuals' transportation needs/assignments. Individuals can be referred to AVP, Inc. by searching the internet for information, through word-of-mouth, through DDS and the website ([//brianhouse.org/](http://brianhouse.org/)).

13. If your organization operates dial-a-ride service, how much advance notice is required for reservations?
n/a

14. If your organization operates dial-a-ride service, how are clients informed if their ride is going to be late?
n/a

15. Are the rights of individuals under Title VI of the Civil Rights Act of 1964 posted on your vehicle(s) *and* within your facility? Is this information on your organization's website?
The website and the facility have Title VI posted. Attached are pictures of the Title VI posted in the facility and van.

IV. SECTION 5310 VEHICLES

16. Please provide information on your organization's fleet by completing the following table.

Vehicle Category	Number of Vehicles
All vehicles in fleet	13
Section 5310 vehicles in useful life (vehicles for which CTDOT has the title)	1
Wheelchair accessible vehicles	1

17. Please complete the table below for all Section 5310 vehicles that are in useful life.

	License Plate #	Year	Model	Current Mileage	Any Advertising on Vehicle?
1.	AU41132	2019	Dodge	19417	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Are the Section 5310 vehicles ever used in service to the general public or to deliver meals on wheels?

Yes No

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If yes, please explain.

19. Do you provide any Charter Service with the Section 5310 vehicles you have? (Charter service is transportation provided at the request of a third party for the exclusive use of a bus or van for a negotiated price. It is also defined as transportation provided to the public for events or functions that occur on an irregular basis – not part of regularly scheduled service – or for a limited period of time.

Yes No

If yes, please explain.

20. Are you satisfied with your organization's Section 5310 vehicle dealer?

Yes No

If no, please explain:

21. Are you satisfied with the Section 5310 vehicles your organization operates?

Yes No

If no, please explain:

V. MAINTENANCE

22. Does your organization perform a daily pre-trip inspection of the Section 5310 vehicle(s)?

Yes No

If yes, do you use the form available on CTDOT's Section 5310 Program website? If no, please explain how you ensure passenger safety prior to operating the vehicle.

Yes, AVP, Inc. performs a daily pre-trip inspection of the vehicle. At the time of the desk audit, AVP, Inc. had been using a company form, but since April 2023 AVP, Inc. has been using the form from the CTDOT website. Routine maintenance is performed along with driver training and visual inspection. Drivers perform visual inspection/safety checks prior to operating.

23. Who performs the maintenance on your vehicle(s)?

Oceanside Auto, Old Saybrook, CT

24. Do you follow the manufacturer's preventative maintenance cycles? If not, describe the cycles used and why. This includes preventative maintenance on the lift, oil, lube, and filter changes.

Yes

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25. Has your organization experienced any problems maintaining the vehicle(s)?

Yes No

If yes, please describe.

26. Are there any problems or questions regarding the quarterly operating/maintenance reports?

No

VI. DRIVERS

27. Please provide information on your organizations drivers by completing the following table.

	Total # of Drivers	Part-time	Full-time
w/ PSL (Public Service License)	0		
w/ CDL (Commercial Driver's License)	0		

28. Describe your organization's hiring process for new drivers.

Drivers are required to complete a background check via CT judicial website performed/printed/filed. A review of the DDS abuse and neglect registry is performed/printed/filed. The sex offender registry checked and printed/filed. Driver's license background check is performed through insurance company, and a telephone reference check is completed/results printed/filed. Drivers must have three years driving experience.

29. Describe your organization's driver training program, including lift operation, passenger sensitivity, medical certification, etc. How often do drivers receive training updates?

The training program checklist is completed, DDS alerts/advisories are signed, and any additional training as needed. There is a manual for lift operation practicum, though we have not had the need, yet. The driver program materials are attached.

30. All Section 5310 recipients are eligible to apply for scholarship funding via the Connecticut Rural Transit Assistance Program (CTRTP) for expenses related to training opportunities. Has your organization taken advantage of training funded by CTRTP?

Yes No

31. Is your organization interested in additional training opportunities?

Yes No

If yes, what topic(s) would interest your organization?

For additional information about the funding available for qualified training expenses, please visit <http://www.ctrtp.org/Scholarship-Information>.

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VII. ADA SERVICE REQUIREMENTS

The following are service requirements from the Americans with Disabilities Act of 1990 that all Section 5310 grantees must adhere to.

- **Service Animals:** Grantees must permit service animals to accompany individuals with disabilities in vehicles and facilities.
- **Service to Persons Using Respirators or Portable Oxygen:** Grantees may not deny service to individuals using respirators or portable oxygen.
- **Lift and Securement Use:** Public and private entities providing transportation service must have a securement system for wheelchairs. Grantees may require that wheelchair users permit their wheelchairs to be secured, but may not deny service on the grounds that a wheelchair cannot be secured. Grantees may not require a wheelchair user to transfer to another seat. Staff must provide assistance upon request or as necessary with lifts, ramps, and securement systems. Grantees must permit individuals with disabilities who do not use wheelchairs to use the vehicle's lift or ramp.
- **Adequate Time for Vehicle Boarding:** Grantees must ensure adequate time for individuals with disabilities to board or disembark a vehicle.

32. Does your organization have a specified timeframe for boarding? If so, what is that timeframe? According to individuals' ability. There is not a time restrictions for passenger boarding time.

33. In a separate document that contains your organization's letterhead or logo, describe your organization's formal policy or informal procedure regarding:

- a. Service animals on board the vehicle
- b. Passengers traveling with respirators or portable oxygen
- c. Passengers without a mobility device that wish to use the lift to board the vehicle.

