

Transportation Vendor Training and Background Check Requirements

Any contracted vendor/staff with prolonged substantial contact with people supported by Oswego Industries and The Arc of Oswego via OPWDD and other applicable funding sources must be approved via background checks and trained to ensure safety. By signing this form, the contractor/vendor is affirming upon contract deployment that the following training, background checks and any additionally required training will occur as required by regulation to remain in good standing as a vendor. Evidence of training, background checks and other information shall be supplied as requested by Oswego Industries/The Arc of Oswego without unnecessary delay and within 72 business hours. OI/Arc reserves the right to request this information with or without cause.

Initial and Annually Required Training:

Abuse: incident and abuse reporting and processing, laws, regulations and policies /procedures governing protection from abuse, abuse prevention, identification, reporting, and processing of allegations of abuse and OPWDD PRAISE curriculum.

Infection Control /Blood Borne Pathogens

Tuberculosis

Rights and Responsibilities of Persons Receiving Services

Fire Safety/Evacuation/Emergency Response

Safe Patient Handling or equivalent: Training to ensure the safe transfer and escorting of individuals.

Initial Training:

Human Growth/Development & Characteristics of the Persons Served

Choking Prevention Initiative (CPI) Part I -"Prevention of Choking and Aspiration"

Behavioral Support

General Guidelines for Safe Vehicle Operation: not leaving the vehicle unattended, wheelchair tie-downs, safe transport, and any additional training to support the safe operation of the vehicle per OPWDD and DOT Regulations.

Background Checks Prior to Working Unsupervised:

Criminal Background Check

NYS LENS check

Statewide Central Registry Database Check

NYS Justice Center Staff Exclusion List

MHL §16.34 Abuse/Neglect History Check

Additional Requirements for Drivers, Prior to Driving:

US DOT Drug and Alcohol testing requirements

19A valid license

Vendor Representative: _____ **Date:** _____

OI/Arc Representative: _____ **Date:** _____