**FOCUS SAMPLE REVIEW CHECKLIST**

**TRANSPORTATION SERVICES**

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| **Agency/Area Program:** | **Reviewer Name:** |
| **Focus sample participant name/#:** | **Review Date:** |

|  |  |
| --- | --- |
| BASED ON  **OBSERVATIONS/INTERVIEWS** –  THE FOLLOWING IS PRESENT | YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS** |
| **TRANSPORTATION OF SERVICES (404 NAC 5-002)** | |

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| If the provider transports participants, the provider must ensure that all participants are transported in a safe and comfortable manner that meets the needs of each participant. The provider must: |  |
| (A) Use vehicles adapted to meet the needs of the participants |  |
| (B) Take adequate measures to provide a sufficient number of staff in the vehicle to ensure safety and to meet the needs of each participant being transported |  |
| (C) Only have people transporting participants served that |  |
| (i) Have a valid driver’s license with the appropriate class code |  |
| (ii) Assist participants into and out of vehicles and to and from parking places, as appropriate |  |
| (iii) Have received training in first aid, cardiopulmonary resuscitation (CPR), and in meeting the needs of the specific participants for whom transportation is provided |  |