The description of how your organization handles each of these service requirements may be itemized by bullet points. Questions to think about when creating the document include:

- Does your organization permit service animals on board the Section 5310 vehicle(s) to accompany passengers?
- How is information regarding service animals on board the vehicle made available to the clients your serve?
- Does your organization allow individuals who use respirators or portable oxygen to board the Section 5310 vehicle(s)?
- How is information regarding traveling with respirators and portable oxygen made available to the clients your serve?
- Does your organization allow people without mobility devices to use the lift?

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- Does your organization have a lift and securement policy and if so, how is it made available to the clients you serve?

VIII. ORGANIZATIONAL POLICIES & PROCEDURES

34. Describe, in detail, how your organization handles complaints from passengers about the Section 5310 vehicle(s), drivers and/or service. How are complaints resolved and is there any subsequent follow-up?

Information would be conveyed from the passenger to the driver, directly to an administrator, or safety committee member. Human resources receives the information and follows up with corrective action based upon the complaint. Any corrective actions would be stored in the driver's personnel file.

35. Has your organization had any complaints in the last three (3) years regarding the Section 5310 vehicle(s), drivers or service?

Yes No

If yes, describe the complaints.

36. Describe future plans for your organization.

To maintain current level of AVP, Inc. employee services.

37. Please provide any additional comments on behalf of your organization regarding the Section 5310 program.

TWO ADDITIONAL NEW QUESTIONS ADDED TO THE DESK AUDIT:

38. Has your organization used any federal funds for lobbying activities, that is to influence any member of Congress or an officer or employee of any agency in connection with the making of any federal contract, grant, or cooperative agreement. (Please note the use of federal funds for lobbying is prohibited.)

NO. AVP, Inc. has not used federal funds for lobbying

39. Has your agency used any other nonfederal funds for lobbying activities? (Please note the use of nonfederal funds for lobbying is not prohibited as long as the required disclosures are made.)

NO. AVP, Inc. has not used nonfederal funds for lobbying



ADA SERVICE REQUIREMENTS

- Service animals are permitted to accompany an AVP, Inc. individual in the DOT vehicle
- Portable oxygen and/or respirators are permitted in the DOT vehicle
- The individuals are permitted to use the lift to board the vehicle when requested
- Boarding time is not limited

Brian House/AVP, Inc. Vehicle Checklist Vehicle # 165 Color 2

Each time you become the driver of the van after someone else has used it, please complete the following:

Driver	Date M/D/Y	Starting Mileage	Inside Clean	Body Condition (scratches, dents, broken parts, etc.) Mark on back sheet and date when found	New Dents Scratches etc Date	End Mileage
Tina	19202	1/23/23	Y-N			19261
Tina	19261	1/24/23	Y-N			19282
Tina	19282	1/25/23	Y-N	Dent on passenger window door	1/25/23	19331
Tina	19331	1/26/23	Y-N			19361
Tina	19361	1/27/23	Y-N			19417
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			
			Y-N			

PLEASE FILL GAS TANK WHEN IT REACHES 1/4 FULL. *Submit Maintenance Request to manager.



Notifying the Public of Rights under Title VI

Adult Vocational Programs, Inc.

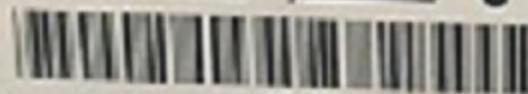
- The Adult Vocational Programs, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Adult Vocational Programs, Inc.
- For more information on the Adult Vocational Programs, Inc. civil rights program, and the procedures to file a complaint, contact 860-526-1745 x107, TRS 711; whall@avpinc.org; or visit our administrative office at 191 Middlesex Avenue, Chester, CT. For more information, visit www.avpinc.org.
- A complainant may file a complaint directly with the Connecticut Department of Transportation by filing a complaint with the Office of Contract Compliance, Attention: Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590
- If information is needed in another language, contact 860-526-1745.

REV. 11/2009

and Health
LAW!

Notifying the Public of Rights under Title VI - Adult Vocational Programs, Inc.

- Adult Vocational Programs, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Adult Vocational Programs, Inc.
- For more information on the Adult Vocational Programs, Inc. civil rights program, and the procedures to file a complaint, contact 860-526-1745 x107 or whalf@avpinc.org. You may visit our administrative office at 191 Middlesex Avenue, Chester, CT.
- A complainant may file a complaint directly with the Connecticut Department of Transportation by filing a complaint with the Office of Contract Compliance, Attention: Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111 or email: Debra.goss@ct.gov
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590



- NEVER PUT ANYTHING IN THE FRONT.
- ALWAYS USE SEAT BELTS AND CHILD RESTRAINTS.
- SEE OWNER'S MANUAL FOR MORE INFORMATION ABOUT AIR BAGS.



Submit

Notification of Public of Rights Under Title VI

Adult Vocational Programs, Inc.

- Adult Vocational Programs, Inc. and Brian House, Inc. operate their programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice may file a complaint with Adult Vocational Programs, Inc. or Brian House, Inc.
- For more information on Adult Vocational Programs, Inc.'s and Brian House, Inc.'s Civil Rights program, and procedures to file a complaint, contact 860-345-4457, or visit our business office at 1588 Saybrook Road, Haddam.
- A complainant may file a complaint directly with the Connecticut Department of Transportation by filing a complaint with the Office of Contract Compliance, Attention: Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590
- If information is needed in another language, contact 860-526-1745.

[Title VI Complaint Procedure](#)

[Title VI Complaint Form](#)

OBSERVER SUMMARY

Observation Date: _____

Observation Location: _____

Driver's Name: _____

Weather Conditions: _____

Summary Comments: _____

Driver's Signature: _____

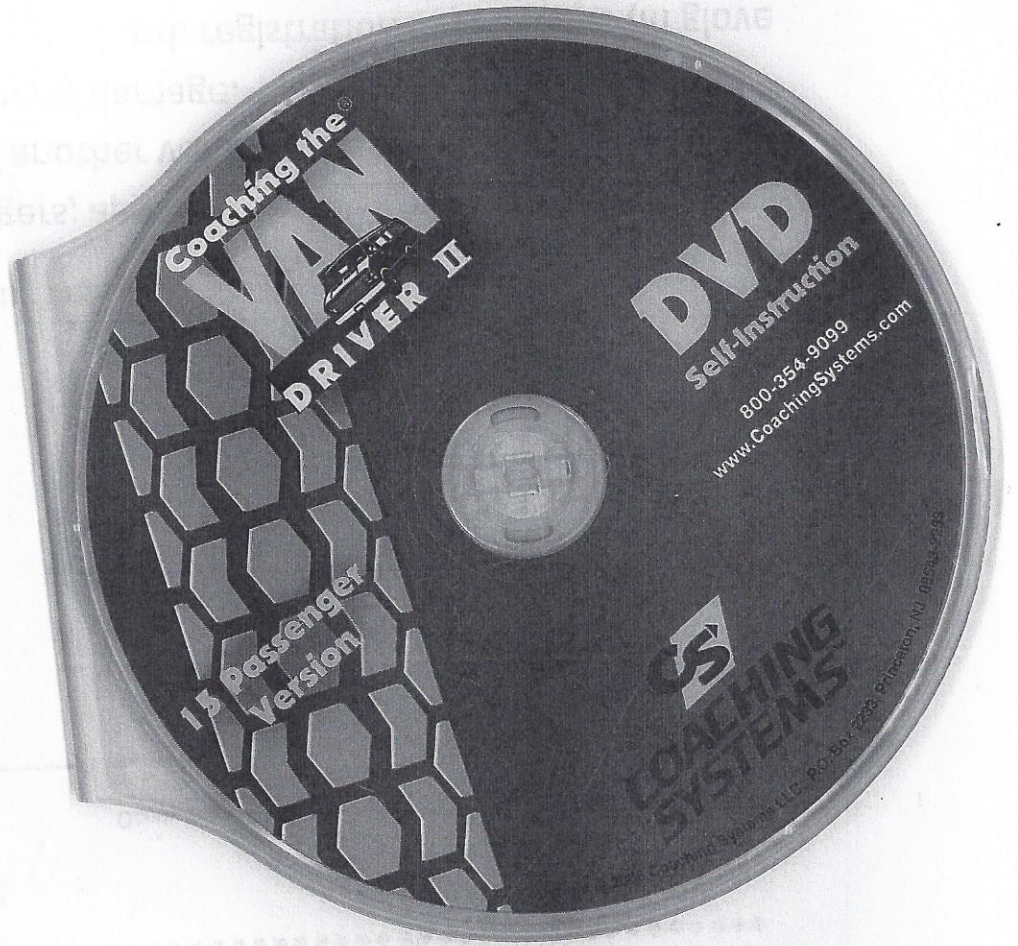
Driver Summary

	S	Needs Imp	NA
1. Wears Safety Belts			
2. Scans Effectively			
3. Adjusts Speed to Conditions			
4. Uses Horn and Signals when Appropriate			
5. Maintains a Cushion of Safety			
6. Positions the Vehicle			
7. Uses Mirrors Effectively			
8. Does Not Rely Solely on Eye Contact			
9. Handles Intersections Correctly			
10. Covers the Brake			
11. (Other)			

Coach's Signature: _____

COACHING REPORT

	Yes	No	S	NI
1. Wears Safety Belts				
2. Scans Effectively				
Scans well ahead				
Reacts early enough to respond to potential hazards				
Not surprised by double parked cars, light changes.				
3. Adjusts Speed to Conditions				
4. Uses Horn and Signals When Appropriate				
5. Maintains Cushion of Safety				
Keeps adequate following distance on open road				
in congested areas				
with a tailgater				
Avoids following oversized vehicles				
Avoids driving in other driver's blind spot				
Is aware of own blind spot				
6. Positions the Vehicle				
Changes lanes when necessary				
Moves within the lane to avoid potential hazards				
Tries to avoid hazardous situations				
7. Uses Mirrors Effectively				
Adjusts mirrors properly				
Checks mirrors frequently				
Moves in seat to improve sight angle				
8. Does Not Rely Solely on Eye Contact				
Covers the brake in addition to making eye contact				
Handles jaywalkers properly				
9. Handles Intersections Correctly				
Is not surprised by light changes				
Checks traffic in all directions before entering intersections				
Leaves space in front when stopped in traffic				
Keeps wheel straight while waiting to turn left				
In left lane, lads back to allow for off-tracking				
Follows correct procedure for right-turn-on-red				
10. Covers the Brake				



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Version

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SAFETY CONSIDERATIONS FOR...

TRANSPORTING CARGO

TRANSPORTING PASSENGERS

SELF-APPRAISAL

1 Why would you drive your van differently than your personal vehicle?

2 Average reaction time is 3/4 of a second. What is yours?

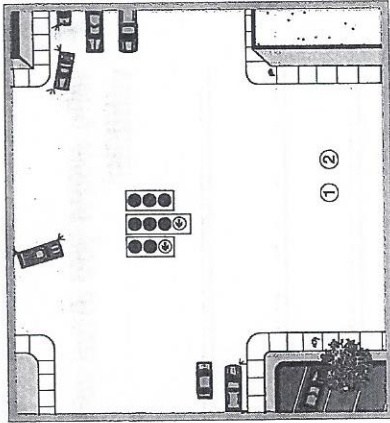
3 Describe the locations of the blind spots around your van.

4 At what speed can your van hydroplane?

5 Explain the concept of "covering the brake."

SELF-APPRAISAL – continued

6 In the diagram to the right, which lane should you choose to make a left turn?



7 What is the recommended following distance when driving a van in ideal conditions?

seconds

8 In what circumstances would you increase this following distance? Be specific.

9 If you were to give a new van driver safety advice, what would it be?

10 What following distance should you use if you are driving in ideal conditions, but have a tailgater?

seconds

COLLISION REPORTING PROCEDURES

If you are involved in a collision, what information should you obtain from other drivers involved?

What information should you give the other driver(s) involved?

What is your organization's policy about verbal statements at the time of the collision?

How and to whom do you report the collision?

Explain any other organizational policies regarding collision procedures.

DRIVER SUMMARY

List several key points that relate to each of the following:

SCANNING

KEEPING A CUSHION OF SAFETY

APPROACHING AN INTERSECTION

11

About how far ahead should you scan...

In the city? _____

On the open roadway? _____

12

List the items that should be checked during a pre-trip inspection.

Inside the van: _____

Outside the van: _____

Engine Area (If applicable): _____

SELF-APPRAISAL – continued

13 Describe the phrase "cushion of safety."

14 If you spot a jaywalker waiting to cross in front of you, is it safe to stop to wave the person across the street? Defend your answer.

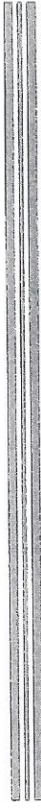
15 Complete the following formula for total stopping distance:
P _____ distance
+ R _____ distance
+ B _____ distance
= TOTAL STOPPING DISTANCE

16 If you are traveling 50 miles per hour, assuming average reaction time, how far will your van travel from the time it takes you to move your foot from the accelerator to the brake pedal?
_____ feet

**SPECIAL CONSIDERATIONS
"COACHING POINTS"**

Complete the statements in the top section by choosing the correct letter from the list below.

1. Hydroplaning can occur _____.
2. When using your windshield wipers _____.
3. When the road is wet _____.
4. You can reduce your total stopping distance _____.
5. The driver is responsible _____.



- A. your stopping distance will increase
- B. by placing your foot over the brake
- C. at speeds as low as 30 miles per hour
- D. for backing safely
- E. turn on your headlights

SPECIAL CONSIDERATIONS – continued

18 What are some of the hazards of night driving and how should you compensate for them?

19 Describe a potentially hazardous situation on your route and be ready to discuss how you handle it.

**VEHICLE INSPECTION/
VEHICLE CHARACTERISTICS**

1 Describe the differences between your personal vehicle and a van in the following categories:

Blind spots _____

Weight _____

Size _____

Center of Gravity _____

Other _____

2 Select five of the above topics and describe how you would compensate for the differences.

SAFETY CONSIDERATIONS FOR...

TRANSPORTING CARGO _____

TRANSPORTING PASSENGERS _____

SELF-APPRAISAL

1 Why would you drive your van differently than your personal vehicle?

2 Average reaction time is 3/4 of a second. What is yours?

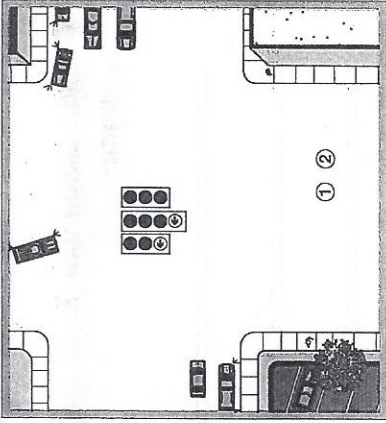
3 Describe the locations of the blind spots around your van.

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5 Explain the concept of "covering the brake."

SELF-APPRAISAL – continued

6 In the diagram to the right, which lane should you choose to make a left turn?



7 What is the recommended following distance when driving a van in ideal conditions?

seconds

8 In what circumstances would you increase this following distance? Be specific.

9 If you were to give a new van driver safety advice, what would it be?

10 What following distance should you use if you are driving in ideal conditions, but have a tailgater?

seconds

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How and to whom do you report the collision?

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DRIVER SUMMARY

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SCANNING _____

KEEPING A CUSHION OF SAFETY _____

APPROACHING AN INTERSECTION _____

11 About how far ahead should you scan...

In the city? _____

On the open roadway? _____

12 List the items that should be checked during a pre-trip inspection.

Inside the van: _____

Outside the van: _____

Engine Area (If applicable): _____

SPECIAL CONSIDERATIONS "COACHING POINTS"

13 Describe the phrase "cushion of safety."

Complete the statements in the top section by choosing the correct letter from the list below.

1. Hydroplaning can occur _____.
2. When using your windshield wipers _____.
3. When the road is wet _____.
4. You can reduce your total stopping distance _____.
5. The driver is responsible _____.



15 Complete the following formula for total stopping distance:

$$\begin{aligned}
 &P \text{ _____ distance} \\
 + &R \text{ _____ distance} \\
 + &B \text{ _____ distance} \\
 = &\text{TOTAL STOPPING DISTANCE}
 \end{aligned}$$

16 If you are traveling 50 miles per hour, assuming average reaction time, how far will your van travel from the time it takes you to move your foot from the accelerator to the brake pedal?

feet

SPECIAL CONSIDERATIONS – continued

18

What are some of the hazards of night driving and how should you compensate for them?

19

Describe a potentially hazardous situation on your route and be ready to discuss how you handle it.

**VEHICLE INSPECTION/
VEHICLE CHARACTERISTICS**

1

Describe the differences between your personal vehicle and a van in the following categories:

Blind spots _____

Weight _____

Size _____

Center of _____

Gravity _____

Other _____

2

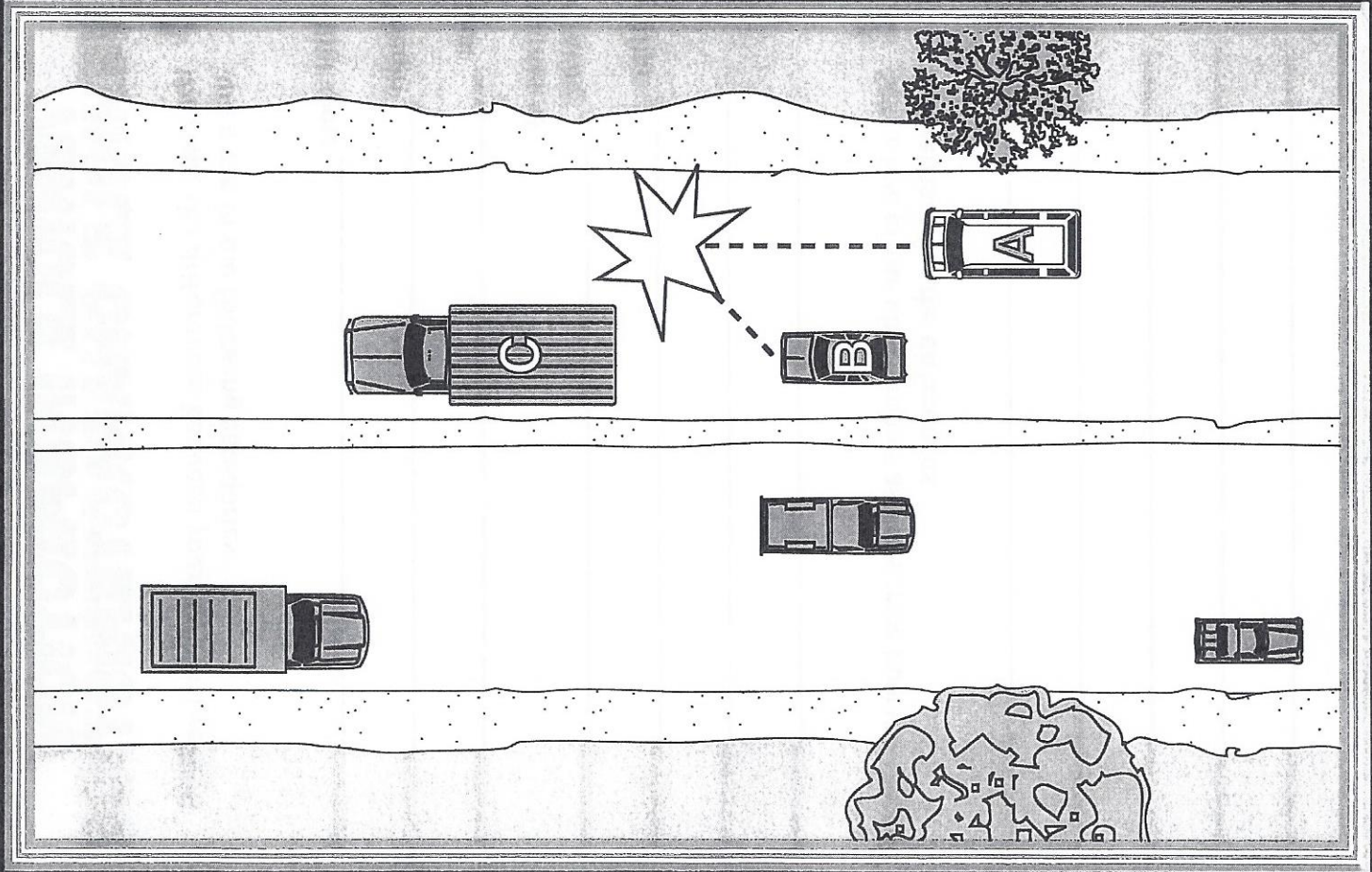
Select five of the above topics and describe how you would compensate for the differences.

SPECIAL CONSIDERATIONS – continued

15 What areas should you try to avoid on your route?

16 What safety procedures should you follow when you must use your radio or cell phone?

17 What safety precautions should you take in adverse weather conditions?



SPECIAL CONSIDERATIONS

12 Complete the following sentence:

You should avoid backing _____

13 If you must back, what safety procedures should you follow?

14 When backing with a helper, what is the most important hand signal that you and your helper should agree upon ahead of time?

SAFE DRIVING SKILLS

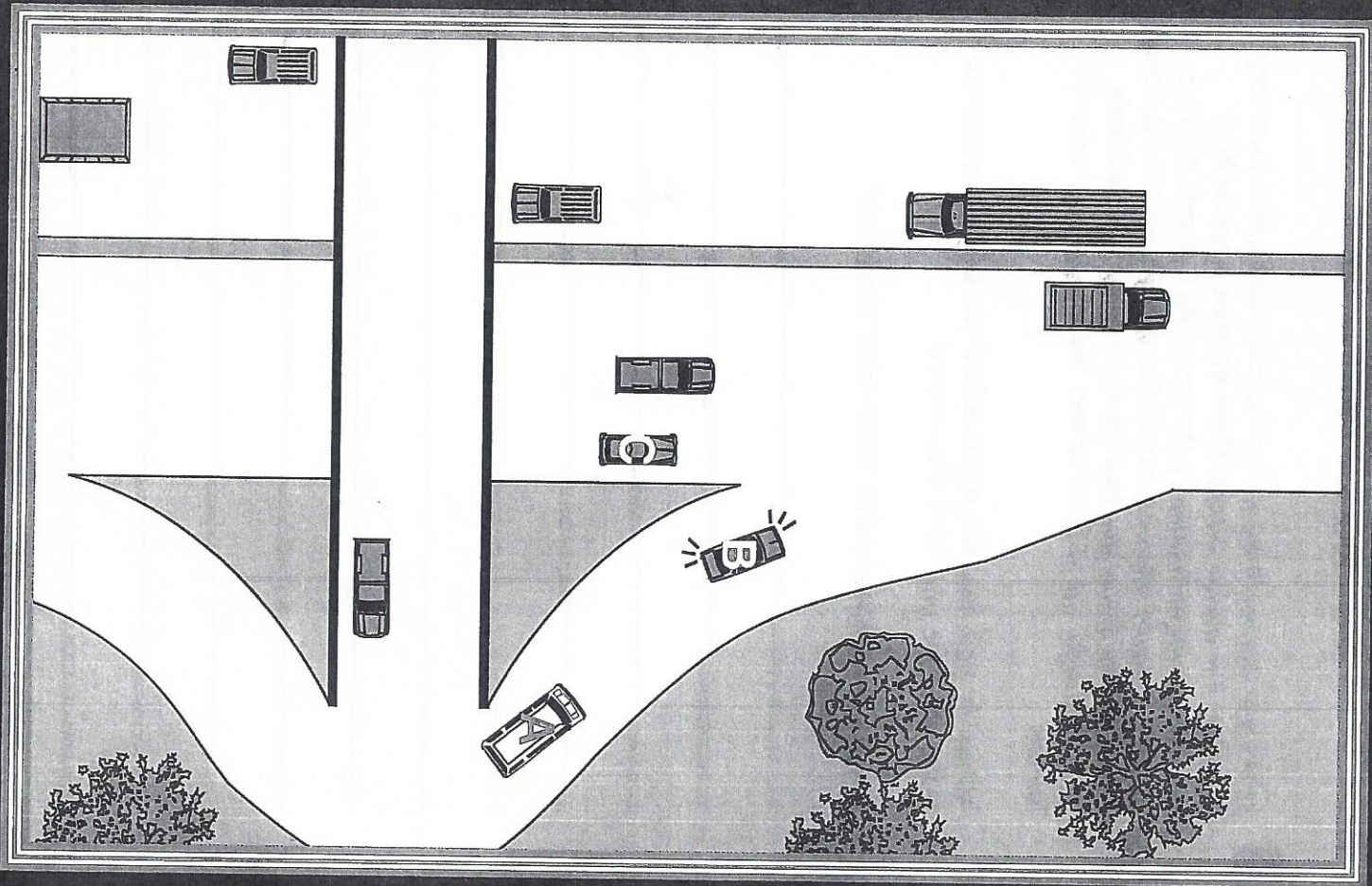
3 *I ("A") was driving on a multi-lane roadway with no one in front of or behind me. Suddenly, some fool ("B") pulled right into my lane. I couldn't do anything to avoid him and we collided.*

Was this collision preventable? How would you have handled the situation?

DRIVING ENVIRONMENTS

5 In the situation to the left, assume you ("A") will be stopping for a red light. Describe where you should stop, then list the procedures for making a right turn.

6 If there were no vehicle in front of you, how would you make a safe right-turn-on-red?



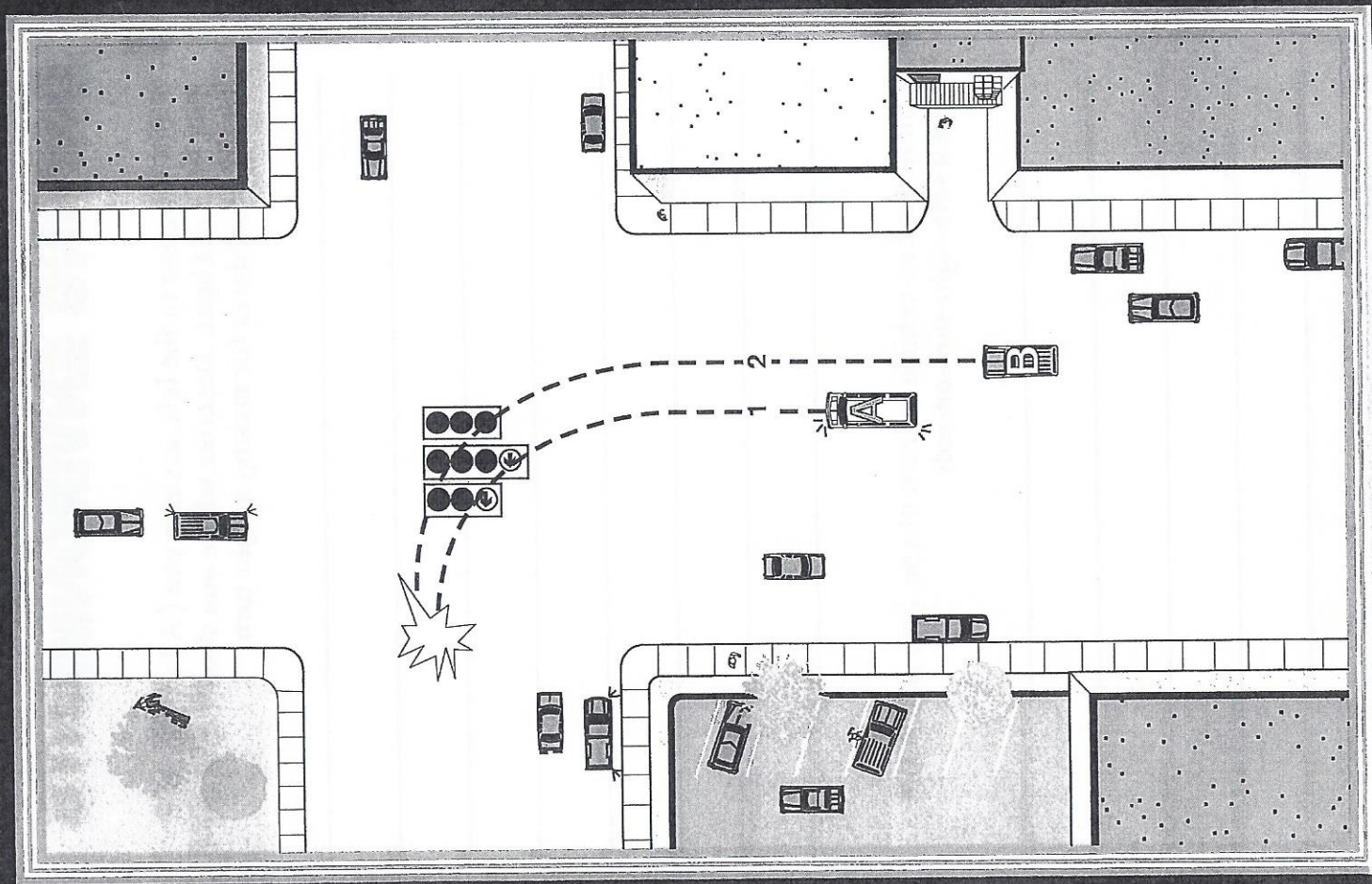
DRIVING ENVIRONMENTS – continued

9

I ("A") was approaching an intersection with which I am very familiar. I'm always careful there because approaching vehicles are often hidden by the trees. As I neared the intersection, I slowed when I spotted the car ("B") on the side street. I thought the driver was looking right at me but, suddenly, he pulled right out in front of me. We missed each other by inches.

When "A" said that she approached the intersection carefully, what do you think she meant?

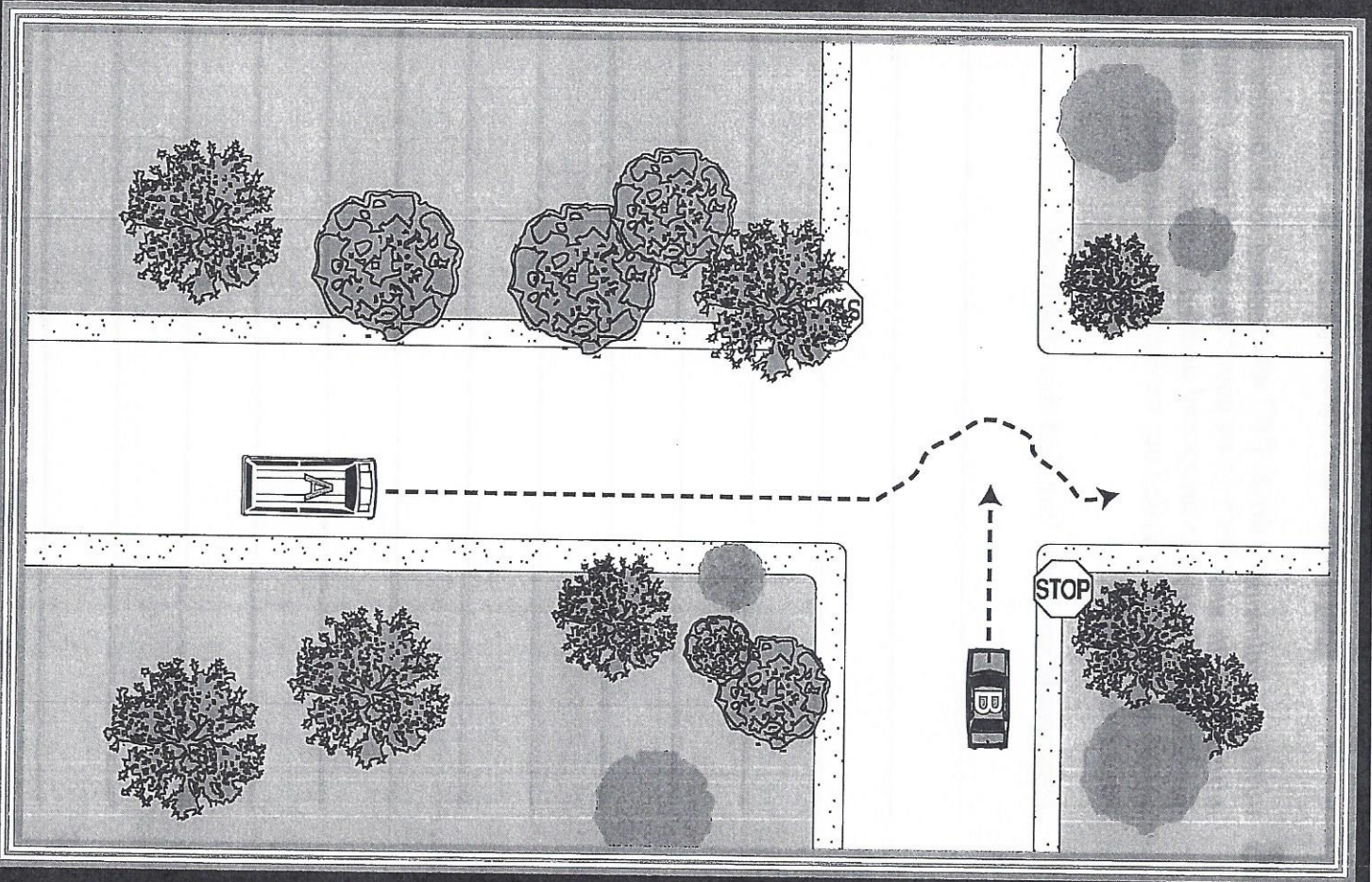
What went wrong in this "near-miss" situation?



DRIVING ENVIRONMENTS – continued

7 I (“A”) was planning to turn left at the upcoming intersection. I signaled 100 feet ahead and moved into the left turn lane (Lane 1). As I was making the turn, the car next to me (“B”) drifted into my lane...and into me!

Could “A” have done anything to avoid this? How would you have made this turn?



1 - Client Name: _____ DDS# _____ Incident date: ____/____/____

Responsible Provider: _____ Date of this Report: ____/____/____

Responsible Program: _____ Res, Day, Other, Rdid# _____

If not directly at responsible program: COMMunity, Fam Home Visit, RECreation/leisure, VEhicle, OTher:

2a – INJURY Observed, Discovered at: _____; _____ Am Pm, Time of treatment: _____:_____:_____ Am Pm
 If different than incident date; Treatment date: ____/____/____

Cause: ADaptive Eq EAting Behavior FOod Consistency Motor Vehicle SeLF caused
 ASsaUlt ENVironment INGestion of foreign material REStRAINT SHAVing
 BUMped Into EXPosure InSect Bite SCRatching/picking UNDEtermined
 CLOthing FALL MEdical Procedure SEIzure OTher: _____

Injured by whom: ACCident by client, other CLient, FAMily member, SIB, STAff, UNKknown, OTher: _____

Type: ABRasion/scrape BLEeding CHOKing FRActure PUNcture SPRain/strain
 AIRway obstructed BRUise CUT indication of PAIn RASH/hives swelling/ EDEma
 BITE BuRN DISlocation POIson OTher: _____

Severity of injury: MINor (first aid), MODerate (nurse/MD treatment), SEVere (hospital, ER/admission), DEATH

Treatment provided, highest level: NONE, SeLF, FAMily, STAff/LPN, RN NURse, PHYSician/other medical, ER/HOSPital

Body part(s): ABDomen BUTocks EYE L R GENitals INTernal MOuTH SHOulder L R TONgue
 (up to 3) ANKle L R CHEst FACe HANd L R KNEe L R NECK TEEth WRIsT L R
 and circle L or R ARM L R EAR L R FINGers L R HEaD LEG L R NOSe THRoaT
 BACK EIBow L R FOoT L R HIP L R LIPs RECTum TOE L R

2b – UNUSUAL - All dangerous / life threatening, illegal, police/fire, significant first/rare. Also 'significant behavior not covered by program/guideline'

Time: _____:_____:_____ Am Pm

Type: ACCident no apparent injury Fire No Emg Response PSYch ER Admit Victim Forcible Rape
 accident VEhicle no apparent injury medical ER Admit PSYch ER No admit Victim PHYSical other
 Aggressor PHYSical alleged medical ER No admit ReFused Medication Victim Theft /Larceny
 Aggressor SeXual alleged PICA Self ENdangering/sib Victim SeXual other
 AWOl / Missing Person Police ARrest Victim Aggravated Assault Wrong Food Consistency
 FIRE Emergency Response POLice no-arrest BEHavior other: _____

2c – RESTRAINT Final Date OUT: ____/____/____, Either: Time IN : ____:____:____ Am Pm, Time OUT: ____:____:____ Am Pm
 Or, if approved multiple type (see approved list): Total Hrs: _____ Min: _____ and Total Occurrences: _____

Restraint(s): arm SPLint CHEmical Held By Arms Safety CuFFs
 (up to 4) B-Safety Belt ESCort HELmet SPeCialized Clothing
 BeD Rails FLoor control-Prone (Face Down) Lifted And Carried VEhicle/transport
 Body boaRD FLoor control-Supine (Face Up) MITs Waist ReStRAINT/chest/vest
 CHair & Tray/waist Four-POINt PHYSical Isolation Non-Standard Commissioner ok
 Non-Standard Not-approved

Behavior(s): ADL completion DISruptive behavior PICA RUNning away
 (up to 4) AGgressor to Client Fall Out Bed prevent Property Destruction SELf-endangering
 AGgressor to Staff Fall Out Chair/other prevent REMove sutures,tubes,etc SIB

Status: Emergency Prc/hrc approved
 Injury caused by restraint: Yes No
 Monitoring, at least every 30 min: Yes No
 Exercise, at least 10 min every hr: Yes No

Person(s) Applying: _____
 In-Charge during: _____ Authorizing signature: _____
 Person(s) Removing: _____
 Emergency restraint trauma check within 24 hrs by: _____

3 – Summary / Comments include events surrounding / interventions:

 _____ also see attached

Reporter's Name/title: _____ entered in log book/notes
 Reporter's Relationship to client: Family, Abuse / Neglect suspected?: Yes No, if "yes"; Reported: ____/____/____ to: _____
 Self, Staff, Other: _____ Person Completing form Signature: _____

4 - Supervisor review: _____ on: ____/____/____ Follow-Up: _____

 _____ team to review guardian/PRRP notified also see attached

Other review: _____ on: ____/____/____ Follow-Up: _____

Critical Incident?: Yes No, if "yes" immediate phone call to DDS Regional Administration required. Completed: ____/____/____